

Salco Homes Limited

The Evergreens

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

We inspected The Evergreens on 19 December 2014 and 15 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. At the last inspection in September 2013 we found the home met the regulations that were reviewed. During this inspection we found that the provider had appointed a new manager but they did not come into post until January 2015 and we met this new manager on 15 January 2015.

The Evergreens is a complex of purpose built properties on the outskirts of Hemlington. The service comprises five self-sufficient bungalows. Each bungalow accommodates between four and ten people who have learning and physical disabilities. In total 29 people can be accommodated at the home.

The home has not had a registered manager in place since June 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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. A manager was appointed to replace the registered manager but ceased working for the provider in September 2014. From September 2014 to January 2015 the regional manager and a deputy manager from a sister home ran the service.

During August and September 2014 the local authority and provider were made aware of concerns with the service. Since then the provider has reviewed the operation of the home and noted it was not running in the manner they expected. The provider has therefore increased staffing levels; employed cleaners; reviewed the competency of staff; improved managerial oversight; taken action to develop more appropriate care records; and is in the process of upgrading the bungalows

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but were unclear about the requirements of the Act. We found that there were no records in place to show that staff completed capacity assessments where appropriate and made 'best interest' decisions. Relatives made decisions for people but the care records did not show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. Relatives cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves.

We found that people we spoke with were able to discuss a range of decisions they made. Some people required support to understand complex information and think through consequences of their actions. Other people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which are needed if people lack capacity to make decisions and these types of restrictions are made. DoLS authorisations allow staff to deprive people of their liberty and can only be used if the person lacks capacity to make decisions and the choices they

wish to make would put them at risk of harm. We found that the provider and manager recognised that further action was needed to ensure the staff understood how to apply the requirements of the MCA.

We saw that assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to support plans for people to follow whilst they used the service. We found that staff needed to ensure these were updated and altered as people's needs changed. At times staff were not recording the review of people's needs that they had completed. Staff were able to discuss in-depth the support each person needed and how they worked with people.

Albeit the provider had systems for monitoring and assessing the service these had not supported them to identify concerns in the operation of the service during the summer. The provider had reviewed their existing processes and taken action to improve the quality of systems for monitoring the service. However, it was too early to determine if these would be effective long-term.

We spent time with people in each of the bungalows. We found that people required varying levels of support. We saw that staff provided people with support to manage their day-to-day care needs; learn independent living skills as well as to manage their behaviour and reactions to their emotional experiences. We found that the staff had taken appropriate steps to ensure people received care and support, which was tailored to their needs.

The people we met were very able to tell us their experiences of the service. They were complementary about the staff and found that home met their needs. One person told us about concerns that they had with a staff member. We explored this with the operational director and found that the staff no longer worked at the home and appropriate action had been taken, at the time, to investigate the concerns. Other people told us that they felt the staff had their best interests at heart and if they ever had a problem staff helped them to sort this out. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

The other people we met had difficulty discussing abstract ideas, such as their views on whether the

Summary of findings

support provided at the home was appropriate but were able to share their views about day-to-day life at the home. People told us they liked living at the home and that the staff were kind and helped them a lot. We saw there were systems and processes in place to protect people from the risk of harm.

We observed that staff had developed very positive relationships with the people who used the service. We saw that staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. Interactions between people and staff that were jovial.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs. We saw that people living were supported to maintain good health.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people who experienced epilepsy. We found that the staff had the skills and knowledge to provide

support to the people who used the service. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that during the day at least two care staff and a waking night staff covered each bungalow. Throughout the week day there was the registered manager, an administrator and the domestic staff.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

We found the provider was breaching three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to adhering to the requirements of the MCA, maintenance of the records and assessing the performance of the home. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff were able to recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual's requirements but needed to be reviewed on a regular basis.

Staff needed to improve their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People, who were able, were involved in a wide range of everyday activities. People were encouraged and supported to develop their skills.

Staff had a comprehensive understanding of people's communication style and readily interpreted non-verbal cues.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

The service was well led but required improvements.

