Hestoncourt Limited

Beverley Court Residential Home

Inspection report

334-336 Beverley Road
Hull
Humberside
HU5 1LH

Tel: 01482449296

Date of inspection visit:
17 February 2016
18 February 2016

Date of publication:
17 March 2016

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

Beverley court is registered with the Care Quality Commission [CQC] to provide care and accommodation for 30 older people who may be living with dementia. It is located on Beverley Road, Hull and has good access to all local facilities and public transport routes.

This inspection took place on 17 & 18 February 2016 and was unannounced. The service was last inspected 5 August 2013 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection 30 people were living at the service.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The principles of the Mental Capacity Act 2005 had not been followed and systems were not in place to ensure people were protected by legislation when their liberty was compromised or they needed support with making informed decisions and choices. People had not been consulted on a regular basis about the running of the service and no reports had been produced which showed how the service would be improved and any issues raised through consultation addressed. These are both breaches of the Health and Social Care Act Regulations and you can see what action we have told the provider to take at the end of this report.

Staff were able to describe to us what action they would take if they suspected anyone who used the service was subject to abuse. They had received training in this area. Accidents and incident had been recorded but no analysis of these had been undertaken to identify patterns or trends, no learning had been identified so practise could change and ensure people were kept safe in the future. The registered manager had notified the local authority of safeguarding incidents but had not notified the CQC. We have made a recommendation about this. People's medicines were handled safely and staff had received training in this area. Staff who had been recruited safely were provided in enough numbers to meet the needs of the people who used the service.

People were provided with a wholesome and healthy diet which was of their choosing. Staff monitored people's dietary needs and made referrals to appropriate health care professionals when required. Staff received training which equipped them to meet the needs of the people who used the service. Staff training was updated on a regular basis and they were supported to gain further qualifications and experience in their role. People were supported to access health care professionals when they required them and staff supported them to lead a healthy lifestyle.

People were cared for by staff who were kind, caring and who understood their needs and how to best meet these. Staff understood the importance of respecting and upholding people's rights and dignity and could

describe how they would do this. People or their representative had been involved with the formulation of their care plans.

Staff had access to information which described the person, their likes, their dislikes and preferences. The information was updated as and when any changes were identified and regular reviews were held to assess the effectiveness of the care people received. People who used the service had access to a range of activities and were supported to pursue individual hobbies and interests. People who used the service or their relatives could raise concerns and complaints with the provider and these would be investigated wherever possible to the satisfaction of the complainant.

The registered manager undertook audits to ensure people lived in a well-run, safe service. Meetings were held with the staff and people who used the service. Staff, people who used the service and their relatives found the registered manager approachable and helpful. Equipment used at the service was regularly maintained and any repairs were quickly undertaken.

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 knew how to recognise abuse and received training about how to report this to keep people safe.

No analysis of accidents or incidents was undertaken to identify trends or future learning to ensure people were kept safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training.

Is the service effective?

Requires Improvement

Not all areas of the service were effective

People were not protected by legislation when they needed support with making important decisions or their liberty was compromised.

People were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff received training to meet people's needs and were supported to gain further qualifications and experience.

Staff supported people to lead a healthy lifestyle and involved health care professionals when required.

Is the service caring?

Good

The service was caring.

Staff were caring and understood the needs of the people who used the service.

Staff involved people in their care and people who used the service had an input into decisions made about this.

Staff respected people's privacy and dignity and upheld their rights.

Is the service responsive?

Good

The service was responsive.

Activities were provided for people to choose from.

People were supported to access health care professionals when needed.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Is the service well-led?

Requires Improvement

Not all areas of the service were well-led

The registered manager did not consult people who used the service regularly about the running of the service or produce a report of findings and action plans to address any shortfalls.

The registered manager had not routinely notified the CQC of suspected abuse which had been reported to the local authority.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

Beverley Court Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 17 & 18 February 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with six people who used the service and two of their relatives who were visiting during the inspection. We spoke with five staff including care staff, domestic staff, the cook and the registered manger.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. Comments included, "They [the care staff] are good, they make sure I'm safe", "My son comes to see me and he makes sure I'm safe here" and "I can call on the staff anytime; they are always here." People told us they received their medicines on time. Comments included, "They bring me my tablets every morning and they make sure I take them" and "They come round every day with my tablets, I'm glad they do it because I'm not sure what I take." People who used the service told us they thought there were enough staff on duty. Comments included, "I just have to call them and they come, I'm not kept waiting long" and "There always seem to be plenty around."

