

HC-One Limited

# Acacia Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 19 and 20 January 2016 and was unannounced.

Accommodation for up to 58 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 31 people using the service at the time of our inspection.

At the previous inspections on 3 February and 25 June 2015, we asked the provider to take action to make improvements to the areas of consent, safe care and treatment, good governance, management of medicines

and staffing. We received action plans in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all areas.

There was no registered manager at the time of the inspection. However, a manager was in place and he was taking prompt action to apply for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the manager and that they would take action. There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

# 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 safe.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines practices were followed.

Good



### Is the service effective?

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Good



### Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

Good



### Is the service well-led?

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the manager and that they would take action.

There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

Good



# Acacia Care Centre

## 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 19 and 20 January 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist nursing advisor with experience of dementia care.

Before the inspection, the provider 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottingham to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with eight people who used the service, two relatives, a visiting healthcare professional, an activities coordinator, two care staff, three nurses and the manager. We looked at the relevant parts of the care records of seven people, four staff files and other records relating to the management of the home.

# Is the service safe?

## Our findings

During our previous inspection on 25 June 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicine administration records (MAR) were not always fully completed. At this inspection we found that improvements had been made in this area.

People told us they got their medicines, including pain relief, when they needed them. Relatives also confirmed this. We observed the administration of medicines and saw staff stayed with people until they had taken their medicines. However, we saw that the morning medicines were still being administered at late morning. This meant that there was a greater risk that medicine doses would not be correctly spaced to remain effective. We raised this issue with the manager who told us that they would take action to address this immediately.

MARs contained a picture of the person and there was information about allergies and the way the person liked to take their medicines. MAR charts confirmed people received their medicines as prescribed. The application of topical creams was recorded on forms kept in each person's room and charts were appropriately completed by staff.

PRN protocols were in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required. Records were kept of the site of application of transdermal medicines patches to ensure rotation of the site of application and safe administration. A transdermal medicine patch is placed on the skin and releases small amounts of a medicine into the bloodstream over a long period of time.

Medicines were stored safely in line with requirements in locked trolleys or cupboards. Temperatures were recorded of the areas in which medicines were stored and were within acceptable limits.

Staff had attended medicines training and had their competency to administer medicines assessed. Medicines policy and procedures were in place to support staff to administer medicines safely.

Almost all people told us they felt safe. A person said, "Very safe." Another person said, "Of course." They told us they would speak with the manager if they had any concerns.

One person said, "I'd speak to any of the staff." One person told us that they didn't feel safe and with their permission we shared their concerns with the manager. The manager agreed to look into their concerns immediately. A relative told us their family member was safe. They said, "Yes. Definitely."

Staff were able to describe the different types of abuse that people who used the service could be exposed to and understood their responsibilities with regard to protecting the people in their care. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept.

Risks were managed so that people were protected and their freedom supported. Almost all people told us that they felt free to make mistakes. We saw people moved freely around the home and staff did not restrict people but allowed them to walk where they wished in the home whilst supervising them to keep them safe.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls and bedrails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly. We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

People told us that the premises and their possessions were safe. They also told us that equipment was safe and well maintained. Two relatives said, "We do feel the home is safe. [Our family member] is in a good place." We saw that the premises were well maintained and safe. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an

## Is the service safe?

emergency. However, a business continuity plan required updating to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People told us there were enough staff to meet their needs. Relatives agreed. They said, “[The home] is well staffed.” Staff told us they felt there were enough staff on duty to provide the care and support people needed and to keep them safe. Care staff told us that the senior carers, nurses, deputy manager and the manager all helped if they felt that care staff were busy.

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were generally visible in communal areas and spent time chatting and interacting with people who used the service. However, the main lounge was not supervised at

times so there was a greater risk that people would not receive a prompt response to a request for assistance. We raised this issue with the manager who agreed that they would review the organisation of staff to address this.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people’s needs safely. The manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

# Is the service effective?

## Our findings

During our previous inspection on 3 February 2015 we identified a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not all staff were receiving appropriate supervision, training and appraisal to support them to carry out their roles and responsibilities effectively. At this inspection we found that improvements had been made in this area.