No registered manager was in post. The provider had appointed a new manager and reviewed the performance of the home.

The provider had taken steps to improve the service provided at the home. The performance monitoring systems had been implemented but had not identified the concerns so these had been reviewed and changed. It was too early to tell if the changes would be effective in the long-term.

We found that the new manager was very conscientious. They were ensuring that action continued to be taken to make the necessary changes.

Staff told us they found the senior managers had been supportive and felt able to have open discussions with them about how to improve the home.

Requires Improvement



The Evergreens

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 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.

An adult social care inspector completed this unannounced inspection of The Evergreens on 19 December 2014 and 15 January 2015. Before the inspection we reviewed all the information we held about the home and discussed the service with the local commissioners.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with 16 people who used the service. We also spoke with the operational director, regional manager, manager, deputy manager, three team leaders, eight support workers, the administrator and domestic staff member.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at 12 people's care records, six recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the home including (with people's permission) bedrooms, bathrooms and the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they were like living at the home. People told us that they found the home provided a safe environment. People told us about the relationships they had formed with other people at the home and the holidays they went on as well as what day-to-day life was like in the home. We heard about the day centres people went to and how they went to the local shops.

We heard that in recent months the staffing levels had been increased and this meant people could go out more often. One of the people told us that the regional manager had been involved in looking at their needs and now they were able to go out on their own with another person who used the service.

People said, "I like the staff and they are kind to me." And, "I love it here and don't want to go to another place."

The operational director and regional manager explained that changes had occurred to the senior executive team and following this change they had reviewed all of the services. They found that the staffing levels provided at The Evergreens were inadequate so had increased them. From our discussions and a review of the rotas we found that staffing levels had been increased to reflect people's needs. During the day at least two care staff covered each bungalow and for some of the bungalows there could be up to four staff. Overnight a waking night staff member covered each bungalow. During the weekdays a variety of other staff were also on duty in the home such as the manager, the administrator and domestic staff.

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries and we found that staff had raised concerns around the management of the home in the summer. The home had safeguarding and whistleblowing policies and were reviewed on an annual basis.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies. We found that a qualified first aider was on duty throughout the 24 hour period.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment.

We spoke with one of the domestic who told us they were able to get all the equipment they needed and we saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely. Staff explained that they completed the day-to-day cleaning tasks. The domestic staff completed the deep cleaning and ensured infection control measures were in place.

We reviewed 12 people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as eating, managing emotions and behaviour and going out independently. This ensured staff had all the guidance they needed to help people to remain safe whilst using the service. Staff we spoke with discussed why measures were in place. For instance, we heard how

Is the service safe?

staff assessed people's mood to identify what may cause them to become distressed, identified triggers, the measures they put in place to reduce any distress and keep people safe when using the service.

The six staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference. A Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. We spoke with people who told us that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocol for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

The staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. However, staff were very unclear about what action they needed to take to ensure the requirements of the MCA were followed. We found that there were no records in place to show that staff completed capacity assessments where appropriate and made 'best interest' decisions. Relatives made decisions for people but the care records did not show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. Relatives cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves.

We found that people we spoke with were able to discuss a range of decisions they made. Some people required support to understand complex information and think through consequences of their actions. Other people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which are needed if people lack capacity to make decisions and these types of restrictions are made. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. DoLS authorisations can only be used if the person lacks capacity to make decisions; the choices they wish to make would put them at risk of harm; and they cannot agree to their liberty being restricted. We found that the provider and manager recognised that further action was needed to ensure the staff understood how to apply the requirements of the MCA.

This was a breach of Regulation 18 (Consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

From our review of the care records we saw that assessments and support plans had been developed but these had not updated when people's needs changed. We

saw that lots of information was recorded in the daily records but staff did not appear to use this to assist them to evaluate whether the support plans remained appropriate. We found that staff had a very good understanding of people's needs and had altered the way they worked but the care records did not reflect the actions they took.

