Sheval Limited

Asheborough House Care Centre - Saltash

Inspection report

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Ratings

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

Overall summary

Asheborough House Care Centre is a nursing and residential care home which predominately provides nursing care and support to people who have been diagnosed with a form of dementia. The home is registered to accommodate up to a maximum of 31 people. On the day of the inspection 24 people were living at Asheborough House. At the time of our visit some people had mental frailty due to a diagnosis of dementia or other mental health conditions.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Summary of findings

We carried out this unannounced inspection of Asheborough House on 16 and 17 October 2014. We had received anonymous concerns about how people were cared for at Asheborough House. At this visit we looked at the anonymous concerns raised and we also checked what action the provider had taken in relation to concerns raised at our last inspection on 26 August 2014. These concerns related to a lack of individualised detail in people's care plans to ensure their needs were met, concerns about the frequency of staff supervision and access to training, concerns that people's privacy and independence were not always respected, and there was no system in place to assess the quality of service provided. At this inspection we found improvements had been made in relation to care planning, the approach from staff to people who lived at the home and training. Due to the improvements made the provider had met the relevant legal requirements in some areas.

However there remained two breaches in regulation. One was that there was no system for staff to receive supervision and appraisal. Therefore staff were not always given the opportunity to discuss their training requirements or to discuss positive and critical aspects of their working performance. The second was that the provider did not have an effective system to regularly assess and monitor the quality of service that people received. It is acknowledged that the time between our visits was only six weeks. Therefore the registered manager focused on ensuring that areas of concern in relation to the care people were provided with, and staff skills and knowledge, were addressed as "the priority". The registered manager stated that the remaining two breaches of regulation were in the process of being addressed. You can see what action we told the provider to take at the back of the full version of the report.

We found that there had been improvements as care plans were now more detailed, informed, and directed staff in how to approach and care for a person's physical and emotional needs. Staff felt the care plans allowed a consistent approach when providing care so that the person received effective care from all staff.

We found there had been improvements in how staff approached people. People told us staff were very caring and looked after them well. Visitors told us, "staff are lovely." We saw staff provided care to people in a calm and sensitive manner and at the person's pace. Staff had attended a 'professional boundaries' course to reinforce the homes values in how they expected staff to approach and care for people to ensure the person's privacy and dignity were maintained. When staff talked with us about individuals in the home they spoke about them in a caring and compassionate manner. Staff demonstrated a good knowledge of the people they supported.

People felt safe living in the home and relatives also told us they thought people were safe. . Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken. Staff had attended a comprehensive training package to ensure that their skills and knowledge, for example in the areas of mental capacity and dementia care were up to date. We found that there were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements and involved family and relevant professionals to ensure decisions were made in the person's best interests.

People were supported with their medicines in a safe way by staff who had been appropriately trained. However clearer guidance on how the person wished to receive their medicines would ensure people had a choice on how their medicine was administered to them

Peoples' privacy, dignity and independence were respected by staff**.** A relative told us "Some staff are more conscientious than others, more attentive…attention to detail is still missing." The relative concluded by saying: "I am grateful he's here." Another relative told us "all the family are happy with the home, granddad was quite aggressive when he arrived but he is settled and happy now." Visitors told us they were always made welcome and were able to visit at any time. We saw examples of kindness, patience and empathy during the visit from staff to people who lived at Asheborough house.

Summary of findings

Relatives told us they were involved in the admission of their family member and their views on what support the person was needed was asked. Relatives told us they were invited and attended care plan review meetings and found these meetings beneficial.

We saw care records reflected people's needs and wishes in relation to their social and emotional needs and that activities were provided.

We saw the home's complaints procedure which provided people with information on how to make a complaint.

The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to.. Records showed the home had not received any complaints in the last year.

We asked people who lived at Asheborough house, and their relatives, if they would be comfortable making a complaint. A relative told us they had 'frequent conversations with staff and the manager' about their family members care and issues had been resolved at that stage.

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?

Good

The service was safe. People felt safe living in the home and relatives told us they thought people were safe as well.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Requires Improvement

The service was not effective in that there was no system for staff to receive supervision and appraisal.