Visitors told us they felt their relatives were safe at the service and there were enough staff around. They told us, "I feel reassured that when I leave she is in good hands and they'll look after her" and "There are plenty of staff around, they spend a lot of time in the lounge with them talking and looking at books."

When we spoke with staff, they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern to the senior on duty or directly to the registered manager; they were confident the registered manager would report any concerns raised with the appropriate authorities. Staff told us they could also contact the registered manager out of hours, which they found reassuring. They also told us they could contact outside agencies, for example the social services safeguarding team. A member of staff told us, "I know we don't tolerate any abuse and it should be reported straight away, the manager is really approachable and would take anything seriously and report it."

Staff were able to describe the different types of abuse they may witness or become aware of and said these included, psychological, sexual, physical and emotional. They were aware of changes in people's behaviours which may indicate they were subject to abuse, for example, becoming withdrawn or low in mood. They were also aware of physical signs which may indicate people were being abused, for example, bruises. We looked at training records which showed staff had received training in how to safeguard people from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse and their duty to protect people.

People's human rights were respected and they were not discriminated against because of their age, race or cultural beliefs. Staff understood the importance of respecting people's rights and ensured they were treated with dignity and respect at all times. People's right to lead a lifestyle of their own choosing was respected by the staff and they were supported in this. For example, they could spend time in their room and pursue individual hobbies and interests if they wished.

People's care plans we looked at contained assessments undertaken by the both the placing authority and the staff at the service which identified areas of daily living which may pose a risk to the person, for example, falls, mobility, tissue viability and nutrition. The risk assessments were updated regularly and changes made where appropriate, for example, following a fall or any changes to person's needs. Assessments were in place which instructed staff in how support people who may display behaviours which may challenge the

service and put themselves and others at risk of harm. These had been formulated with the input from health care professionals who also supported the person. The risk assessments were detailed in how the staff should use distraction techniques to try and calm the person, making sure they were safe. Staff were able to describe what actions they should take to ensure people were safe and did not harm themselves or others.

The registered manager had audits in place which ensured the safety of the people who used the service. They audited the environment and made sure repairs were undertaken in timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure people's safety if the premises were flooded or services like gas and electric failed. People who used the service had individual emergency evacuation plans in place, which took into account their mobility and level of understanding, that described how staff were to support people to leave the building in an emergency.

Staff told us they had a duty to raise concerns to protect people who used the service and understood they would be protected by the provider's whistleblowing policy. The registered manager told us they took all concerns raised by staff seriously and would investigate. They told us they would protect staff as well and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager, felt they would be taken seriously and would be protected.

Staff ensured people received the care and attention they needed if they had an accident. This included calling out emergency services and attending the local A&E department. All accidents were recorded in the appropriate format and a graph was produced which showed how many accidents had occurred in any given months and what type they had been, for example falls, skin tear injuries or safeguarding incidents. However, no analysis was made as to how the accidents had happened or why. This was discussed with the registered manager and they agreed to implement a system whereby all accidents were looked at to identify trends and patterns so as to learn from them, and share any learning with the staff.

Staff were provided in enough numbers to meet people's needs. We saw rotas which showed us enough staff were deployed on all shifts to ensure people's safety. Staff told us they felt there were enough staff on duty and they could spend time with people who used the service undertaking activities and accompanying them in the local community. Staff told us they didn't feel rushed and never felt they neglected people's needs due to staffing levels.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms being completed which covered gaps in employment and asked the applicant to give an account of their experience of caring and supporting people. The files contained evidence of references obtained from the applicant's previous employer where possible and evidence of checks undertaken with the Disclosure and Barring Services [DBS]. This meant, as far as practicable, staff had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an on-going stock control was kept. There was a record of all medicines returned to the Pharmacy. We looked at the medicines administration record sheets and these had been signed by staff when people's medicines had been given; staff used codes for when medicines had not been given or refused. Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines. The temperature of the fridges used to store some medicines had been monitored; staff knew the parameters the fridges should be working at to keep the medicines stored in

them safe. The temperature of the medicine room was also monitored.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they were happy with the food provided at the service. Comments included, "The food here is wonderful, the cook know just what I like", "I look forward to the meals, there is always a choice" and "I like the meals they're very good." They told us they could access health care professionals when they needed them. Comments included, "They call the doctor if I'm not feeling well, I tell them not to bother him but they still do", "The nurse comes to see me every day" and "They take me to hospital if I need to go to any appointments."

