Ridgewood Care Services Limited

Woodcote

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

Summary of findings

Overall summary

Woodcote is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Woodcote provides accommodation and personal care for up to six people who have learning disabilities and some associated physical and/or sensory disabilities. There were six people using the service at the time of inspection. The building was situated over two floors, with people's bedrooms located on the second floor. Some people had their own bathrooms attached to their bedrooms and there were communal facilities for those that did not. There was a kitchen, dining-room, large lounge and sensory room for people to relax in. People also had access to a large patio area and three acres of land at the back of the property. This included a paddock, tennis courts and a lake.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed staff offering people choices and they had a good understanding of how to support those who lacked capacity to make decisions. However, documentation that recorded people's understanding of specific decisions did not reflect the person's views or those that knew them well. We have made a recommendation regarding this.

Regular quality audits were completed by the registered manager, deputy manager, service manager and director. However, a number of shortfalls were found within record keeping which demonstrated current auditing processes needed to be developed. Staff had a thorough knowledge of people and their support needs, which meant where shortfalls were identified, there was limited impact to people. Documentation that was missing, incomplete or due for review, was not always identified for example, people's evacuation plans lacked person centred information in how to support them during an emergency. There were also inconsistencies within staff documentation, particularly with regard to training. Staff and relatives told us they completed surveys regularly to express their views on the service, however there was a lack of evidence to demonstrate information being analysed and feedback given.

People were safe. Staff understood how to protect people against harm and there were suitable levels of staff available to ensure people's needs could be met at any time. Staff were recruited safely and

appropriate background checks were made to ensure their character and skills were suitable to support people. There were individualised risk assessments for people and the environment and building they lived in. This included guidance for supporting people with behaviours that challenged. Incidents were investigated within relevant timescales and appropriate actions taken to ensure they did not happen again. Medicines were managed safely. People were supported by staff that were trained in administering medicines.

Staff told us they received a wide range of training to ensure they could support people safely. They spoke highly of their induction into the home that included shadowing experienced staff and developing a thorough knowledge of people and their routines. Staff also benefited from taking part in regular supervision and appraisal to help them develop their skills and knowledge. Staff felt supported and encouraged in their personal development and relatives were confident that staff had the skills and knowledge to support people. Staff attended regular team meetings where they could discuss any concerns.

People were supported to access a wide of range of professionals to ensure that their health and social well-being was promoted. All professionals we spoke to felt that the provider was genuinely concerned and responsive to people at all times.

Relatives and professionals felt that people were supported by a kind, caring staff team. People had built good relationships with staff and their dignity, independence and privacy was promoted and encouraged. Staff knew people, their preferences and support needs well. People had their own key-worker; this was a named member of staff who had a central role in their lives and would oversee their support needs and care plans.

People had choice and control over the activities they wanted to participate in each day. These were tailor-made to people's likes and dislikes. Staff and the relatives were knowledgeable of the complaints procedure and confident they could talk to the registered manager about anything that was worrying them.

Although there were areas for improvement in records, people, staff, relatives and professionals spoke highly of the management team. They felt that the service was well-led and that an open, transparent and supportive culture was promoted.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff demonstrated good understanding of safeguarding processes and knew the procedure to follow for suspected abuse. There were suitable levels of staff to support people's needs.

People had risk assessments that were detailed and centred on them. Building checks and risk assessments were reviewed monthly to ensure the home remained safe.

There were safe recruitment practises for staff.

Is the service effective?

Requires Improvement

The service was not always effective.

Care plan documentation did not always identify understanding of the mental capacity act, particularly with regard to seeking the views of the person and those that know them well.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people. Additional training had been sourced to support people's specific needs.

People were supported to have good nutrition and were involved in choosing what they wanted to eat and drink.

The service supported people to maintain close links to health professionals.

Is the service caring?

Good

The service was caring.

Relatives and professionals were very positive about the caring nature of the staff team. They were confident that staff knew people and their support needs well.

Staff showed kindness and compassion when they talked about

people and this was observed in interactions between them.

People had their privacy and dignity respected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

Staff were very knowledgeable of people's specific communication needs.

People were encouraged to take part in activities of their own choosing. Activities were varied and promoted independence and social stimulation.

Staff, people and their relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although audits were regularly undertaken, incomplete or missing records were not identified. This suggests that the quality assurance system used was not always effective.

Staff and the registered manager knew people well however care documentation lacked consistency and did not always identify all care needs. There were also inconsistencies within staff documentation.

Although people, their relatives, staff and professionals were asked for their views in surveys, there was a lack of evidence that this had been analysed and feedback given.