Most people told us that staff were sufficiently skilled and experienced to support them to have a good quality of life. One person disagreed and another person said, “Most of them, wouldn’t say all of them.” Relatives told us that staff were, “Really good.” We observed that staff competently supported people and interacted appropriately with them.

Staff felt supported. Staff told us they had received an induction. One staff member said, “The induction was very good. I was introduced to everyone, shown around and had lots of training before starting to work by myself.” Staff felt they had had the training they needed to meet the needs of the people who used the service. Training records showed that staff attended a wide range of training which included equality and diversity training. A plan was in place to ensure that staff remained up to date with their training.

Staff told us that they had received supervision. One staff member said, “My last supervision was very thorough. We talked through procedures and discussed recent training. I received feedback and had the opportunity to raise issues if I wanted to.” Supervision records contained appropriate detail. Appraisals had been completed for a number of staff the previous year and contained appropriate detail. The manager told us that they would be completing appraisals for staff in the future as they felt that they had not known staff long enough to carry out appraisals at the time of the inspection.

During our previous inspection on 3 February 2015 we identified a 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. Assessments of capacity and best interests’ documentation were not always in place for people who lacked capacity. The Deprivation of Liberty Safeguards

(DoLS) were not being applied appropriately and forms documenting a decision not to attempt resuscitation order (DNACPR) were not always fully completed or reviewed. At this inspection we found that improvements had been made in these areas.

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

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

The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed.

Most people told us that staff asked for consent before providing care, however, one person said, “No, they just do it.” Another person said, “Mostly, there’s always one who’s a bit bossy.” Relatives told us that staff asked for consent and respected their family member’s choices. We saw that staff talked to people before providing support and where people expressed a preference staff respected them.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person’s best interests. DoLS applications had been made appropriately. Some people had a DoLS authorisation in place and staff were following guidance appropriately.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been completed appropriately.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area.



## Is the service effective?

During our previous inspection on 3 February 2015 we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Documentation was not always fully completed to ensure that people's nutrition and hydration needs were met. At this inspection we found that improvements had been made in this area.

People were happy with the quality of food. One person said, "Excellent food. Well cooked." People told us that they were offered choices. One person said, "If you want something different you just ask." Another person said, "If I don't like it I tell them and they give me something else." People told us that they had sufficient to eat and drink. We saw that people were offered drinks throughout the inspection.

We observed the lunchtime meal in the dining room and in the main lounge. People received their meals promptly and when people needed assistance staff sat with them and helped them without hurrying the person. Staff encouraged people, but not all staff assisting people described the food to the person who was eating. This can be important when assisting a person with cognitive difficulties to encourage them to eat. However, we saw that staff did describe food choices to a person with a visual impairment.

Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that these were completed consistently. People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. People were weighed weekly and monthly as required and appropriate action taken if people lost weight.

One person was receiving nutrition from a percutaneous endoscopic gastrostomy (PEG) tube. A PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff were involving an external professional and supporting the person appropriately with this need.

We saw that the service had achieved the Soil Association 'Food For Life' bronze catering award. This is an award that

recognises catering which focuses on removing harmful additives, trans fats and genetically modified food from the menu, and catering which ensures that the majority of food on the menu is prepared freshly.

During our previous inspection on 3 February 2015 we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Documentation was not always fully completed to show that a person was receiving care to minimise the risk of skin damage. At this inspection we found that improvements had been made in this area.

People told us that they saw external professionals when they needed to. This included a GP, dentist and chiropodist. Relatives told us that their family member had quick access to a GP. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to a GP and other health professionals such as a dietician and the falls team. Clear guidance was also available for staff on meeting people's physical health needs.

Where people required pressure-relieving equipment and assistance with changing their position, the equipment was in place and at the correct setting. Records to indicate their position had been changed in line with their care plans were fully completed. There was documentation related to wound management which recorded that regular assessments of wound healing had been undertaken and dressings had been changed in line with professional advice.

Adaptations had been made to the design of the home to support people living with dementia. The home had been recently refurbished and was bright and colourful with photographs of the local area displayed on corridor walls to prompt conversations and help orientate people to where they were in the building. Bathrooms, toilets and communal areas were clearly identified, people's individual bedrooms were easily identifiable and there was directional signage to support people to move independently around the home. However, not all



## Is the service effective?

bathrooms and toilets had signage to show whether the room was vacant or engaged. We raised this issue with the manager who told us that they would address it immediately.