This was a breach of Regulation 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with people who used the service about the home. People were able to share their views about day-to-day life at the home. People told us they liked living at the home; the staff were good and kind; and they felt the staff cared about by them.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had difficulty communicating, managing behaviours that may challenge and various conditions such as epilepsy. Staff told us their training was up to date, which we confirmed from our review of records. This included: fire, nutrition, infection control, first aid, medicines administration, and food hygiene. We also found that the provider completed regular refresher training for these courses. We found that the staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the operational director and regional manager were supportive. Staff told us that since September 2014 they had received monthly supervision sessions, which they found were informative and helpful. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records were in place to confirm that supervision had taken place. We found that all of the staff had an annual appraisal. Staff told us that the new manager had held meetings with them and outlined what they would be doing to make changes to the home.

Staff and the people we spoke with told us that each bungalow planned the menus for the week ahead and each

Is the service effective?

person decided what they would like to have to eat but could change this if they wanted. We heard that staff cooked the meals and people told us that all of the staff were good at cooking. We observed that each person had different meals and each looked very appetising and was plentiful. We heard that people would go shopping with the staff to the local supermarket.

The meals time we observed was a very relaxed affair and people told us they enjoyed the food that was provided. We saw that the people in each bungalow sat down for the meal and casually chatted with each other and staff. We

heard all about the way staff worked with them and how the service operated. People said, “We are like a family and get along just fine. The staff are good at making sure we eat enough and I can have whatever I want to eat and drink.”

From our review of the care records we saw that nutritional screening had been completed for people who used the service, which was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that in general people were within healthy ranges for their weight; no one was malnourished and if people were overweight staff supported them to take action to ensure this was not adversely affecting their health.

Is the service caring?

Our findings

All the people we spoke with said they were very happy with the care and support provided at the home. They told us staff were helpful and kind. People told us that they had lived at the home a long time. We heard how staff were now starting to work with them to develop new skills and that one person was now able to go to the local shops independently.

People said, “I go out with staff and we have a very good time. They are really helpful.” And, “The staff are kind and make sure I’m alright.”

The operational director and regional manager told us that they had found staff to be reluctant to allow people to develop independent living skills and had been risk adverse. They outlined how they had supported staff to become more confident around positive risk-taking and develop rehabilitation services. Staff told us about how they ensured people were involved in making the decisions around their care and treatment. We heard that since the staffing levels had increased and domestic staff covered the home staff found it easier to make sure people were supported to lead more independent lives.

Staff also told us that they were reviewing the shift patterns so these became more flexible. Staff explained that the shift patterns meant staff finished at 3 pm so if they were out had to come back around 2 pm. This meant for instance that shopping trips and visits to the cinema needed to be planned around the shift pattern rather than what worked well for the people who used the service. The staff we spoke with were keen to make this change, as they believed it would make vast improvements to people’s lives at the home.

We reviewed the care records and found that each person had a detailed assessment, which highlighted their needs.

The assessment could be seen to have led to a vast range of support plans being developed. People told us they had been involved in making decisions about their care and support and developing their support plans.

During the inspection we spent time with people in the communal areas. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We saw that when people became anxious staff intervened in very supportive ways. We found that the majority of staff sensitively and discreetly deployed these measures, which reduced it becoming evident to others that someone was becoming upset. We saw that one staff member did not respect people’s wishes to watch a television programme and stood in front of the television talking loudly to us. We ensured the person was able to watch the programme and mentioned this to the new manager who agreed to provide training for this staff member.

The staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. We found that since coming into post the manager had been actively ensuring they had a very good understanding of people’s care and support needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and friendly banter. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

Is the service responsive?

Our findings

People also told us that they were involved in a range of activities both inside and outside the home. We heard about the day services people attended, how they went to various activities in the local area such as bowling and to the cinema, on holiday and had formed close relationships with people at the home. People told us how the staff supported them to go out and about in the community and to the day services.

People said, “I do lots of things.” And, “If I want to go and visit friends staff get me there and back”. And, “I like doing jigsaws.”

