ADL Plc

Cherry Tree House

Inspection report

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Tel: 01724867879

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Cherry Tree House is situated in the Ashby area of Scunthorpe close to local shops and amenities. The home is registered to provide accommodation and personal care for up to 34 people some of whom may be living with dementia. At the time of our inspection there were 23 people using the service.

We undertook this unannounced inspection on the 8 and 13 February 2017. The service was last inspected in November 2014, when it was found to be compliant with the regulations inspected and was rated as good.

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

We found there were not enough staff available to meet people's needs, which meant their health, safety and welfare was potentially placed at risk. This was a breach of the staffing regulation and meant the registered provider was not meeting the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

Safeguarding training had been provided to enable care staff to recognise and report potential signs of abuse. Recruitment checks were carried out to ensure care staff were safe to work with people who used the service. Risks to people were monitored and assessed, although accidents had not always been appropriately reported which meant people's health and wellbeing was potentially compromised at times. This was discussed with the registered manager who acknowledged this was an oversight on their behalf. People's medicines were administered in a safe way, by care staff who had received training on this aspect of their role.

Care staff were provided with a range of training opportunities to help them develop their careers and carry out their roles. People received a choice of nourishing home cooked meals and were consulted about their care and support. Community based health care professionals confirmed the service had good working relationships with the service.

Care staff were familiar with people's needs and we found they had developed strong relationships with people. Care staff involved people in decisions about their support, to ensure their wishes and feelings were respected.

Opportunities for people to meaningfully interact with staff in activities was sometimes limited, which meant their health and wellbeing was not always fully promoted. People were able to raise concerns and complaints and have these investigated and resolved wherever possible.

People who used the service, their relatives and staff had confidence in the registered manager. Management checks were carried out to enable the quality of the service to be assured, although accidents and incidents had not always been reported to the CQC as required. Action was not always taken address shortfalls when noted to enable improvements when required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some elements of the service were not always safe.

There were not always enough suitably qualified staff available to meet people's needs.

People were protected from harm by staff who had been recruited safely and trained to ensure they knew how to recognise and report potential abuse.

People received their medicines when required and systems were in place to ensure medicines were managed safely.

Risks to people were assessed and arrangements were in place to help staff to protect them from potential harm. However accidents were not always reported correctly, which the registered manager confirmed was an oversight.

Is the service effective?

Good

The service was effective.

A range of training was provided to ensure that care staff could effectively perform their roles and have opportunities to develop their careers.

People were supported to make informed decisions about their care and support. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure people's legal and human rights were protected.

People who used the service were provided with a range of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk from harm.

Is the service caring?

Good

The service was caring.

People's right to make choices about their lives was respected by staff.

Care staff had established positive relationships with people who used the service and understood their needs.

Information about people's needs was available to help staff support and promote their health and wellbeing.

Is the service responsive?

Requires Improvement

Some elements of the service were not always fully responsive.

Opportunities for people to engage with staff in meaningful social activities were limited.

People's care plans contained information to help staff meet their individual preferences and wishes.

People and their relatives were able to provide feedback on the support that was delivered and knew how to raise a complaint and have these addressed.

Is the service well-led?

Requires Improvement

Some elements of the service were not always well led.

Notifications about accidents and incidents had not always been reported to enable these to be monitored by the CQC.

Quality checks were carried out to enable the registered provider to monitor and assure the standard of service delivered, however failures in the QA system had failed to identify and take action where this was required.

People who used the service, their relatives and care staff had confidence in the registered manager and told us they were approachable and listened to their concerns.

Cherry Tree House

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 unannounced inspection took place over two days on 8 and 13 February 2017. On the first day the inspection was carried out by an adult social care (ASC) inspector and an ASC inspection manager. The second day of the inspection comprised of a visit by one adult social care inspector to follow up what was initially found.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give key information about the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality performance teams were contacted before the inspection, to ask them for their views and whether they had any concerns.

We checked our systems for notifications that had been sent to us as these help tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. As part the of our pre inspection process we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England. Healthwatch and the local authority safeguarding team told us they were not aware of any current issues concerning the service.

At the time of our inspection there were 23 people living at the service. During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, six visiting relatives, two members of care staff, two senior carers together with ancillary staff, the registered manager and a member of senior staff from the registered provider who was visiting. We also spoke with a district nurse and two visiting health professionals.

We looked at four care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the building.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe and had confidence that staff would take action to ensure they were protected from avoidable harm. Comments from people included, "I feel safe here", "The girls are very kind", "I like the boss lady too, she comes and asks if I am ok."