Visitors told us they felt the food was good and there was a good choice. They said, "We come every day and it always looks and smells good", and "[Relatives name] always says she enjoys the food, they make sure she eats because she hasn't got much of an appetite at the moment so they try all different things to tempt her." Visitors also told us they felt the staff were trained to meet the needs of their relatives. Comments included, "They [the staff] seem to know what they are doing, they care for [relative's name] well" and "They are really patient with those who can't speak or need more help."

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 saw the people who used the service had been routinely assessed as to their capacity and understanding, this is not in keeping with the principles of the MCA as people should be assumed as having capacity and only assessed if there is a given cause to do so. No one had a DoLS in place despite the wide use of bed rails and a locked front door which was operated by a key pad. We saw no evidence of best interest meetings being held. Relatives had been consulted about decisions made on behalf of the person but it was not clear if they could legally make those decisions on person's behalf. People were not protected by legislation if they needed support with making informed decisions or their liberty was compromise. This is a breach of regulation 11 of the health and social care act 2008 (Regulated Activities) Regulations 2014.

The registered manager described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. The registered provider had identified training which they thought was essential for staff to receive which would equip them to meet the needs of the people who used the service. This included, moving and handling, health and safety, safeguarding adults from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the people who used the service. They told us along with

completing the essential training they were also able to access more specific training, for example, dementia awareness and food and nutrition. One member staff told us, "The training here is brilliant, I'm doing a leadership course and it's really interesting. It's really helping me with my job."

Staff received regular supervision and reviews which provided them with the opportunity to discuss work issues, identify training needs and set developmental goals for the next 12 months. We saw records which confirmed this. Induction training was based on good practice guidelines and systems used had been developed by reputable organisations. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff recorded how people had been cared for and if there had been anything untoward happen. This was then communicated to the next shift and areas to monitor were passed on. The staff also communicated if anyone had been seen by their GP and what the outcomes of these visits were. People's care plans contained copies of assessments of their communication needs, following the assessment instructions had been provided to the staff in how best to communicate with the person.

People were provided with a wholesome and nutritional diet which was of their choosing. People's care plans contained information about their likes and dislikes and any specialist diets they may require. Food had been prepared to accommodate people's needs and pureed diets were provided where needed. People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide on-going support and assessments. We saw drinks and snacks being offered to the people who used the service during the inspection.

The cook was knowledgeable about people's diets and told us they asked people what they would like to eat for lunch daily but also offered a choice if they changed their minds. We saw and heard the cook doing this during the inspection.

We observed the lunch time meal and saw this was a relaxed occasion with staff supporting people in a sensitive and discreet manner, for example, sitting next to people to assist them to eat their meals. Staff were encouraging people to eat their meals, and offering more food if they wanted it. Hot and cold drinks were offered to people through the day.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits form GPs and where people's needs had changed following a hospital admission.

Currently the environment is not dementia friendly. There are long thin corridors on all floors and there is no distinction between people's bedroom and communal toilet and bathroom doors, this could make it difficult for people living with dementia to differentiate between rooms. The registered manager told us they are working with local dementia advisers as to how best update the environment to make things a little less confusing and to make it more 'dementia friendly'. It is recommended the registered provider refers to current good practise guidelines with the regard to providing a more dementia friendly environment.

Good

Is the service caring?

Our findings

People who used the service told us they thought the staff were kind and caring. Comments included, "The girls are wonderful", "I can't fault them they will do anything for you" and "They make me laugh and that's nice, we like having a laugh and joke." They also told us staff respected their dignity and privacy. One person said, "They always knock on my door and make sure I'm decent before they come in." Another said, "They ask me if I'm comfortable and happy with how they are helping me."

Visitors told us the staff treated people with dignity and respect. Comments included, "They are very discreet when asking if anyone wants the toilet, they don't just shout it across the room" and "Staff are always kind and courteous and I don't hear them calling them 'darling' or 'love' all the time. [Relative's name] would hate that."

