

Mr & Mrs S Neale

# Cloisters E M I Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Cloisters EMI Residential Care Home on 19 October 2016. This was an unannounced inspection, which meant that the staff and registered provider did not know we would be visiting. When we last inspected the service in July 2014 we found that the registered provider was meeting the legal requirements in the areas that we looked at.

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

Cloisters EMI Residential Care home provides care and accommodation for up to 20 older people who are living with a dementia. It is a detached Victorian house with parking facilities and front and rear gardens which are well maintained. The home has a passenger lift to all levels. The service is close to pubs, shops, supermarkets and cafés. At the time of the inspection there were a total of 17 people who used the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us they carried out regular checks on the service; however auditing tools were not completed to confirm this.

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. 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. People subject to DoLS had this recorded in their care records. However, mental capacity assessments were not decision specific. Best interest decisions were not recorded in care plans.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service told us that staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments contained general information on how to keep people safe; however some risk assessments required further detail to make sure staff had the written guidance on how to keep people safe.

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Written guidance was not available for those people prescribed medicines on an 'as required' basis.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff had received supervision and an annual appraisal.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. At the time of the inspection nutritional screening was not in place, however the registered manager had met with a health professional to discuss and implement this.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments

There were positive interactions between people and staff. In general we saw that staff treated people with dignity and respect. However, the dining experience at lunchtime compromised the dignity of people. People were not always provided with choice or their food cut up into manageable portions.

People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service. People's needs were assessed and their care plans were in place.

The registered provider had a system in place for responding to people's concerns and complaints. Relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

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

Systems were in place for the management and administration of medicines, however written guidance was not available to support staff handling medicines to be given 'as required'.

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

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005; however MCA assessments were not decision specific. Best interest decisions were not recorded within care plans.

Staff had completed training which provided them with the skills and knowledge to support the people who used the service. Staff had received supervisions and an annual appraisal.

People had access to healthcare professionals and services.

People were provided with a varied diet, however at the time of the visit nutritional screening was not taking place. People's dignity was compromised at lunch time when some people were not provided with choice or their food cut up into manageable portions and plate guards were not available to help food collection and prevent spillage.

### Is the service caring?

Good ●

This service was caring.

People and relatives told us that people were well cared for and we saw that the staff were caring. The staff were friendly, patient and discreet when providing support to people.

People were treated with respect and their independence encouraged. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others to speak up on their behalf.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were reviewed on a regular basis.

People were involved in activities and outings.

Relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Effective quality monitoring auditing tools were not in place to ensure the service was run in the best interest of people who used the service.

There was a registered manager in post who was supported by the registered provider.

Staff and people who used the service told us the registered manager was approachable and they felt supported.

# Cloisters E M I Residential Care 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 checked 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.

We inspected the service on 19 October 2016. This was an unannounced inspection, which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We sat in communal areas and observed how staff interacted with people. We spoke with nine people who used the service and five relatives. Communication with some people who used the service was limited because of their dementia. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with six staff, this included the registered manager, the registered provider, two senior care staff, the domestic and the handyman. We also contacted commissioners of the service, a general practitioner and health professionals who visited the service to seek their views.

During the inspection we reviewed a range of records. This included two people's care records, including

care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service about safety and what made them feel safe, one person told us, "I just am, everybody's nice, all the staff." A relative said, "Being in safe hands that is one of the main things and here I know she is being well looked after and in safe hands."

During our discussions with staff they were able to tell us about different types of abuse. Staff were aware of action they should take if abuse was suspected and were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. The registered manager said abuse and safeguarding was discussed with staff on a regular basis and staff we spoke with confirmed this. One staff member said, "If there were any safeguarding concerns at all I would make sure the person was safe then go straight to the manager. If she was not available I would report the concern straight to safeguarding myself. If needed staff would be suspended and I would inform the person's family."

Staff told us that they had received safeguarding training at induction and annually thereafter. We saw staff had received safeguarding training in 2015 and 2016. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The service had a safeguarding policy that had been reviewed June 2015.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as, mobility and falls, leaving the premises, having reduced vision and risks associated with the stairs in the service. Staff were able to tell us about the individual measures they put in place to keep people safe. Risk assessments contained general information on how to keep people safe, for example, ensuring the person wore their glasses as they had reduced vision and knowing the whereabouts of a person as they were able to open the stair gate. However, one person had been identified as having behaviour that challenged. The behaviour that challenged, triggers to the behaviour or action that staff were to take was not documented on the risk assessment. This was pointed out to the registered manager at the time of the inspection who told us they would immediately review and update the risk assessments of all people who used the service to ensure they were individual to each person.