People who used the service and their relatives confirmed they were happy with the service, although felt more staff were needed at times. One person told us, "The girls are very helpful but they are run off their feet." A relative told us, "I think the care my gran receives is good and on the whole we have been happy, but sometimes I have been concerned regarding the staffing levels and particularly at night after 7pm. When I've been after then, I haven't been able to find any of the carers." They went on to say, "They are very busy though and probably need more staff."

There was a senior team leader supported by a member of care staff on each of the two floors to meet the needs of the 23 people who were using the service. We were told of these 23 people, nine required assistance from two staff to help them with mobilising or transferring from bed or their chairs. This meant there were times when only one member of staff was available for other people, which meant people were at risk of not having their needs met and potentially placed them at risk of harm.

We were told a management tool was available for determining staffing levels according to people's individual needs and dependencies, but found there was some confusion about its use and it was not regularly used. The registered manager told us staffing levels were prescribed by the registered provider, according to the level of individual funding received from the commissioners of the service. The registered manager stated, "Everyone is classified as the same level of need." They went on to say they felt the staffing levels were not sufficient and commented, "They only meet people's basic care needs."

We observed care staff demonstrated a good understanding of people's individual needs but saw they had limited opportunities to engage meaningfully with them to ensure people's health and wellbeing was appropriately supported. We spoke with a member of staff about this who told us, "We don't have time to spend with residents and could do with more staff sometimes." Speaking about an incident when their member of family had sustained a fall and required being taken to hospital, a relative told us, "A carer didn't go to the hospital with them. I had been told that in an emergency a carer would be available, but they weren't."

We heard call bells taking a significant time to be answered throughout our inspection. One person described how they had needed to find staff during the previous night, because their call bell had not been answered when they were concerned another person who used the service had entered their room by mistake.

We spoke with two social care professionals who were visiting to review progress on a strategy of working

with a person with complex needs. They told us whilst they had observed staff working together to meaningfully engage with this person, they told us this needed to be a continual and a constant process. They commented, "The minimum amount of staff available makes it difficult to put into practice our recommendations." This represents a breach of Regulation 18, 1 (Staffing) 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 the report.

There was evidence the service adopted an approach relating to the positive management of risks, whilst enabling people to be stay safe from potential harm. We saw people's risk assessments were reviewed and evaluated on an on-going basis, to ensure accidents were minimised. Systems were in place to enable the analysis of incidents and accidents, to enable trends or patterns to be identified and action taken to prevent them reoccurring. We found a notification concerning an accident had not been sent by the registered manager to the Care Quality Commission as required to enable the service to be monitored. This represented a breach of Regulation18 of the Care Quality Commission (Registration) Regulations 2009.We have reported on this further in the well led domain.

We found people were protected from the risk of potential abuse and their human rights protected. There was evidence care staff completed regular safeguarding training that enabled them to recognise and report issues of concern. Safeguarding procedures were available to help guide care staff on this aspect of their role, which was aligned with the local authority guidance on this. Care staff demonstrated an appropriate understanding of the different forms of abuse and had confidence the registered manager would take action to follow up safeguarding concerns. We observed a notice displayed concerning an external investigator for concerns about potential abuse. We spoke with the registered manager about this as we thought this could be misleading to people. The registered manager advised this person had been appointed by the registered provider and worked outside the official safeguarding process. We asked the registered manager to amend the wording on the notice to clarify that all incidents of potential abuse were referred to the local authority, who have an official duty to investigate concerns relating to vulnerable adults.

We conducted a tour of the building and found it was generally well maintained. We found that checks and audits of the building and equipment were performed to ensure issues that required attention were appropriately addressed. However, we found maintenance checks had not always been effectively carried out. For example, we saw a number of wheelchairs and walking aids stored in a stair well, with one placed in front of the fire exit. We spoke to the registered manager about this and saw action was taken to address this. We found a programme of renovation and refurbishment was in place to upgrade the environment, but noted a number of toilets and bathrooms were in need of a general upgrade. Records of tests of equipment and the environment were maintained, to ensure people's health and safety was promoted. Arrangements were in place to ensure equipment was appropriately serviced, with up to date certificates available for utilities such as gas, water and electricity. There was a business continuity plan in place for use in emergency situations, such as outbreaks of fire or infectious disease. Personal evacuation plans were available for people who used the service and we saw that fire training was provided to staff.