People, staff and relatives spoke very positively about the management team and felt well supported.

Woodcote

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 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often supporting staff or providing care. We needed to be sure that they would be in and that our visit would not disrupt the lives of people more than necessary.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

One inspector completed the inspection. Due to the nature of people's complex needs, some people were not able to tell us about their experiences, so we also observed the care and support that people received. We observed and spoke with seven people who use the service about their day-to-day experiences. We spoke with two staff, the registered manager, deputy manager, service manager, and director of the company. We spent time reviewing records, which included three care plans, three staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection, we spoke with two relatives and two professionals about their experiences for people living at Woodcote.

Good

Is the service safe?

Our findings

Although not everyone was able to tell us they felt safe, we saw people were comfortable and relaxed around staff that knew them well. One person gave a 'thumbs up' when we asked if they felt safe. Relatives were also confident that people were safe. One relative told us, "I feel that Woodcote is the safest place. I don't worry in the slightest." Another said, "You won't find a safer place in my opinion."

In-depth risk assessments had been completed for people, staff and the building, that were person and task specific. If a risk was related to a particular behaviour, such as a person becoming angry or distressed, this was clearly described and included ways on how to support the person during this time. One person used Makaton to communicate and staff used specific hand gestures for "stop" when the person showed signs of becoming agitated. The person's risk assessment identified how this supported the person to feel calmer. It also prevented escalating behaviour where the person may harm themselves or others. A health professional told us, "When I visit, staff are so in tune with people and recognise situations that can lead to challenging behaviour. They stay with people and ensure that they and I feel safe." Other people had in-depth assessments regarding specific health conditions such as epilepsy and how these should be managed. The service had a pro-active approach to managing risk. Examples of this were in assessments for activities. They ensured that risk was assessed thoroughly and people were enabled to do the things they wanted to.

Incident and accident reports detailed information of the incident, immediate and on-going actions taken and reflected on lessons learned. An example of this was an incident where a person had become frustrated towards staff. Positive behaviour guidelines were amended and this was discussed further with staff during a meeting to ensure that they knew how to support the person effectively.

There were enough staff to support people who lived at the service. People had the same staff who worked regularly with them which meant they knew and felt comfortable around familiar people. Any staff absences were covered by other core staff from another Ridgewood Care Services home or regular agency staff that knew people well. This ensured that people received continuity of care.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service (DBS) that checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff were aware of signs of potential abuse and who to report to with any concerns. The registered manager also had clear understanding of safeguarding procedures. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed.

People's medicines were managed so that they received them safely. One person was being supported to

self-medicate and there were clear assessments and guidance for staff on this. Staff were not able to support with medicines unless they had received relevant training. They also had their competency to administer medicines assessed ever year. Some people took medicines on an 'as and when required' basis (PRN). Records detailed why the medicine was prescribed and the dose to be given. There were good arrangements for the storage, ordering and management of medicines. Locked medicine cupboards were kept in the kitchen and were clean, tidy and clearly labelled.

People lived in a safe environment. Monthly safety checks were completed by the registered manager for the building, which included maintenance checks on bedrooms, water temperatures, fire equipment and emergency lighting. We also found good practises in relation to infection control. The building was clean and tidy and staff had understanding of how to prevent the spread of infection. Personal protective equipment was available and used by staff when supporting people. Any substances that could be harmful to a person's health were stored safely and the laundry system was well organised with two washing machines and a tumble drier.

Requires Improvement

Is the service effective?

Our findings

Relatives told us they felt staff were effective because they were well trained and knew people's support needs "Extremely well." Comments included, "Staff really seem up to date and know what they're doing" and "they know exactly how to support my relative when they are feeling upset or frustrated." A professional agreed, saying, "their knowledge and expertise on how to support people is second to none." However, despite this positive feedback, we found some areas of practice that required improvement.

People were offered choice in all aspects of their care. Staff also had a good knowledge of how the Mental Capacity Act applied to people they supported. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made for those that were deemed not to have capacity and any conditions were met.

Although staff showed understanding of choice and consent, people's care records did not always meet guidance in line with the Mental Capacity Act. People had specific decision-making forms related to activities, managing medicines, finances and their own personal care. However, we found some assessments were identical to others and lacked person centred information or had other people's names on. There was no evidence to demonstrate that the person's views and those involved in their care such as relatives or social workers had been taken into consideration. Some people had advocates to support with decision-making, but their views had not been included. We recommend the provider uses a reputable source to update their knowledge of mental capacity and amend their practise accordingly.

