Jasmine Healthcare Limited

St Andrew's Nursing and Care Home

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection carried out on 10 February 2016.

St Andrew's Nursing and Care Home can provide nursing care and personal care for 45 older people and people who live with dementia. There were 42 people living in the service at the time of our inspection.

There was 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.

Summary of findings

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality checks had not been robust and this had led to a number of shortfalls not being identified and quickly addressed. You can see what action we told the registered person to take at the end of the full version of this report.

Some background checks had not always been completed before new staff were appointed. People had not consistently been protected from the risk of accidents and some of the arrangements used to promote good hygiene were not robust. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. There were enough staff on duty and medicines were ordered, dispensed and disposed of safely.

Staff had received training and guidance and they knew how to care for people in the right way. This included being able to assist people to eat and drink enough in order to stay well. In addition, people had been supported to receive all of the healthcare assistance they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken all of the necessary steps to ensure that people's rights were protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had received all of the care they needed including people who could become distressed and who needed reassurance. People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. Staff had supported people to express their individuality and most people were satisfied with the support they received to pursue their interests and hobbies. There was a system for resolving complaints.

People had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open and relaxed way. People had benefited from staff acting upon good practice guidance because it helped to ensure that they received care which reliably met their individual needs and wishes.

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?

Requires improvement

The service was not consistently safe.

Background checks had not always been completed before new staff were employed.

People had not been consistently helped to avoid the risk of accidents.

Some of the arrangements used to promote good hygiene were not robust.

Medicines were ordered, dispensed and disposed of safely.

There were enough staff on duty.

Is the service effective?

Good

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way.

People were supported to have enough to eat and drink.

People had received all the healthcare attention they needed.

The registered manager and staff were following the MCA and the DoLS.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been given all of the help they needed and wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed and who needed reassurance.

Most people had been supported to pursue their hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Requires improvement

The service was not consistently well led.

Robust quality checks had not always been completed to ensure that people received safe care.

Summary of findings

People had been consulted about the development of the service.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff receiving and acting upon good practice guidance.

St Andrew's Nursing and Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered persons had sent us since our previous inspection. These are events that the registered persons are required to tell us about. We also received information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 10 February 2016 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 15 people who lived in the service and with two relatives. We also spoke with a nurse, two senior care workers, three care workers, the chef, the activities coordinator, a housekeeper, the laundry manager and the registered manager. We observed care in communal areas and looked at the care records for five people. In addition, we looked at records that related to how the service was managed including the management of medicines, staffing, training and quality assurance.

After the inspection we spoke by telephone with a further three relatives.

Requires improvement

Is the service safe?

Our findings

We looked at the way in which the registered manager had recruited three members of staff. Records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have criminal convictions and had not been guilty of professional misconduct. However, in relation to two staff we noted that other checks had not always been carried out in the right way including obtaining references from previous employers. Although no concerns had been raised about these members of staff since their appointment, the shortfalls had reduced the registered persons' ability to establish their suitability for employment in the service. The registered manager told us that they would immediately revise their recruitment and selection procedure to ensure that full checks were completed to support all future appointments.

The registered persons had not reliably identified possible risks to each person's safety so that positive action could be taken to reduce the risk of accidents. We found that in a number of locations carpets were worn, torn or missing altogether. We found that various pieces of equipment had been stored in one of the shared use toilets. This made it difficult to safely reach the water closet. We also noted that a commode had been placed over the water closet that did not fit securely. As a result it slid to one side when any weight was placed upon it. These defects increased the risk that people would trip, fall and injure themselves. We also noted that at the entrance to a walk-in shower the seal between the floor and the wall was damaged and presented a sharp edge and ankle height. This defect increased the risk that people could catch and injure their skin. Although accidents records showed that these shortfalls had not resulted in people experiencing actual harm, the defects in question increased the risk of this occurring.

Some of the arrangements used to promote good hygiene so that people were protected from cross infection were not robust. We found that although medicines were kept securely when not in use the medication store-room was not well managed. A shelf on which medicines were placed was damaged and so could not be cleaned effectively. An area of the wall was also damaged and plaster dust was scattered on the floor, the surface of which was not clean.

In addition, we saw that when staff dispensed medicines they put them into individual plastic pots that were then rinsed out before being used again at a later time. We found that these pots were being stored on a stainless steel trolley in the medication store-room. The shelf was stained and was not clean and we also noticed that some of the pots had not been rinsed properly and had a residue left inside them. These shortfalls reduced the registered persons' ability to ensure that people's medicines were stored in a clean and hygienic way.