People with a variety of needs used The Evergreens. People may need support to manage their personal care needs as well as their emotional responses to everyday activities and stress. People used a variety of techniques when communicating including picture boards. We saw that the staff were effective at supporting people to manage their emotions; communicate with others and to attend to their personal care needs. We saw that staff intervened and deescalated situations as people became anxious and before it caused a major issue for the person.

The staff we spoke with were knowledgeable about the care and support that people received. We found that the staff met the individual needs and goals of each person. We found that they had been working as a team to consider how to make the service more rehabilitation focused and to challenge their preconceptions about how to support people to become more independent.

We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with

relevant healthcare professionals. For instance one person’s behaviour had changed so the staff had contacted the GP and community nurses who assisted staff to design different approaches, which resolved the issues.

We saw that people had been supported to make decisions about going for annual health checks and any treatment options. Some of the people disliked seeing medical professionals and staff had developed effective ways to enable individuals to become comfortable enough to have the checks they needed. This meant that people who used the service were supported to obtain the appropriate healthcare that they needed.

The operation director and regional manager discussed how they had been completing reviews with people’s care coordinators to make sure each person’s placement remained suitable. They had looked at whether people could move to less supported placements. When, people had expressed this wish but lack the necessary skills the senior managers had looked at how staff could support people to develop them.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that where formal complaints had been made these had been thoroughly investigated by the provider. Action had been taken to resolve the concern and ensure lessons were learnt.

We spoke with people who used the service who told us that if they were unhappy they would tell the staff. People told us that they when they had raised concerns the staff had ensured action was taken to sort the issue out.

People said, “I don’t have any complaints but know staff would sort them out if I did.”

Is the service well-led?

Our findings

The home does not have a registered manager in post. The previous registered manager left in May 2014 and cancelled their registration in June 2014. Since the registered manager left another manager was appointed but left in September 2014 and up until January 2015 the regional manager was running the home. The regional manager had completed work with staff to improve the services at the home as had the operational director. However, it is a condition of the provider's registration to have a registered manager and this is a breach of that condition.

People who used the service were complimentary about the staff and the home. From the information the people shared we gained the impression that they thought the home met their needs. We found that the senior managers were reflective and looked at how staff could tailor their practice to ensure the care delivered was person centred. We saw that they had supported staff to review their practices and constantly looked for improvements that they could make to the service.

Staff told us, "The regional manager is excellent and she has helped us to make sure we work as a team." And, "The managers have had a really good look at what we do and seem to have some very good ideas about how we can make the home become person-centred."

The senior managers discussed the outcome of the review of the service they had completed. They found that the home would operate more effectively if each bungalow had an office and a management structure. Therefore the provider was in the process of creating offices, which would mean that in time less people were accommodated at the home. They had found staffing levels were inadequate and had taken action to substantially increase them. Staff confirmed that the increase in the staffing levels had ensured there were sufficient staff to meet people's needs.

The senior manager also told us that they had reviewed the care documentation and found it was not fit for purpose and the quality assurance system had not been effective in identifying the issues. They discussed how they had ensured the central team had reviewed the existing quality assurance processes and looked at how these could be strengthened.

We saw that regular audits had been carried out on the environment, infection control, staffing competencies, care documentation and equipment to ensure that it was safe. Any accidents and incidents were now being monitored and the organisation to ensure any trends were identified.

Albeit improvements had been made to the systems for monitoring and assessing the service it was too early to determine if these would be effective long-term.

This remained a breach of Regulations 10 (Assessing and monitoring the quality of the service provision) and 20 (1) (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us that the senior managers were very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with them and although the new manager had only been in post for a couple of weeks they were approachable. Staff told us they felt the senior managers and new manager valued their suggestions.

Staff told us the morale was improving and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. We also heard from the people who used the service that they views about the home were regularly sought and they felt these were listened to and acted upon.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider failed to ensure accurate records were maintained in respect of each person using the service and the management of the home.