People were positive about the staff's ability to meet their needs. Staff received on-going training to so they had the skills and knowledge to provide effective care to people.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. Peoples care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to meaningful activities that met their individual social and emotional needs.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Summary of findings

Is the service well-led?

The service was not well led. The provider had not identified areas of the service that required improvement to ensure the care provided met people's individual needs.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived in the home first.

Managers monitored incidents and risks to make sure the care provided was safe and effective. The home used systems to make sure that there were enough staff to care for people safely.

Requires Improvement

Asheborough House Care Centre - Saltash

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 16 and 17 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of two adult care inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Prior to our visit we reviewed previous inspection reports, the information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send us by law. As this visit was in response to concerns raised we did not ask the provider to send us the provider information return (PIR). This is a document completed by the provider with information about the performance of the service.

During the inspection we spoke with eight people who were able to express their views of living in the home and two visiting relatives. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the two days of visits which included observations at meal times and when people were seated in the communal lounge throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six care staff, the cook, the nurse in charge, the manager and the deputy manager. We looked at four records relating to the care of individuals, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. They told us staff were "kind and caring." One relative told us they felt there had been improvements at the home and that areas where they had concerns had been improved. For example they said that their relative's private space had a 'buzzer' installed which monitored if other people entered their room and informed staff. This allowed the person to feel safer in their room.

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The management of the home recognised when to report any suspected abuse. The registered manager told us about recent incidents that had occurred in the home and how these had been reported to the local authority in line with local reporting arrangements. The registered manager had worked with the local authority and as requested produced their own internal investigation into the concerns raised and identified what action they would take to reduce future risk. On the second day of our visit the registered manager attended the safeguarding conference which concluded the concerns had been investigated thoroughly and an appropriate action plan to improve practice in the home was now in place. This showed that the home worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and the actions taken were to ensure that the future safety and care of people living at the home was paramount.

Since our previous visit the registered manager had checked that all staff had seen and understood the whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practice. Staff were aware of this policy and said they felt able to use it. A harassment policy was also available for staff so that they knew what process to follow should they feel harassment had occurred.

We saw staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise the risk to these people. Risks were identified and assessments of how any risks could be minimised were recorded. For example there were assessments on how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at Asheborough House. During our visit we observed care staff supporting people appropriately whilst moving around the home.

The home held money for some people to enable them to make purchases for personal items and to pay for appointments such as the visiting hairdresser and chiropodist. Money received from either people's families or advocates was held and managed at the provider's head office by the account manager. Cash was given to the home regularly for each person. We looked at records of monies received and taken out for three people and found these to be correct. The provider completed monthly audits and we saw details of the most recent audit carried out in September 2014, which had not raised any concerns.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. We looked at the recruitment files for five staff and found these contained all relevant recruitment checks to show they were suitable and safe to work in a care environment.

On the day of inspection there were seven care staff, one registered mental health nurse, two kitchen, one domestic, one maintenance, one laundress, and the registered manager on duty. At night one registered nurse and two carers were on duty. Staff said they felt there were sufficient staff levels at the home at all times. A relative said that the level of staffing we saw was "usually the case." We looked at staffing rotas which showed that this level of staffing was on duty throughout the week. The registered manager said that as she reviewed people's dependency needs she would then see if additional staffing was needed to ensure the correct level of support was available to meet peoples changing needs.

We saw a rota board which identified what staff member was responsible for providing particular care to people. It also identified who was the team leader for the shift and who was responsible for ensuring that checks on drinks were carried out so that people had sufficient to drink throughout the day.

The environment in the main house was clean and well maintained. The register manager was aware that some

Good

Is the service safe?

areas of the home needed redecoration and refurbishment and told us this was in process. There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Medicines were stored in a locked cabinet and the key kept in a safe. We saw Medicines Administration Records (MAR), were completed as required. The medicines in stock tallied with those recorded on the MAR. No-one at Asheborough House self-administered their medicines. We saw some people took medicines 'as required' (PRN). There were no guidelines in place for staff to help ensure they took a consistent approach when administering medicines, for example, if the person wished to take their medicines with orange juice or water. The registered manager said they would write guidelines to cover this issue. Medicines audits were carried out monthly.

Requires Improvement

Is the service effective?