Although hoists were being correctly used by staff to assist people who had reduced mobility we noted that most people had not been provided with individual slings. These slings attach to the mechanism of the hoist and then support the weight of the person who is being assisted including when they are being helped to use the toilet. We saw that the limited number of slings resulted in the same item being used in quick succession by staff when assisting different people. This did not give staff the time they needed to wash or clean slings and consequently this arrangement increased the risk that slings would be used in a way that was not consistent with the promotion of good standards of hygiene. A person said, "I'm not fussy but I don't like not having my own sling because the slings touch your clothes and skin and I'm sure that the staff don't have time to wash them in-between use."

However, other steps had been taken to promote people's wellbeing. For example, people had been helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Some people had agreed to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. In addition, staff had been given guidance and knew how to safely assist people if there was an emergency that required people to leave the building or to move to a safer area.

There were reliable arrangements for ordering, dispensing and disposing of medicines. We saw that there was a sufficient supply of medicines. Nurses and senior care workers who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that in the 12 months preceding our inspection there had been one occasion on which a medicine had not been correctly dispensed. We

Requires improvement

Is the service safe?

noted that the registered manager had established how the mistake had occurred and had taken action to reduce the likelihood of it happening again. This included providing additional training and guidance for the members of staff concerned. A person said, "The nurses bring my medicines to me every day as regular as clockwork. They bring them to my bedroom and help me take them by giving me a glass of water so I can get the tablets down."

People said and showed us that they felt safe living in the service. We saw that they were happy to be in the company of staff and were relaxed when staff were present. A person said, "The staff are fine with me and I don't have any problems with any of them." Another person said, "Yes, I feel very safe here." A relative said, "I genuinely find the staff to be kind and very helpful. My family member always speaks well of the staff and I don't have any concerns at all about leaving my family member here."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that the registered manager had reviewed each person's care needs and calculated how many staff were needed to meet them. We noted that there was always a nurse on duty who was supported by a number of care workers and ancillary staff such as housekeepers and catering personnel. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the nursing and personal care they needed. For example, we noted that call bells were answered quickly and that staff promptly responded when people asked to be assisted to use the bathroom. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service said that there were enough staff on duty to meet their needs. A person said, "The staff are very busy but I get the help I need and so I'm happy with the place." Another person said, "If I use my call bell from my bedroom the staff usually come pretty quickly and I've not had to wait that long." A relative said, "The buzzers always seem to be answered fairly quickly, unless they are very busy of course."

Good

Is the service effective?

Our findings

Staff had regularly met with a senior colleague to review their work and to plan for their professional development. Records showed that most staff had been supported to obtain a nationally recognised qualification in care. In addition, we noted that the registered manager had checked that all of the nurses remained registered with their professional body. This meant that they had completed up to date clinical training and were recognised to be competent to deliver nursing care services.

Records showed that new staff had undertaken introductory training before working without direct supervision. In addition, we noted that established staff had completed refresher training. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. We found that staff had the knowledge and skills they needed to consistently provide people with the assistance they needed. For example, staff knew how to correctly assist people who had reduced mobility. This included knowing how to safely use special equipment such as hoists. A person said, "The staff are very good to me, they have done so much to make me comfortable. I have to be hoisted all the time and this done by two staff and I feel safe when they are moving me around. I think the staff are well trained."

Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone's skin was becoming sore and nurses knew what action to take including using creams and protective dressings. In addition, the nurses understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing. A person said, "I like there being a nurse on duty because they're qualified and know what to do if someone in unwell." A relative said, "I am reassured to know that there's always a qualified nurse on duty so that my family member can receive the medical attention they need."

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. A person said, "The staff are very good to me. I've noticed that if the care staff notice I'm off colour they always tell the nurse who then comes to see me to check things out." A relative said, "I'm confident that the staff know what they're doing and they always have the nurse to guide them and that makes a big difference." Another relative said, "I am very impressed with this place. I have full peace of mind."

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. For example, several people had been referred to see a dietitian who had then prescribed high calorie food supplements to help the people concerned to stabilise their weight. Records showed that staff were checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. A person said, "The food is quite good here and the staff gently chivvy me a long a bit to eat and especially to drink if I'm feeling off colour."

We saw that when necessary staff had given people individual assistance when eating and drinking so that they could dine in safety and comfort. Some people who were at risk of choking had their meals specially prepared so that they were easier to swallow.