We looked at staff recruitment records, which showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with people, relatives and staff members, we found there was enough staff with the right experience to meet the needs of the people who used the service. At the time of the inspection there were 17 people who used the service. The registered manager told us there was three



care staff on duty during the day one of which was a senior care assistant and overnight there were two care staff on duty. In addition there were other staff on duty such as the cook, domestic and handyman. We looked at duty rotas which confirmed this. The registered manager of the service worked during the day from Monday to Friday. We spoke to people who used the service and relatives about the amount of staff on duty. One person said, "I never have to wait." One relative said, "There's always staff, they [staff] don't keep them in bed and the staff are always around." Another relative said, "I come at different times and there is always plenty of staff around." Some people who used the service sat on cushions that raised an alarm when people who used the service stood up. These were used to alert staff and reduce the risk of falls for people. From our observations when the alarms were activated staff were very quick to attend to people.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

The registered manager told us personal emergency evacuation plans (PEEP's) were in place for each person who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken. The most recent practice had taken place in October 2016. The handyman told us evacuation practices took place on a three monthly basis to ensure all staff took part.

We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. Records confirmed that different call points were tested weekly to make sure they were all in working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken of all accidents and incident in order to identify any patterns or trends and put measures put in place to avoid re-occurrence.

Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Each month senior staff completed a stock check of medicines and ordered what was needed for each person for the month ahead. Staff told us that medicines were delivered to the home by the pharmacy usually about six days before their current supply of medicines ran out. Medicines were checked in by senior care staff to make sure they were correct. Staff told us by having the medicines delivered early this ensured continuity of supply and enabled them to rectify any incorrect prescriptions. Records of ordering and disposal of medicines were kept in an appropriate manner.

People were prescribed medicines on an 'as required' basis, however 'as required' guidelines had not been written for these. 'As required' medicines were written up on the person's medication administration record but a specific plan was not in place. This meant that staff did not have clear guidance and instruction on when to administer these. The registered manager told us they would take immediate action and implement such guidelines.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

## Is the service effective?

### Our findings

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. At the time of the inspection nine people were subject to DoLS authorisations with a further seven awaiting authorisation. People subject to DoLS had this recorded in their care records and the service maintained an audit of people subject to a DoLS so they knew when they were to expire.

The registered manager told us that some people who used the service were living with a dementia and lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to be made by staff, family and other professionals. However, people's care records did not contain decision specific mental capacity assessments and best interest decisions were not recorded within care plans. We pointed this out to the registered manager at the time of the inspection who told us they would commence work on capacity assessments as a matter of importance.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "Yes, they're very, very good." A relative said, "They [staff] know them [people who used the service] very well. They know who likes to be in the quieter lounge if the noise is too much."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding vulnerable adults, fire, infection control, emergency first aid and dementia care.

Staff we spoke with during the inspection told us they felt well supported and that they had received

supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "Since I started here I have had two support sessions with my manager. We talked about what I want to do in the future and training. I got feedback on how I was doing. I found it very useful and informative." Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

We looked at the home's menu plan. The menus provided a varied selection of meals. Staff told us alternatives were available at each meal time such as a sandwich, soup or salad. Staff were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service and had mixed views on people's dining experience. To aid individual choice staff showed some people the two meal options that were available for lunch; however staff did not do this for everyone as some people were just shown one meal and asked if they wanted that. One person who used the service refused both meal options and were offered a sandwich, however this person didn't get the sandwich as they were given one of the meals they had refused. The lunchtime meal included toast and many people were observed to struggle when eating this as the toast was left as a whole piece rather than cutting it up into manageable portions. There were no plate guards provided and some people used their fingers to push food onto their forks. This compromised people's dignity.

We asked the registered manager if people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. They told us people were weighed on a regular basis and if people lost weight over a two month period then they would speak with the GP and ask that a referral be made to the dietician. At the time of the inspection staff at the service did not carry out nutritional screening on people. However, the registered manager had recognised the need for this and told us they had met with a healthcare professional to discuss the use of the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people are weighed at regular intervals and depending on the risk appropriate action taken to support people who had been assessed as being at risk of malnutrition. The registered manager told us staff were to receive training on the use of the tool and this assessment would be implemented within the next few weeks.