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example, when using a lifting hoist staff explained what they were doing, what they wanted the person to do, if this was acceptable to the person and they had understood what had been said. Staff described to us how they would maintain people's dignity by ensuring doors were closed when undertaking personal care and making sure people were happy with the care tasks being undertaken. They also described to us how they would ensure people's choices were respected. They told us they would ask people and make sure they had understood what had been said. They also told us they would allow people time to answer. A lot of the people who used the service were cared for in bed due to their needs. This was undertaken sensitively and ensured the persons dignity was maintained at all time by the staff.

A visiting district nurse told us they though the staff were kind and caring, they said, "They are really nice they speak to everyone with kindness and compassion. I have no concerns at all."

One member of staff told us, "You can't rush the residents, it's their home and they say what happens. I like to ask them if their comfortable, if they need anything or if they want to do anything like play games or just sit and chat about their lives and families." We heard lots of laughter and sharing of jokes, especially around the lunch time. One member of staff told us, "I like to have a laugh and joke with the residents it makes them feel happy. We get a lot of time to spend with people and we get to know lot about them."

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding due to dementia. They spoke softly and calmly and gave the person time to respond. They used various ways including verbal and non- verbal communication, for example, smiling and nodding; to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff that included catering, domestic staff and laundry staff so

they could concentrate on caring for the people who used the service.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members we spoke with who had an input into the care and welfare of their relatives said they knew what was in their relative's care plans. They also told us the registered manager kept them well informed about their relative's welfare.

All confidential information was stored securely and staff only accessed this when needed.

Good

Is the service responsive?

Our findings

People who used the service told us they could participate in activities. Comments included, "Oh yes we do all sorts of things listening to music, dancing, making things and entertainers come in. We had a very nice Christmas" and "I don't usually get involved but I know there are things going on if I want to." People told us they could exercise choice in their daily lives. One person said, "I do my own thing, they know when I want to get up and go to bed." Another told us "I don't like to go to the dining room so they let me eat my meals in here." People told us they knew they had the right to complain and who these should be directed to. Comments included, "I would see the boss", "I tell them if things aren't right and they make sure it's put right" and "I know I can complain to the boss, but I don't have anything to complain about."

Visitors told us they knew how to complain and the provider's complaint procure. One visitor said, "They gave us a copy when [relative's name] moved in here and there's one on the wall in the entrance. I know I can go and speak to [registered manager's name] if I have any concerns" and "I always tell the staff if there's anything wrong, like clothes going missing. They find them and it's all soon sorted."

We saw assessments had been undertaken by the placing authority and senior staff from the service. From these assessments a care plan had been formulated which described the person and how staff should support them to meet their needs. People who used the service or their representative had signed the care plan to indicate they had been involved in its formulation and agreed its content. This meant people who used the service were involved with their care and were receiving care which they had agreed and was of their choosing. The care plans were person-centred, describing the person and their preferences.

Information was available which accompanied people to hospital in an emergency to make sure the nursing staff were aware of the person's needs and their level of independence and understanding. One page profiles had been developed which described the person and what was important to them, for example keeping in touch with their family and caring for their cat. Staff told us they found this level of information important. One member of staff told us, "I like to get to know people it gives you more of an idea about what to talk to them about and what they are interested in."

We did find that some of the care plans had not been updated for a while. This was discussed with the registered manager and they told us information was only updated when things had changed or anything different had happened. It was discussed with the registered manager that it may be beneficial to update the care plans more frequently so a better picture could be seen of someone's progress or when their care needs had deteriorated; they agreed to look at this.

People's care plans contained information about areas which may pose a risk to the person's welfare, for example, tissue viability, levels of mobility, nutritional intake and behaviours which may challenge the service and put people at risk. These risk assessments were updated regularly or as and when the person's needs changed.

Staff had completed daily notes which showed how the person had been that day and how their needs had

been met.

Some of the people who used the service chose to stay in their rooms or were cared for in their rooms, they were visited regularly by the staff who made sure they were happy and didn't need anything. Instructions for staff to monitor people who stayed in their room were recorded in their care plans. This included turn charts, fluid and food intake charts and general observation charts. These had been completed consistently and gave a good picture of what care and attention people had received. Staff told us they were aware of the impact isolation could have on people so they made sure people were involved in what was going on in the service so they did not become depressed or too isolated. An activities co-ordinator was employed and they made sure people were offered the opportunity to participate in activities on a daily basis, this included things like exercise, listening to music, reminiscing and crafts. They also spent time in people's rooms if they were cared for in bed providing manicures and reading books to them.