We noted that people could choose what meals they had and that the menu provided a varied range of dishes. These aspects of the catering arrangements helped to ensure that people enjoyed their meals and so were encouraged to have enough to eat. However, other aspects of the catering arrangements were not as well developed. For example, there was only a limited amount of space in the dining area and some of the tables that were available were not used. At lunchtime we saw that only seven people were supported to leave their armchairs to sit at a table. The dining tables were not laid out in an attractive way and did not have individual place settings or condiments. Most of the people we asked about the dining arrangements did not consider them to be an issue. However, two people expressed reservations with one of them saying "It's all a bit basic really and doesn't really encourage me to look forward to my meals even if the food itself is okay."

People said that they received all of the help they needed to see their doctor and other healthcare professionals. A person said, "The staff are very helpful and the nurses call

Good

Is the service effective?

the doctor straight away if I'm not well." A relative said, "I like how the staff get in touch with me if they're concerned about my family member's health and if they've had to ask the doctor to visit."

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

We found that the registered manager and staff were following the MCA because they were supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. For example, we saw a nurse explaining to a person who lived in the service why they needed to use a particular medicine at a set time each day in order to promote their good health. Another example involved a care worker discussing with a person why it was helpful for them to have rails fitted to the sides of their bed. We heard the person agreeing that the equipment in question was a good idea because it prevented them from accidentally rolling out of bed. A person said, "The staff aren't bossy to me at all and talk to me about things. That's right of course, I'm not a child and was around long before most of them were born."

Records showed that on a number of occasions when people lacked mental capacity the registered person had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. For example, these decisions had involved whether it was advisable for someone to be supported to return home with assistance provided by a domiciliary (home care) agency.

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 found that the registered persons had ensured that people were protected by the DoLS. Records showed that the registered manager had applied for the necessary authorisations from the local authority when it was likely that nine people who lacked mental capacity may need to be deprived of their liberty in order to keep them safe. This was because the people concerned could have placed themselves at risk if they had chosen to leave the service on their own. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected these people's rights. This was because staff could keep the people concerned safe while protecting their legal rights if it was necessary to deprive them of their liberty.

Good

Is the service caring?

Our findings

People were positive about the quality of care that was provided. A person said, "I get on well with the staff in general and they're kind people who want to help." Another person who lived with dementia and who had special communication needs was seen to hold hands with a member of staff while they both looked out of the window to watch a squirrel in the garden. A relative said, "I just wouldn't have my family member living here if I wasn't sure that staff were caring towards them. I call to the service all of the time and I've never had any concerns." Another relative said, "The staff are a model of kindness not just to my family member but to the other people who live here too."

During our inspection we saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. For example, we heard a member of staff chatting with a person in their bedroom about a storyline in the person's favourite television drama. While the person was being assisted to put on a cardigan they and the member of staff anticipated the possible fate of one of the characters. They agreed that the character's predicament was unlikely to end well and we then heard them continuing their discussion as the person was assisted to walk to the lounge. We witnessed another occasion when a member of staff was sitting with a person in their bedroom looking at a picture of their grand-children and asking what jobs each of them was doing. We noted that the person was pleased to be asked and was proud to describe how well each of them had done.

We observed an occasion when a member of staff who was helping someone in their bedroom to find their spectacles was called away to help a colleague. We noted that before they left the person, the member of staff assured them that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person's bedroom where they found the spectacles. The member of staff then sat with the person who wanted to solve a missing answer in a crossword they were doing. This took some time as it involved working through a series of clues but eventually both were pleased when they found the correct answer. A person said, "The staff are genuinely kind and when they have the time they'll sit down for a chat which to me is the best time of day."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. For example, we observed a member of staff speaking with a person about their memories of the holidays they had when they were younger and bringing up their children. Another example involved a member of staff with a farming background speaking about farm life with a person who had worked on the land for many years. They spoke about how agricultural equipment had changed over the years and the impact of this development on modern farming.

Staff recognised that moving into a residential care service is a big decision for someone to make and that it can be a stressful thing to do. We saw that staff were spending extra time with a person who had recently moved in so that they could be reassured and comfortable in their new home.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. Although some of the bedrooms we saw looked bare, staff had supported most people to personalise their rooms with their own pictures, photographs and items of furniture.

We noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw that staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their

Good

Is the service caring?

bedroom if they wanted to do so. A relative said, “I call a lot to see my family member and it’s up to me whether I see them in the lounge or in their bedroom. It’s all very relaxed in the service and there are no hard and fast rules as such. ”

We saw that records which contained private information were stored securely in the service’s computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Good

Is the service responsive?