Our findings

At our inspection on 26 August 2014 we found the system for staff supervision and appraisal was sporadic. This meant staff were not always given the opportunity to discuss their training requirements or to discuss positive and critical aspects of their working performance. We found that essential training applicable to individual staffing roles was not always carried out.

The registered manager told us that staff supervisions were to begin and a plan which showed dates had been organised with staff. The manager told us that staff annual appraisals had not begun and times to do this were being arranged. The manager told us that she had needed to prioritise the areas of improvement identified by the last inspection visit and the safeguarding recommendations. Therefore she had focused on ensuring peoples care needs were being met and that staff skills had been developed. Staff told us they felt able to approach the manager but acknowledged that formal supervisions had not occurred.

We found the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We had also found at the inspection on the 26 August that the care home provided care for people who predominately had a diagnosis of dementia or mental health, but that basic knowledge regarding dementia care was absent at that time from the care and support people were receiving. Staff told us there had been an increase in training and that they had found the training to be beneficial and appropriate to their role. The registered manager told us that following our last visit they had approached an external trainer to provide training to staff. They requested an external trainer so that the training provided would be impartial, up to date and it was hoped it would allow staff to feel able to express themselves more freely in the training sessions. The following training courses were provided: dementia, safeguarding, equality and diversity, Deprivation of Liberties, Mental Capacity Act, professional boundaries, and manual handling. We also saw research information on display for staff to read, for example the different forms of dementia and its signs and symptoms.

New staff had completed an induction when they started to work at the home, and a copy of the induction checklist filled out by the staff member and their supervisor was seen. We spoke with a new member of staff, they told us they had worked with a more experienced member of staff for their first few shifts to enable them to get to know people and see how best to support them prior to working alone. This showed that staff were able to meet people's needs in a consistent manner.

We used our Short Observational Framework for Inspection tool (SOFI) whilst people were having lunch in the dining room and the lounge. This allowed us to spend time watching what was happening and helped us record how people spent their time, the type of support they got, and whether they had positive experiences. People were able to choose where they wanted to eat their meal, in either a lounge, dining room or in their bedroom. The meal was leisurely and people were seen to enjoy their food. One person asked for a gin and tonic and this was provided.

Staff helped people who needed assistance with eating in a respectful and appropriate manner, sitting alongside the person and talking to them and encouraged them to eat and to drink. One person did not wish to remain seated at the dining table and staff allowed the person to lead them out of the room, then gently brought the person back and sat with them again. When the person led the staff away a second time, we saw they were sat in a different area and staff helped the person with their meal in a quieter space. During our visit staff were careful to offer people regular drinks and to encourage them to eat and drink. We were told the kitchen was never locked so that access to snacks and drinks were available at all times.

The lunch tables had printed written menus with choices on. These were not referred to. The registered manager was aware that the presentation of the menus would not be meaningful to some people and told us they would review how the menus were presented.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. We saw one person could not be persuaded to eat and was asked whether they would like anything else to eat. The person's decision not to have dinner was respected but staff stated they would monitor this

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected.

Requires Improvement

Is the service effective?

Many people living in the home had a diagnosis of dementia or a mental health condition that meant their ability to make daily decisions could fluctuate. We saw staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. We saw records of where decisions had been made on a person's behalf; the decision had been made in their 'best interest'. For example best interest meetings had taken place to decide on the use of bedrails for some people. Records showed the person's family and appropriate health professionals had been involved in this decision.

There was evidence the registered manager and deputy manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. Following a recent court ruling the criteria for where someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Care staff were also familiar with MCA and DoLS following their recent training and were able to tell us when they would need to consider its use.

People were assessed to see if there were any restrictions in place that might mean an application under DoLS would need to be made. We saw that two people in the home had a current DoLS authorisation. Four applications had been submitted and 18 others were in process. We looked at the records of these and saw they were in date and there was a system in place to review them at the expiry date or sooner if the people's needs changed and this altered the restrictions in place.

Staff at the home involved external healthcare professionals and therapists in the care, treatment and support, for people when they had identified a need. For example, dieticians, physiotherapists and specialist nurses. Individualised care plans for specific areas, such as dietary requirements had been developed with the involvement of the person or their family, staff at the home and the healthcare professional. The specific care plans had been reviewed to ensure they remained up to date and reflected the person's needs.