Staff had the appropriate skills and knowledge to support people living in the home. Staff told us that they received training in health and safety, safeguarding, mental capacity, equality and diversity, medicines management and food hygiene. Staff also told us about more specialised training they had received to support people with epilepsy and behaviours that challenged. There were opportunities for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard. Several staff had expressed an interest in building their skills and knowledge to develop into a managerial role and were being supported to complete their NVQ 5 in leadership and management. One staff member said, "It feels nice to be encouraged to improve skills and I learn new things every day."

Staff spoke very positively about their induction. They said that as part of the process they met people they would be supporting and shadowed more experienced staff so that they could fully understand people's care needs. Following induction, staff were supported in their role by receiving regular supervision and

appraisals. Records showed that supervisions were held monthly but staff said they could meet with the registered manager anytime, if they had concerns. All staff we spoke to said supervisions were, "Helpful", "Encouraging" and "Supportive."

People's nutritional needs were met. We saw that menus were varied and offered fresh fruit and vegetables to encourage healthy eating. Each person took turns to choose meals and alternatives were available for those that didn't like what was on the menu. One person had also been referred to the Speech and Language Team (SALT). There was a detailed swallowing assessment that identified the consistency of food the person required and other actions to minimise the risk of choking. Meal-times were promoted as an enjoyable experience where people and staff sit and spend together. The register manager said, "We want it to be like a family sitting down for dinner together. We talk about our days and our plans for the rest of the week."

The service supported people to maintain good health with input from health professionals on a regular basis. Relatives told us that if people were unwell, they were supported to access their GP or other health professionals and they were kept informed of any health changes. We saw through people's records that they were supported to access the Community Learning Disability Team, Mental Health Team, GP, Nurses, Dentists, Physiotherapists and Chiropodists. One relative told us of the support staff at Woodcote provided to a person who was anxious about going to the dentist. "Staff were kind and very supportive. They worked with the dentist to explain everything to my relative which reassured them." A health professional also told us, "I generally see people every six weeks but the provider is very good at contacting me if people's health changes. They feedback all the time which is very helpful."

Each person had their own individual hospital plans. With people's permission, these were to be given to paramedics or hospital staff should the person need to go to hospital. These plans included details about the person such as allergies, contact details for the home and their families and any medical history. There was also a list of their current medication, their methods of communication and how to alleviate any anxiety.

The design of the building had been adapted to meet the needs of people. There was equipment to support people with moving and handling, such as hand rails, throughout the building. One person had special equipment to help them to get in and out of the bath. There was a sensory room which included different coloured lighting to calm mood, soft furnishings, objects with different textures and music therapy. Staff told us that this was created as a 'safe space' for people where they could relax if they felt they needed time away from others. Doors had easy read signage on them so that people could recognise different rooms within the house. Some of the signs had been designed by people living there and were personalised with pictures they had drawn themselves. There was also lots of outdoor space that we saw people enjoying. This included acres of land, a tennis court, a patio with games and a lake that people enjoyed walking around.

Good

Is the service caring?

Our findings

Although people were not always able to communicate verbally, we could see that they were smiling and relaxed around staff that they knew well. We heard one person tell a staff member, "I love you". Others we asked about staff, smiled or gave a 'thumbs up.' We saw staff were patient, attentive and respectful when they were supporting people. The atmosphere was happy and staff cheerful. People were happy to see staff and held their hands or hugged them. We observed one person become upset and a staff member put their arm around them in comfort. This resulted in the person smiling again.

Relatives all told us that staff were kind and very caring. Comments included, "Staff are so lovely", "I cannot fault their caring attitudes", and "Absolutely fantastic." One relative said, "It takes a very special sort of person to be a carer and without a doubt, staff definitely are that". Health professionals also spoke highly of the staff and their caring nature. One told us, "Staff are kind, incredibly helpful and genuinely care about people. Everything they do puts people and their needs first."

Staff knew people very well and how to meet their needs. One staff member spoke in depth about the importance of getting to know people's specific routines; "You get to know people and learn the things that are important to them. Even the smallest things can cause them to feel unsettled so it is vital we constantly talk through things and get it right." An example was for a person who had a particular routine with their personal care. Staff were very knowledgeable of this routine and clear guidelines were in the person's care plan.

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. We heard staff encouraging people to clean their bedrooms or bring their laundry downstairs to be washed. Staff told us that two people enjoyed cooking and were supported to make meals throughout the week. They also attended cooking sessions at another service to build their skills in food hygiene and preparation. Another person wished to be more independent with managing their own medicines and staff supported them to achieve this. The person had their own medicines cabinet and documentation to sign when they had taken their medicines each day. One relative told us, "Whenever I visit I see staff encouraging people to be more involved. They seem to want people to improve their skills and be as independent as possible."