Our findings

We found that staff had consulted with people about the practical assistance they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. For example, we noted that people were receiving the assistance they needed to reposition themselves when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. A person said, "I like knowing that there are always staff around at night just in case I need help."

We noted that staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person who was sitting in their bedroom watching television was becoming upset. A member of staff who was nearby heard the person speaking to themselves and went in to see them. They realised that the person had been attempting to alter the volume on the television but had not been able to do this using the remote control. The member of staff helped the person find the right buttons to push and then waited while the correct volume was selected. After this we saw the person smile, become relaxed and continue practising with the remote control after the member of staff had left. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator who supported people to pursue their interests and hobbies. We saw that people were being supported to take part in a range of social activities. These included things such as arts and crafts, quizzes and gentle exercises. We also noted that the activities coordinator called to see those people who spent a lot of time in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. In addition, there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes. Most of the people we spoke with said that there were enough social activities in the service. However, two people said that they would like more opportunities to pursue their hobbies and interests. One of them said, "I get a bit bored some days and wish there was more to do because it can be a long day here just sitting." When we raised this matter with the registered manager they acknowledged that they did not have an accurate record of the activities each person had been supported to enjoy. They said that each person would be consulted about the hobbies and interests they wanted to enjoy. They also said that an accurate record would be kept so that a check could be made to ensure that people were regularly being supported to enjoy their chosen activities.

We noted that there were arrangements to support people to express their individuality. Although no one living in the service had requested special meals, the cook said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

In addition, we saw that people were assisted to meet their spiritual needs including being offered the opportunity to attend a regular religious service. In addition, we noted that arrangements had been made for a person to receive individual support from a member of their church. We also noted that staff had established what arrangements each person wanted to be made for them at the end of their life. This enabled staff to support relatives when making arrangements that respected their family member's final wishes and which celebrated their lives.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative said, "If I have a problem or niggle I go to see the manager and sort it out straight away."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had not received any formal complaints in the 12 months preceding our inspection.

Requires improvement

Is the service well-led?

Our findings

The registered manager said that the registered person's Care and Training Manager regularly completed a number of quality checks which were intended to ensure that people reliably received the care they needed. Records showed that these checks had not always effectively ensured that people received safe care that respected their needs and wishes. For example, we noted that only one of the trip hazards that we identified had been noticed in the relevant quality check. In addition, the hazard that had been noticed had then not been quickly resolved. Another example involved the shortfalls we identified in the medication store-room. We noted that although a regular quality check had been completed of how medicines were managed none of the problems we found had been identified for action.

Other shortfalls had also not been identified by quality checks. These included the problems we found in the arrangements to enable people to use personalised hoists, staff recruitment, the adequacy of the dining arrangements and the management of the support provided for people to pursue their hobbies and interests.

In addition to these shortfalls, there were further examples of problems not having been noted and resolved. These included a number of defects in the accommodation areas of which were not presented to a normal domestic standard. There were numerous areas where the paint work on skirting boards and door frames was marked, scratched and heavily scored. We also noted defects such as damaged toilet seats and broken light pull-chords. In addition, some of the doors did not have signs on them to show people what rooms they were entering and some of the clocks in public areas showed the wrong time. A person said, "The place is a bit tatty which is a pity because the staff always wear spotlessly clean uniforms and couldn't be nicer."

Although other quality checks such as of the fire safety equipment were being completed in the correct way, the shortfalls we have described in the quality management system had reduced the registered persons' ability to ensure that people safely and reliably received all of the care they needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived in the service said that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible changes they might like to make to the menu. In addition, we noted that people had been invited to attend residents' meetings at which they could discuss with staff any improvements they wanted to see introduced. A person said, "I have my say about how the place runs and overall I think that the staff do listen and act on suggestions when they can."

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. We noted that the registered manager knew about the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff. A relative said, "The manager isn't cloistered away in her office all the time. You see her out and about and she's a genuinely kind and helpful person. I think that she sets the tone of the place."

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a nurse in charge of each shift. We noted that during the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, staff had been offered the opportunity to attend staff meetings that gave them the chance to discuss a range of issues related to the running of the service.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to

Requires improvement

Is the service well-led?

benefit from staff acting upon good practice guidance. For example, the registered manager had encouraged staff to join a national scheme that is designed to promote positive outcomes for people who live with dementia. We saw staff using this guidance in a positive way. For example, they recognised that some people needed individual support and encouragement to do everyday things such as putting on clothes in the right order and remembering who was due to visit them on a particular day. These measures all contributed to people receiving care that safely and responsively met their needs.

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 17 HSCA (RA) Regulations 2014 Good governance The registered persons had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.