Good

Is the service caring?

Our findings

At our inspection on 26 August 2014 we found that people who lived at Asheborough House were not always treated like individuals. We saw a mixed approach from staff in the way they involved people and showed respect to people.

On this visit a relative told us "Some staff are more conscientious than others, more attentive…attention to detail is still missing." The relative concluded by saying: "I am grateful he's here. He is cleaned and given his medication and he socialises." Another relative told us "all the family are happy with the home, granddad was quite aggressive when he arrived but he is settled and happy now." Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

Staff responded to visitors requests to make their visit more special for the person living at the home. For example, a visitor had brought some doughnuts in for her relative. Staff waited for the relative and the person to settle and then provided the doughnuts with a cup of tea, telling us "he likes it because it is special as his daughter brought them in, it's their special time."

We also saw staff had thought ahead to ensure that people would be cared for when they were not in the home. For example one person was waiting for transport to attend hospital. As it was uncertain how long the person would be at the hospital staff asked the catering department to provide some sandwiches so that if the person was delayed they would have something to eat.

We observed how people were cared for by staff. We saw examples of kindness, patience and empathy from staff to people who lived at Asheborough house. For example we saw staff approach a person who began to cry in a sensitive manner. The person requested a handkerchief which was provided promptly. We saw two incidents where the staff approach to people could be improved. This showed some contrasts in staff approach to people. For example we saw a staff member assist a person to go from the lounge to the dining area for lunch. The member of staff walked ahead of the person holding their hand and not talking to them. The person was not given any reassurance or encouragement to walk to the dining area. In contrast we saw another member of staff who linked arms with a person and talked with the person encouraging them as they walked from the lounge to the dining area. This showed that at times there was a difference in approach by staff in how to encourage and maintain people's independence. The manager said they would address this with the staff member concerned.

The registered manager had arranged for an external trainer to come to the care home to provide a course for the staff team on professional boundaries. We saw a report from the training company which stated that staff had engaged with this training and were receptive to the course and looking at how their approach affected the people they cared for.

People's privacy was respected. Staff told us how they maintained people's privacy and dignity generally and also when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people's doors and asked if they would like to speak with us. People's bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

We saw that staff provided care and support in a timely manner and responded to people promptly when they requested assistance. For example one person requested help with their personal care and staff approached the person sensitively and promptly. Staff ensured that the appropriate equipment was used to transfer the person safely from one place to another.

Staff told us they had opportunities to have one to one time with people and we saw this occur throughout our visits. We saw that some people had completed, with their families, a life story which covered the person's life history. This gave staff the opportunity to understand a person's past and how it could impact on who they were today.

Where possible people were involved in decisions about their daily living. Staff asked people where they wanted to spend their time and what they wanted to eat and drink. For example one person said they did not want to get up, staff continued to check with the person until they were ready to rise.

Good

Is the service caring?

The registered manager told us that where a person did not have a family member to represent them they had contacted advocacy services to ensure the person's voice was heard.

Good

Is the service responsive?

Our findings

At our inspection on 26 August 2014 we found care plans to be detailed with regards to clinical care needs. However, care plans did not always give specific guidance and direction about

how to meet a person's needs which meant that care and treatment was not always delivered consistently. We found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we checked if the provider had made the necessary improvements to comply with this regulation. We found improvements had been made in relation to the level of detail in people's care plans to ensure staff had clear guidance about how to meet people's individual needs. The format of care plans had been reviewed and they now provided direction and guidance for staff in how to provide individualised care. For example one care record stated, '(the person) has his own teeth and seems to like mint flavour. Please apply a pea sized amount of toothpaste and do not get it wet as this will cause excessive foaming and prevent paste to adhere to his teeth'. We saw that clear direction was provided to staff for example 'make sure (the person) sits upright as they eat and that he has two swallows between mouthfuls as he is at risk of choking.'

Care plans were informative in guiding staff in how to manage a person's behaviour when they became anxious or distressed. For example, '(the person) often believes she is at work, staff are not to try and correct her, instead listen and reassure (the person) her problems are being taken seriously.' These directions allowed staff to respond in the same manner when the person displayed anxiety or distress. Staff told us they felt the care plans were more personalised and provided them with clearer guidance in how to provide care. This meant that care for the person would be provided more consistently by all staff.