There was evidence new staff were checked before they were allowed to start work in the home, to ensure they did not pose a risk to people who used the service. We found robust recruitment procedures had been followed. This included obtaining references and clearances from the Disclosure and Barring Service (DBS) to ensure new staff were not deemed unsuitable to work with vulnerable adults. The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. Checks of potential employees' personal identity and past employment experience were carried out, to enable gaps in their work history to be explored.

People who used the service said they received their medicines as and when they were prescribed. We found staff responsible for administering medicines had completed training on this element of their role and had their competency for this tested on a regular basis. We observed people's medicines were securely maintained with records kept of medicines that had been received, reconciled and administered, together with good practice information in relation to people's medical needs. Medicines requiring secure storage were held in a controlled drugs cupboard. Those needing to be kept cool were stored in a fridge, for which the temperature was monitored to ensure they were maintained at recommended levels. In-house and external audits were undertaken to ensure people's medicine records were accurate and the service was able to recognise and minimise potential errors.

We found a domestic cleaner was employed to ensure the building was kept clean and free from offensive smells. The cleaner told us they were supplied with appropriate equipment for carrying out their role and followed a schedule of work to ensure the building was cleaned in a systematic way. We noted a supply of disposable gloves left unattended in an upstairs bathroom that posed a risk to people with dementia ingesting them and choking. We spoke to the cleaner about this and they told us this should not have occurred. We observed soiled laundry items left in a bathroom, which had a very strong smell when we entered and posed a potential risk of cross contamination. We found this laundry in the bathroom at 12.30pm, just before lunch. Staff informed us that the entrance to the laundry was through the dining room. We observed faeces on bed sheets, a sink and a wardrobe in a person's bedroom. The registered manager took prompt action to ensure these issues were promptly addressed and we checked this person's file to ensure this was not a regular occurrence.

Good

Is the service effective?

Our findings

People who used the service told us they felt their quality of life had improved and that they enjoyed their meals. One person said, "I've been here for four and a half good years and it is like home from home." They went on to tell us, "The carers cream my legs and we have a laugh and we have a very good chef and couldn't have any better." People told us they had confidence in the staff and felt they had the skills needed to carry out their work. People said care staff obtained medical attention for them when it was required and this was confirmed by a visiting relative we spoke with.

A range of assessments and care plans were available for people that were based on their individual health and social care needs. We saw evidence of the involvement from medical staff, such as GPs, district nurses and community professionals to ensure people's health and wellbeing was promoted. We observed care staff liaised with medical staff to ensure appropriate equipment was available to meet people's needs. We found people's care and support was evaluated and reviewed on a regular basis following changes in their health status. Visiting relatives confirmed staff communicated with them well and kept them up to date about changes in their relative's conditions.

We observed people appeared very comfortable with care staff who interacted with them in a friendly and positive way. People confirmed care staff involved them in decisions concerning their care and support. We saw care staff obtained people's consent before carrying out personal care interventions with them and ensured they were in agreement with how this was delivered.

Care staff demonstrated a commitment to their work and told us they enjoyed their work. We found care staff were a largely longstanding group with little staff turnover. Care staff told us the registered manager was approachable and listened to their concerns. They also confirmed they were provided with a range of training and received professional supervision to ensure their skills were appraised and their performance was monitored. Care staff advised they were encouraged to participate on nationally recognised courses to help them develop their careers.

We saw a training and development programme was in place to ensure care staff had the required skills to meet people's needs. We found this included courses on moving and handling, health and safety, infection control, food safety, first aid, safeguarding people from harm, tissue viability and catheter care, together with specialist courses relating to people's needs, such as dementia care. The registered manager told us they were developing an induction for a new member of staff who was due to commence work in the near future, which met the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) We found the registered provider had not yet signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. The registered manager told us they would speak with the registered provider about this to ensure this issue was followed up.

There was evidence training on the Mental Capacity Act 2005 (MCA) had been provided to staff to ensure they were aware of their professional responsibilities to promote people's legal and human rights. We found care staff understood and upheld people's best interests and involved people with an interest in their care and support when this was required. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood their responsibilities in relation to DoLS and had made appropriate applications to the local supervisory body and was awaiting authorisations on these. This ensured people were only deprived of their liberty in a way that was in line with current legislation and undertaken in the least restrictive way possible.

People told us they enjoyed their food and we observed they were provided with a variety of nourishing meals and the choices for these were on display. We found that people were asked about their individual preferences for their meals to ensure they were happy with the food that was served. People's feedback about their meals was very positive. Comments included, "The food is lovely", "Yes it's nice and we get quite a lot." There was information in people's personal care files that detailed assessments relating to their nutritional needs together with evidence of regular monitoring of their weight with input from dieticians or community professionals, such as speech and language therapists where this was needed. We found the service had been awarded a five star rating by the local environment health department for the cleanliness of the kitchen facilities in May 2016, which is the highest score that can be achieved.