Staff ensured that people's dignity and privacy was respected and promoted. People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings. They were given choice over the decoration and lay-out of their rooms. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time by themselves. People's care records were stored securely in locked cupboards and online documents were password protected. Staff also had knowledge of the home's confidentiality policy and how it related to the people they supported.

People were involved in making their own decisions and encouraged to express their views. We saw staff asking people how they were and how they would like to be supported. People were offered choices, such

as what they wanted to do or drink. Records showed that regular meetings with people took place. People also met with their key-workers monthly to review their care plan and talk about goals or activities they may like to do in the future. Where people were not always able to communicate their views verbally, staff talked about recognising their body language and facial expressions to whether they liked something or not. People were also supported to complete an easy read questionnaire each year on their views of care provided.

The caring principles of the service included the well-being of their staff. Staff told us that the registered manager knew them really well and would always ask after their well-being. One staff member said, "The manager's genuinely seem to care about us and always listen to any problems we have, whether they are work related or personal." Another said, "I am always thanked after each shift and that makes me feel appreciated. We are like one big family here."

Good

Is the service responsive?

Our findings

Relatives we spoke with felt that staff were responsive to people's needs and they were always informed of any changes. One told us, "They seem so in tune with people and react instantly to the slightest changes." Another said, "They are so knowledgeable of people's behaviours and what upsets them and do everything they can to prevent it happening." A health professional also gave us an example of how the provider had responded to a person's health deteriorating. "They called me as soon as there was an issue and were concerned. They followed the advice I gave them about additional health support immediately."

Staff were very knowledgeable of people's communication needs. Pre-assessments were completed with each person before they moved in which identified their support needs, preferences and wishes. People used Makaton sign language and objects of reference to communicate with staff. One person who required information in a picture format, had a photo board to support them to communicate during meetings. The registered manager told us that the person often chose not to use it but it was always offered at every meeting. Staff had a very good understanding of one person's sensory needs and demonstrated how they communicated with them using their own personalised adaptation of Makaton. One staff member said, "The person communicates using signs, however they do not use the normal form of Makaton. It takes time to get to know how they specifically communicate it, but we know them so well now, it's easy to understand what they are telling us."

People took part in activities that encouraged social involvement and wellbeing and had choice and control over what they wanted to do each day. People were involved in outings to animal sanctuaries, shopping for food and picnics out. We saw photographs of people enjoying activities and each person had an individual activities timetable that were varied and meaningful. Staff told us about activities that people enjoyed such as walking the dog, swimming, gardening, walks on the seafront, yoga classes and 'Glo-balls', a glow in the dark golfing experience. People were supported to go to Interactive music sessions, where they enjoyed 1-1 music therapy from a professional. Staff were also planning trips to local tourist attractions in the summer.

People sometimes declined to go out on certain activities and staff respected their decision and offered alternatives. Relatives spoke highly of the activities provided for people and said how they had attended various parties at the home for birthdays or public holidays. "They are always out and about" and "My relative loves what they do each day." People were also supported to maintain contact with those that were important to them. Relatives told us they saw people whenever they wished and also spoke to them regularly on the phone. One relative told us, "Staff and the registered manager are very supportive. They drive our relative to meet us halfway so we don't have so far to travel."

People's views were listened to. When people expressed they did not like something, this was documented and respected. There was a clear complaints policy available and easy read documentation for people in expressing their concerns. Staff told us they supported people to complete this if they have any issues they would like to raise. Relatives said they had not had reason to complain in a long time, but would feel confident speaking to the registered manager or deputy manager if any they needed to.

At the time of inspection, no one required support with end of life care. Some people who wished to discuss it had end of life plans that specified their preferences. This included where they would like their funeral held, readings and music to be played. For one person that had passed away several years ago, a remembrance plaque was hung in a communal area for people and staff to see. This included a photo of the person, descriptions of their personality, their favourite things and people that were important to them. The registered manager told us that this was to cherish the person's memory and show people when they talked about them.

Requires Improvement

Is the service well-led?

Our findings

The management team consisted of the registered manager, deputy manager and a senior carer. Interviews were being held to fulfil another senior vacancy. The director of Ridgewood Care Services and a service manager also spent a lot of time at the home, supporting the registered manager or completing reviews of the quality of the care provided.

There were a number of quality audit tools in place. These looked at people's care records. This included key worker reports and reviews by the deputy manager, registered manager, service manager and director. However, we identified some recording errors, which had not been identified by the registered manager.