The registered provider had a complaints procedure which was displayed in the entrance to the service. This told the complainant they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided, both of these were time limited. The complaint procedure also informed people they could contact the Local Government Ombudsman or the local authority if they were not happy with the way the registered manager had conducted the investigation. Staff told us they tried to resolve people's concerns immediately if possible, for example, concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate. We saw a record was kept of all complaints received, these recorded what the complaint was how it had been investigated and whether the complainant was satisfied with the outcome. The registered manager told us they made sure when needed people received a copy of the complaints procedure in a format which met their needs, for example, in another language if needed.

There is a plan of refurbishment and on-going improvement of the environment. This was shared with us as part of the inspection. This included a redesigning of the ground floor bathroom and toilet to make it more accessible for wheelchair users, this had already been completed, and a change of a bathroom on the upper-floor to a wet room to aid accessibility.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with could not remember completing a survey, but did tell us the registered manager spoke to them regularly. Comments included, "[Registered manager's name] comes and asks if I'm ok and if I need anything", "[Registered manager's name] ask me if there is anything they could do differently, there never is and I tell her that" and "I get asked a lot about things, you know, are things alright? Have I got any concerns?" No one we spoke with could remember going to any meetings. People told us they found the registered manager approachable and felt at ease talking to them. Comments included, "[Registered manager's name] is so nice, I really like her" and "The manager is very approachable she doesn't mind talking to me."

Visitors told us they were asked about the running of the service and if they had any suggestions. One visitor said, "We have completed surveys but not for a long time" and went on the say, "They used to have meetings but we haven't had one for a while now." They told us they found the registered manager approachable. Comments included, "Oh yes she is really nice, and she listens which is important."

A survey had been completed asking people who used the service what they thought of the food provided, however, this was August 2015 and nothing had been undertaken since. There was no collation of the findings or a report published to address any short falls identified. We saw minutes of a meeting held with the people who used the service, again this was August 2015. The registered manager acknowledged they had not undertaken any further consultation with the people who used the service since then. Not asking people their views on how the service is run on a regular basis and evaluating that feedback to improve service is a breach of regulation 17(2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the registered manager was sending through the appropriate notifications for falls and other incidents which affected the smooth running of the service to the CQC as per the legislation. However, the registered manager was reminded of the need to send through to the CQC the required notification for any safeguarding concerns, even if the local authority safeguarding team do not undertake an investigation. Not to submit all of the required notifications to the CQC is a breach of Regulation 18 (Registration regulations) of the Health and Social Care Act 2008. We will check this at the next inspection the service.

Staff told us they found the management team approachable, they told us they could see the registered manager anytime and ask for clarification and advice. They told us the management team showed good leadership and were always there when they needed them. Out of hours support was provided and phone numbers were available for staff to ring if needed. One member of staff said, "The manager is really good, I know I can ask her anything and I won't feel daft." Another said, "[Registered manager's name] is really supportive and helpful. I go to her all the time for advice and she always listens." Another said, "She leads by example, I know she's done my job and knows what I have to do. This place is really well managed."

The management style was open and inclusive and we saw staff discussing aspects of the care provided with the registered manager during the inspection. Staff told us they had regular staff meetings where the

registered manager provided them with up to date information on aspects of the service and good practice guidelines, for example, updates on dementia, nutrition and other aspects of working with older people. We spoke with the placing authority and they told us they had a good relationship with the management team and found them supportive and approachable. All staff had a job description and this defined their roles and responsibilities.

The registered provider had produced a document which detailed the visions and values of the service. This explained that the service endeavoured to provide people with support to maintain their independence and skills and lead a healthy lifestyle which was of their choosing. It also outlined the service people should expect to receive. When we spoke with the registered provider they told us they were committed to developing the service to bring it up to date with current thinking and practise regarding care for older people and those living with dementia.

There is currently a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirement placed on them through the registration criteria of the service and how this affected the care and support provided to the people who used the service.

The registered manager showed us records which indicated they undertook regular audits of the service provided. These included audits of people's care plans, the environment, medicines, health and safety, staff training and staff recruitment. The registered manager undertook audits of the environment and made sure equipment used was serviced and maintained as per the manufacturers' recommendations. The fire alarm system was checked regularly and all firefighting equipment maintained and serviced.

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 for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People who used the service were not supported to make informed decisions or choices and their rights were not protected by the use of proper legislation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not consulted about the running of the service and action plans were not produced to make sure issues were addressed and the service improved.