People who needed assistance were provided with support to eat their meals and saw the registered manager provided additional assistance to ensure people's dignity was promoted. We observed little social interaction took place between people whilst they ate. The registered manager confirmed mealtimes in the home were quieter than at other times during the day to promote a calmer atmosphere. They told us that music was turned off and distractions were minimised. The registered manager advised the people who used the service responded better to a calmer atmosphere and were less distracted and could concentrated on their meals and as a consequence eat better.

There was evidence the registered provider had thought about the needs of people using the service in the design and lay out of the service. A variety of signage and tactile objects were available to help people orientate themselves around the building and act as reference points to help stimulate their memories. However, we noticed the décor was largely universal in colour and somewhat bland and there were no names or pictures on people's bedrooms to help them recognise their rooms. We recommend the registered provider considers this when further decoration of the service is planned, to ensure the building reflects best practice guidance on dementia friendly environments.

Good

Is the service caring?

Our findings

People who used the service told us that staff were friendly and treated them with kindness and compassion. A relative told us how care staff had helped their mother regain their confidence and some independence. They commented, "[Name] was unable to walk when they first came, but they have got her to take a few steps, we couldn't ask for anything better."

We found that care staff were very familiar with people's needs and knew them very well. We found that care staff had developed strong relationships with people saw evidence of people's involvement in decisions about their support, to ensure their wishes and feelings were upheld and respected

We observed interaction in the service was open, inclusive and supportive. We saw care staff engaged with people in a caring manner and positively welcomed the involvement of relatives. There was evidence people and their relatives were encouraged to participate in meetings and provide feedback about the service to help it to learn and develop. We saw lots of visitors coming and going throughout our inspection and found others visited to catch up and maintain friendship's they had developed when their relatives had lived in the home.

We found care staff spoke sensitively with people and bent or kneeled down to their eye level, to ensure they were understood. We observed care staff offered reassurance and encouragement to promote people's independence. We saw that personal care was delivered in the privacy of people's rooms to ensure their personal dignity was maintained, however we observed privacy locks were missing from a downstairs bathroom and three adjacent toilets, which meant this aspect of their welfare was potentially compromised.

There was evidence people were included in decisions and choices about their support to ensure their personal preferences were respected. People told us their wishes were respected by staff and were able to spend time in their own rooms when they required. We found people's bedrooms were personalised, with photos or items of furniture and equipment they had brought with them to help them feel at home.

Information was available to help people know what to expect from the service. People's personal care records contained evidence of involvement with advocacy services when required, to ensure people had access to sources of independent advice and support.

We found care staff respected and maintained people's confidentiality. We observed care staff did not discuss issues in public or disclose information to people who did not need to know. Information that needed to be communicated about people was passed on in private and details about them were securely maintained.

Requires Improvement

Is the service responsive?

Our findings

People told us they were included in decisions about their support to ensure it was personalised to meeting their individual needs. People and their relatives were confident any concerns would be addressed and overall were happy with the way support was delivered. Talking about the care that had been provided to their relative, one visitor told us that care staff were, "Very responsive to her needs." They told us they were pleased and were very satisfied with the service.

A visiting district nurse told us they believed the care provided was good and went on to say, "The seniors are always present when we visit people in order to provide assistance and ensure accurate communication. They went on to tell us, "They (senior care staff) make appropriate referrals when it is required and are good at following up issues and monitoring people's needs."

When we inspected the service in November 2014 we recommended the service considered the development of activities for people with dementia. Following the last inspection an activity co-ordinator had been appointed to develop this aspect of the service. On this inspection we found the activity co-ordinator had been promoted to a senior carer and this position was no longer utilised. The registered manager told us they were provided with a monthly budget for activities, which was used to buy in activities from external sources. We were told about trips out to places of interests using a mini bus, but found these had not recently place. Posters near the reception area advertised forthcoming events, including arm chair exercises and a visit from a singing entertainment group. A board on display provided details of weekly events that were planned including visits from a hairdresser, reminiscence groups and a film afternoon.

We noted on both days of our inspection there was little time for staff interaction with people and were told that at present there was no key worker system in place to enable people to have dedicated one to one staff time and stimulation. One person who used the service told us they were bored. Speaking about this a member of staff told us, "You wish you had that little bit of time and extra hour with people."