# Is the service caring?

## Our findings

During our previous inspection on 3 February 2015 we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's privacy was not always respected by staff. At this inspection we found that improvements had been made in this area.

People told us that they were treated with dignity and respect and staff maintained their privacy. One person said, "They treat me with the upmost respect." People and relatives told us that staff knocked on bedroom doors before entering them.

We saw staff take people to private areas to support them with their personal care and saw staff knocked on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it.

Staff were able to explain how they maintained people's dignity and privacy. One staff member said, "When you're using a hoist you make sure that people's legs remain covered to preserve their dignity." We saw that staff treated information confidentially and care records were stored securely.

Staff received dignity training and this had been discussed in supervision sessions. We observed staff used a dignity screen in the lounge area when a person was having their blood taken. The manager told us that they planned to support staff to become dignity champions. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

People told us that staff supported them to be independent. One person told us they were being encouraged to walk more as they were aiming to go back home. We observed a staff member knocked on a person's door and then waited for them to open their door. The staff member said, "[People who use the service] like to do things for themselves." Staff told us they encouraged people to do as much as possible for themselves to maintain their independence. A staff member said, "[A person who used the service] used to be a gardener. [They] help us to water the plants. They also like to wash their own underwear so we help them to do this too."

People told us that staff were kind. One person said, "Ever so kind." A relative said, "[Staff] voices are kind, no shouting." One relative told us of an event where staff had been particularly thoughtful to their family when their family member had just started to live at the home. A staff member said, "Some people [who use the service] have no families. It's lovely to talk to them. We are their family, we're one big family."

Staff were able to describe people's care needs and their preferences. Some staff had a very detailed knowledge and understanding of people's previous life history and families. The manager told us that some of the staff had an extraordinary knowledge of people's needs and how to communicate with them. People told us that staff knew them well. Relatives said, "They know [our family member] very well."

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. Staff were kind and caring in their interactions with people who used the service. We saw staff responded appropriately to people when they showed distress or discomfort.

People told us that they had not seen their care plans. Relatives told us that they had been involved in care planning when their family member first arrived at the home. Some people told us that they had been involved in reviews of their care but some people told us they had not.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans were person-centered and contained information regarding people's life history and their preferences. Advocacy information was also available for people if they required support or advice from an independent person.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us. Relatives told us that staff members were employed who were able to speak with a person whose first language was not English. This meant that the provider had considered the needs of the person who used the service and ensured that staff were available who could effectively communicate with them using their preferred language.

# Is the service responsive?

## Our findings

People provided mixed feedback on whether they received personalised care that was responsive to their needs. Some people told us they went to bed and got up when they wanted to, other people said they did not. One person said, “They have a schedule so you have to do what they say.”

However, staff told us that people could get up and go to bed when they wanted to and gave a number of examples of people getting up late or going to bed as early or late as they wanted to. We saw that people’s care records and other documentation confirmed this. We also observed that staff responded quickly and appropriately to people when they requested support.

The manager told us that they had noticed that people were eating breakfast after they had got up and as a result there was sometimes a short gap between breakfast and lunchtime. They had asked people if they had wanted to have their breakfast before getting up and getting washed. Some people had confirmed they did want to do this so staff now took their breakfast to them before they got up.

People told us of a range of activities taking place at the home. They told us about quizzes, walking, knitting, dancing, a river cruise, drawing and reading. One person told us they particularly enjoyed music. Relatives told us they had seen ball games and art.

We saw activities taking place throughout our inspection. Activity records showed a range of activities taking place including outside entertainers. A programme of activities was displayed in the main corridor which included visits into the community and the service had a minibus which staff used to take people shopping and to a garden centre. The manager told us that the range of activities would be further improved as they planned to have an activities coordinator working seven days a week.

People told us they could receive visitors at any time and that they all received visitors. One person said, “They can come when they want to.” Relatives told us they could visit whenever they wanted to. We observed that there were visitors in the home throughout our inspection. Visiting arrangements were set out in the guide for people who used the service.