In every person's file, there were three different types of care plan. An easy read document, a summary document and additional individual guidance information. Overall, we found the individual guidance to be detailed. However, there was a lack of consistency in information across all three care plans. In two of the three care files we looked at, the easy read document and overall summary had not been completed or held out of date information. In some documents, other people's names had been used in error.

One person's care plan did not reflect that they had a sensory need nor identify additional resources used to communicate. Staff told us they used objects of reference or other pictures, however this had not always been documented in people's files. The registered manager and staff were able to tell us which people had sensory or communication needs and how they were supported so therefore there was minimal impact on people. However, these guidelines were not in line with the Accessible Information Standard (AIS). This standard applies to people who have communication needs relating to a disability, impairment or sensory loss and identifies steps that providers should follow to ensure these needs are identified, recorded and met appropriately.

People had personal emergency evacuation plans (PEEP's) to support in the event of a fire or other emergency. However, they lacked person centred information for how to support people. One person's PEEP stated that they had 'challenging behaviour' but did not explain what this was or what the impact an emergency may have on them. Staff told us very specific information that they had obtained during fire drills. An example of this was for a person that would refuse to leave their room. Staff explained what was happening, that they should stay in their room and they would alert fire marshals. However this was not reflected in their PEEP's. Another's person's document stated support required but did not identify their specific sensory need. PEEP's did not have photos of people, which would make identifying them difficult for emergency professionals. Staff knew people extremely well and the service manager had already started addressing issues with PEEP's whilst on inspection. Therefore there was minimal impact on people. Additionally, we found inconsistencies in the recording of fire drills. Although staff were very knowledgeable of how to evacuate the building in an emergency and told us they had regular fire drills, there was a lack of written records to show this had happened. The last fire drill recorded was for June 2017.

We also found some inconsistencies within staff records. Although staff and relatives felt that training was effective, there was a lack of written records to show this. We saw a training plan used by the service

manager that was designed to identify when staff training had been attended or was due. However, from this plan it was difficult to determine if staff had received training and when it needed to be reviewed. There were gaps where information had not been updated. The registered manager was not using a training plan, but keeping individual records for staff. However, individual training sheets did not identify when training was due and if it had been booked. The registered manager showed us a previous training plan used, where it was easier to have oversight of staff training and advised that they would be using this again in future. Staff also told us they received a thorough induction, which included shadowing more experienced staff, however there was no record of this on induction paperwork.

The PIR we received from the provider stated that yearly questionnaires were given to people, their relatives, staff and professionals to gain their views on the service. Staff confirmed this and we saw some returned surveys. However, there was a lack of evidence to suggest that feedback had been analysed, issues addressed and findings fed back to those involved. Some staff had completed anonymous surveys however there were no dates on them, which would make analysing information difficult. Views from relatives were mixed. One relative advised that they had never been sent a survey. Another relative told us that although they completed surveys regularly, they had never received any feedback. The registered manager advised that they and the deputy manager went through each questionnaire and reflected on feedback, however there were no records to evidence actions taken. The registered manager agreed that this was an area for improvement. They discussed the implementation of an overall summary sheet, which could be shared with people, staff, relatives and professionals after information had been collated.

The provider had not ensured good governance had been maintained. Therefore, the above areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had built good relationships with the registered manager and wanted to spend time with them. Relative's spoke highly of the registered manager and told us they were, "Very nice", "Approachable" and "Caring". They also spoke highly of the director of the service. One relative told us, "They are very good and knowledgeable. They support staff to work with people so they know them well." Professionals agreed that the management team supported people and "Were part of the team." One professional said, "The registered manager has really matured into their role, takes their job very seriously and is always very concerned about people."

Staff were unanimous in the support they received from the management team. We were told, "The registered manager is so welcoming and supportive. They really listen" and "they are lovely and care from the soul". One staff member described the director as, "Lovely. I can talk to them about anything and they are always here to support us." Another said, "I honestly could not have asked for a better and more supportive introduction into care work."

Staff told us that they attended regular staff meetings where they discussed any issues with people they supported or other concerns that they had. Staff meeting minutes were reviewed and showed that staff met regularly and an agenda was set for items to discuss. Staff also told us that handover's between shifts were very informative which meant they were always up to date with information.

During inspection, we found the registered manager, deputy manager, service manager and director to be open and transparent. They were aware of areas that still required improvement and discussed actions they were going to take to rectify this. Issues that were identified on inspection were reflected upon by the entire management team. This demonstrated a willingness to improve.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured good governance had been maintained. Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1) (2a) (2b) (2c)