Assessments of people's needs had been carried out prior to their admission to ensure the service was able to meet their needs. There was evidence in people's personal care files that a range of completed assessments, together with individual care plans developed from these to ensure support was provided in a personalised way. We saw people's care files were updated and evaluated on a regular basis, together with input and liaison from a range of relevant health professionals to ensure they were kept up to date and involved where people's needs changed.

Assessments about known risks to people were carried out around issues such as people's nutrition and skin integrity, falls and risks of infections. These provided details for staff on how to manage potential risks and keep people safe. We found supplementary records were maintained for people on issues such as such as weight monitoring, food and fluid input, pressure area care and general observations when required.

Details about people's preferences and interests were included in their care files to help care staff

understand and deliver support to them in a way that was individual to their needs. This helped ensure people had as much choice and control over their lives as was possible.

People and their relatives told us staff listened to them and they were overall happy with the service. A complaints policy and procedure was in place to ensure people's concerns were followed up. A relative told us they had raised a concern about their father experiencing episodes of weight loss; however they told us that action had been taken to resolve this issue and were happy with the service provided. There was evidence the registered manager took action to address people's concerns in an appropriate manner. They told us they welcomed feedback from people as an opportunity for learning and improving the service.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives told us the registered manager was approachable and involved them in decisions. They told us the registered manager acted on issues when required. Speaking about the support approach provided for a member of their family, a visiting relative told us "[Registered manager's name] is very good and always keeps me updated if there are any changes."

The registered manager had a wealth of knowledge and experience in health and social care services. They told us about meetings they attended with other managers employed by the registered provider and kept informed of good practice via attending training sessions, professional health and social care publications, the Care Quality Commission (CQC) web site and close working relationships with local multi-disciplinary health and social care teams.

Whilst the registered manager was aware of their responsibilities to report incidents, accidents that occurred during the delivery of the service, we found they had failed to notify the CQC about an incident when a person sustained an injury following a fall and required medical attention. The registered manager apologised for this and confirmed they would take action to ensure this omission was not repeated. The registered manager told us, "I do review and look for patterns but don't record this anywhere, I would refer people to the falls team and have done so in the past." This was a breach of Regulation18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside our regulatory processes.

There was evidence of systems to enable the quality of the service to be monitored. These included visits from senior staff employed by the registered provider so the registered provider could be assured that action was taken to follow things up when required. We found that reports and manager diary events were submitted to the registered provider on key performance indicators, such as incidents and accidents, staff training and complaints. This enabled patterns and trends to be highlighted and assured improvements were implemented when needed. The registered manager advised they were not as well organised as they would have hoped due to their involvement with other aspects of the home. We saw a comment dated June 2016, from a senior member of staff from the registered provider that stated "[Registered manager's name] is working a lot on the floor covering holidays and sickness due to lack of occupancy. When occupancy has improved the manager would like to employ an admin and activities co-ordinator."

We noted a lack of co-ordination of some documentation relating to the quality assurance systems, which meant it was difficult to determine what audits had been undertaken and what action plans had been developed from these. We were unable to locate the results from Quality assurance satisfaction surveys for 2016. Whilst we saw a brief analysis for these dated January 2016, no action plan for these could be found with timescales for completion, or feedback provided for people who used the service and their relatives. We noted a variety of styles of audits completed by senior staff from the registered provider; however we found these were not carried out in a consistent manner. For example; an audit completed in February 2016 contained a brief action plan, but failed to give clear timescales for completion. Whilst a programme of

renovation and refurbishment was in place to upgrade the environment, we noted a number of toilets and bathrooms were in need of a general upgrade.

We observed the registered manager had a 'hands on' approach and was readily available throughout our inspection, providing support and guidance to staff and people who used the service. The registered manager told us they carried out daily walk rounds of the service to ensure they were kept up to date about people's needs. The registered manager advised they held weekly surgery meetings for people and their relatives to provide feedback about the service. We saw evidence of consultation with people and their relatives via meetings to discuss events that were planned and provided suggestions and ideas to help the service improve.

Care staff we spoke with said the registered manager was supportive and encouraged them to question practice and develop their skills. They told us they received feedback about their work in a helpful and constructive manner and that the registered manager listened to their ideas to help the service develop. Care staff told us they felt valued by the registered manager and were respected and that regular meetings took place to ensure communication was open and constructive. We found that care staff were encouraged to undertake nationally recognised external qualifications, to enable them to develop their skills and that the majority of them had worked in the service for a considerable amount of time.

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 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: People who use services were not protected against risk of potential harm because there were not always sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to safely meet their needs. Regulation 18 (1)