People’s care records contained an initial assessment when the person first came to the home and this included information about their preferences. Care records contained information on the person’s life history and interests. Care plans contained clear guidance for staff on how to meet people’s individual needs and had been regularly reviewed.

Care records contained information regarding people’s diverse needs and provided support for how staff could meet those needs. One person told us that they preferred to be supported by female care staff only and this wish was respected. The manager told us that staff would be supporting a person to visit a nearby church shortly.

People told us they knew how to complain and would be comfortable doing so. They told us they would speak to the manager or deputy manager. A person told us they had raised a concern and, “It was sorted.” We asked relatives if they would be comfortable making a complaint about the service. Relatives told us they were happy to raise any concerns with the manager or deputy manager. A relative told us that they felt that management would respect and listen to any complaints they may have. Staff were clear about how they would manage concerns or complaints.

Complaints had been handled appropriately. Guidance on how to make a complaint was displayed in the main reception of the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

# Is the service well-led?

## Our findings

During our previous inspection on 3 February 2015 we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits had not identified or addressed shortcomings that we found during the inspection. At this inspection we found that improvements had been made in this area.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the manager and also by representatives of the provider. Audits were carried out in the areas of infection control, care records, medication, health and safety, mealtimes and catering. Action plans were in place where required to address any identified issues. The manager also carried out regular night time visits to check the standard of care provided at night.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to the CQC as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

Some people felt involved in the home, others did not. One person told us that they had been to a meeting for people who used the service to discuss the menu; however, other people told us they had not been to a meeting. Meetings for people who used the service and their relatives took place and actions had been taken to address any comments made. There were notices displayed in the home to inform people and their relatives of the upcoming dates for the monthly meetings. The manager told us that they planned to introduce a 'residents' committee and a relatives' committee. These would be committees that would contact him quickly with any identified concerns to support him to address them quickly. He also planned to include representatives from the committees in the recruitment process for new staff.

Some people told us they had completed a survey asking for their views on the quality of service provided at the

home, others had not. Relatives told us they knew how to provide their views to the service. We saw that surveys had been completed by people who used the service and their families. Responses were positive and actions had been taken in response to any identified concerns.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. One staff member said, "I would do this if I had to, no problem." The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the main reception. We saw that staff acted in line with those values.

People told us that the atmosphere at the home was very good. We observed that the home was calm and relaxed. People who used the service and staff joked with each other. Staff told us that they thought the home was warm and happy. A staff member said, "It's a very relaxed atmosphere. [People who use the service] smile a lot. There's no anxiety." They also said, "It's the people who live here and the people who work here who make it the way it is." Another staff member said, "It's always cheerful. Everyone gets involved it's a really nice atmosphere. It's a pleasure to come to work."

People knew who the manager was and told us he was approachable and listened to them. One person said, "He's a nice man." Another person said, "He's a smashing bloke." One person said, "I often talk to him." Relatives told us the manager was approachable. We saw people speak to the manager throughout the inspection and come and knock on his office door to speak with him about any concerns they had.

Staff respected the manager and felt he was approachable. One staff member said, "[He is] absolutely fantastic, brilliant. His door is open to everyone." Another staff member said, "An amazing, nice man. He pulls his sleeves up and helps you when you need it." Staff also felt well supported by other members of the management team. A staff member said, "The deputy, seniors, they're all fantastic and very hands on."

A manager was in post and was available during the inspection. He had taken prompt action to apply to be registered with the CQC. He clearly explained his responsibilities and how other staff supported him to deliver good care in the home. He felt well supported by

## Is the service well-led?

the provider. He told us that sufficient resources were available to him to provide a good quality of care at the home. We saw that all conditions of registration with the CQC were being met and notifications had been sent to the CQC when required. The current CQC rating was clearly displayed in the main reception.

We saw that regular staff meetings took place and the manager had clearly set out his expectations of staff. Staff

told us that they received feedback in a constructive way. The manager told us that he would be asking both day and night staff to volunteer to work a shift at a time that they did not usually work. He told us that he wanted day and night staff to better understand each other's roles and to encourage better team working.