Relatives told us they were involved in the admission of their family member and their views on what support the person needed was asked for. Relatives told us they were invited to and attended care plan review meetings and found these meetings beneficial.

Care records reflected people's needs and wishes in relation to their social and emotional needs. We were told an activities coordinator had recently been appointed. On the first day of inspection the 'music man' cancelled as they had transport difficulties. Due to this, staff improvised and encouraged people to do some art and craft and play a game of 'family fortunes'. Some people joined in these activities and some chose not to. We saw that people received visitors, a member of the church visited monthly and a volunteer pet therapy lady also visited. The pet therapy person visited the home fortnightly and spent individual time with a particular person who responded well to the dog they brought. The home had two cats and we saw people engaging with the cats. One person told us they liked their own company but would like to spend time outdoors on their own. Staff explained the garden was currently not in use as it was not secure.

We saw the home's complaints procedure which provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take

their grievance further, if they wished. Records showed the home had not received any complaints in the last year.

We asked people who lived at Asheborough house, and their relatives, if they would be comfortable making a complaint. A relative told us they had 'frequent conversations with staff and the manager' about their family members care. The relative said that many issues had been resolved at this stage. No-one we spoke with had made a complaint. Another relative told us they had not had cause to complain. They said they would feel confident to approach management or staff if they had any concerns. The registered manager told us they had just introduced a 'suggestions box' which we saw in the foyer of the home. This was to provide people with an opportunity to share their views on the service.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 26 August 2014 we found the provider did not have an effective system to regularly assess and monitor the quality of service that people received. People who used the service, their representatives and staff were not asked for their views about the care and support they received. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we checked if the provider had made the necessary improvements to comply with this regulation. The registered manager explained to us that she had not started the quality assurance process as she needed to address other issues raised from the last inspection report as a priority, for example improvement in care planning and staff skill and knowledge. The registered manager told us how she wanted to implement a system that would assess and monitor the quality of service that people received. Therefore this remained a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following our previous visit where concerns were identified we asked the provider to send us an action plan and tell us how they would make improvements. At this visit, we found that there were some improvements in some areas. We found care plans contained more detail which meant that staff knew how to approach and meet people's care needs in a consistent manner. We also found that staff training had increased which enabled staff to develop their skills and knowledge when caring for people. We also saw throughout our visits that the approach from care staff to people was more caring with compassion and kindness shown. Staff told us they felt things had improved. For example staff said they were clearer about what was expected of them and that detailed guidance in the care plans now provided them with more detailed information in how to approach people and provide consistent care to them. A relative also told us that they felt some improvements in how people were cared for had been made.

Staff told us they liked working at the home and found the registered manager to be approachable. The registered manager has worked at the home since January 2014. There has been a high staff turnover as changes have been implemented at the home. The consequence of this has been low morale within the staff team The registered manager was hopeful that the staff team would now be more consistent. They had invested in values training with the staff so that everyone who worked at the home had the same understanding and shared the values of the organisation, in how they provided care to people.

Staff spoke positively about the registered manager and felt able to raise concerns with them and were confident action would be taken to address. Staff meetings took place periodically and there was evidence that issues were discussed with staff such as complaints, and care issues, indicating that management had identified some incidents of poor care practice and raised with staff to make improvements.

There was a clear management structure at the home. The staff we spoke with were aware of the roles of the management team and they told us that the managers had a regular presence in the home. The registered manager said they had a good relationship with the provider and that if they needed any item for the home or redecoration that this would be approved. Therefore there was a programme of redecoration works in place. In addition when it was identified that value training for the staff was needed this was sourced externally. The registered manager stated she felt supported by the provider who kept in regular contact with the home and was therefore aware of the day to day issues in the running of the home.

Managers monitored incidents and risks to make sure the care provided was safe and responsive to people's needs. The home used systems to make sure that there were enough staff to care for

people safely. Records for the home were well maintained.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **Staff were not supported to receive supervision and appraisal to enable them to deliver care and treatment to people safely and to an appropriate standard.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The provider did not have an effective system to regularly assess and monitor the quality of service that people received.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.