People told us they liked the food that was provided. One person said, "It's alright, pretty good, I get enough." Another person said "I always enjoy my grub." A relative we spoke with said, "Mam has put weight in since coming here. She is well nourished and well hydrated."

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician and their doctor. Staff told us they had good relationships with the doctors who visited people. Staff told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to. Relatives told us staff acted quickly when people became unwell and kept them up to date with the outcome of any doctor or hospital visits. One relative said, "They have got to know her very well. They [staff] know when she is unwell and get on to the doctor straight away."

A doctor we contacted before the inspection complimented the service on their efficiency they told us, 'I

administered a flu jab and the staff member ensured that I completed the immunisation record book.'

# Is the service caring?

## Our findings

People and relatives told us that they were very happy and that the staff were extremely caring. One person said, "They're very pleasant and very helpful." Another person said, "I think they're great, they're nice girls and know what they're doing. To tell you the truth they've done a lot of nice things for me." A relative we spoke with said, "They [staff] are very kind. They are jolly, laugh with them [people who used the service], link them and have a conversation. All the things that matter and make them feel loved and cared for."

We found that staff at the service were very welcoming. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication.

During the inspection we spent time observing staff and people who used the service in the lounge. Throughout the day we saw staff interacting with people in a very caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. On one occasion we saw a staff member touching the hand of a person who used the service. On another occasion we saw a staff member gently kiss the cheek of a person. We saw from facial expressions that this brought about comfort and reassurance to people.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, providing people with choices and allowing people to make their own decisions. They told us the importance of encouraging the person to be independent and making sure curtains and doors were shut when providing personal care. During the inspection we saw that staff did provide people with choices. One person was asked if they wanted to go to the dining area for lunch but they declined. The person was then asked if they would like their lunch in the lounge which they declined. However, the person did agree to have a cup of coffee in the lounge area and with the gentle persuasion of staff then agreed to have a sandwich. One staff member said, "We [staff] are aware of everyone's needs. We empower them [people who used the service] to have a say. This is the best place I have worked as all of the staff are so dedicated." We observed that staff were discreet when asking people if they wanted to go to the toilet or needed any other support. A relative said, "She is always dressed nicely and in her own clothes. She has her hair done and nail varnish put on." This showed that the staff team was committed to delivering a service that had compassion and respect for people.

On numerous occasions during the day we saw how staff supported and encouraged people to be independent with their mobility. People who needed were given their walking aids and staff walked at a pace that was comfortable to the person.

The registered manager and staff showed concern for people's wellbeing. It was evident from discussion

that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff told us they enjoyed supporting people. One staff member said, "This is a very good team of staff and we all enjoy our work."

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. A relative told us they were made to feel welcome and encouraged to visit at any time. They also said, "The staff here are happy and everyone not just my mum is well looked after."

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process to follow should an advocate be needed.

## Is the service responsive?

### Our findings

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Some care plans would benefit from further detail. For example, the care plan for one person informed that they needed the assistance of one care staff member to help with washing and dressing but the care plan did not detail what that help was. We pointed this out to the registered manager who told us they would review and update all care plans to ensure that they were individual to the person. People and relatives told us they had been involved in making decisions about care and support and developing the care plans. We found that plans were reviewed and updated on a regular basis.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service, staff and relatives told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service. One relative told us the person who used the service was prone to infections, but how staff quickly recognised when they were unwell and recognised that the challenging behaviour they could display indicated ill health. They told us how staff were quick to seek medical help and contact them to keep them up to date.

A relative told us that as many people were living with a dementia people frequently forgot where they were and asked to go home. They told us how staff in a gentle manner were very good at using diversional techniques and distracting the person; this helped to reduce the frustration of the person.

Staff were responsible for arranging activities and outings for people who used the service. The registered manager told us there wasn't a set plan and that a variety of activities took place on a day to day basis. On the morning of the inspection we saw that some people enjoyed playing skittles. In the afternoon a singer came into entertain people. We saw that people smiled and clearly enjoyed this activity. People were observed to sing and dance to the music and those who were less mobile were observed to wave their arms to the music whilst sat in their chair. The entertainer gave people maracas and people enjoyed shaking them to the music.

We also saw that there was a musical film on the television in one of the lounges and one person was engrossed in watching this.

The registered manager told us how they were busy planning activities for Christmas. They told us that children from local schools came into the service to perform a carol concert and that every year the local senior school invited people who used the service to their school to enjoy a Christmas lunch. The registered manager told us that four to five people would usually attend this event.

The registered manager and staff were able to explain what to do if they received a complaint. We were shown a copy of the complaints procedure, which gave people timescales for action and who to contact.

We looked at the complaints log and saw that there had not been any complaints made in the last 12 months. Relatives told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation. One relative said, "All the staff are so approachable and easy to talk to. I have spoken with [name of registered manager] about a couple of minor things and she has sorted them out straight away. [Name of registered manager] will sit with everyone to make sure they are alright. My mother loves her."



## Is the service well-led?

### Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us they carried out regular checks of the service, which included regularly walking around the service to check on health and safety and regular discussions with the handyman to ensure safety checks and servicing was up to date. However, other than a tick box audit for checking the cleanliness of the service there were no actual audits for health and safety, infection control or care plans.

An annual audit was completed on medicines in the service by commissioners. We asked the registered manager what other audits they completed on medicines. They showed us an audit they completed on a monthly basis, however, the audit tool for medicines was very brief. The medicine audit tool was a one page document that asked 11 questions. The audit questions were very general in many areas such as for the storage of medicines. From looking at this audit we could not determine if checks on storage included checking controlled drugs, medicines kept in the fridge or medicines kept in cupboards. The audit was a tick box that did not have any space to record any findings or any actions that may be needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had been awarded a score of 81.8% by the infection control nurse from the Liverpool community health team when they visited the service in June 2016 to undertake an audit in infection control.

The registered provider visited the service on a regular basis to speak with staff and people who used the service and to monitor practice. We saw records of visits in September and October 2016.

The home had a registered manager who had worked at the service for three years. Staff, people and relatives told us the culture in the home was good and the registered manager was approachable. One person who used the service said, "She's good, she is very approachable." A relative said, "[Name of registered manager] is great she makes sure everything is ticking over, has a keen eye and is very keen on making sure she gets the right staff."

Staff told us they felt they could approach the registered manager with anything as they were so encouraging and supportive. Staff told us the morale was good and that they were kept informed about matters that affected the service. One staff member said, "I promise you this is a top class place to work. The manager is great."

Before the inspection we emailed a local doctor to seek their views on the service. They told us they had visited the service for many years. They told us, "In the past I have required information from the manager

and she has dealt with my query quickly and efficiently. I have no issues with regard to this service.'

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

The registered manager told us as they were a small team, staff meetings took place annually but that staff were kept informed about the day to day running of the service and any changes at staff handover from shift to shift each day. Staff we spoke with confirmed this and told us they were encouraged to share their views. They told us that senior staff had suggested making a change to the medication sheets of people who used the service. This included the use of colours to represent the different times when medicines were to be given during the day. The staff member told us the registered manager was keen to listen and had introduced their ideas.

Observations of interactions between the registered manager and staff showed they were open, positive, respectful and supportive. Staff told us that they were a visible presence in the home and that the registered manager provided them with support and encouragement in their daily work. During the inspection we saw that the registered manager spent time with people who used the service. The registered manager effectively engaged with people to make sure their needs were met.

The registered manager told us that surveys were carried out twice yearly to seek the views of people who used the service, relatives, staff and visitors. The registered manager was just collating the results of the survey completed in October 2016 so we looked at the results of the survey completed in April 2016. People who used the service said that staff were very attentive and knew what was important to them. Some comments included, 'Staff are lovely and look after us well.' And 'I feel safe here and comfortable.' And 'Staff are excellent and make a lovely cup of tea.'

Some of the comments from relatives included, 'Staff have provided a clean, happy, healthy and caring home for my mum for many months, during her stay she has thrived and general health has rapidly improved.' And 'Nothing is too much for the staff; they treat everyone with dignity and respect. Many thanks to you all for keeping my mum safe and happy.' And 'I am happy in my own mind that my mother gets warmth, care and compassion in what is a very difficult situation for us as a family. It lessens the heartache we feel knowing the level of care afforded to our mother.'

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Mental capacity assessments were not decision specific and best interest decisions were not recorded within the care plan.</p> <p>Effective quality monitoring auditing tools were not in place to ensure the service was run in the best interest of people who used the service.</p>