

Amethyst Arc Ltd

Mandalay Care Home

Inspection report

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection was carried out on 4 and 5 April 2017. Mandalay Care Home provides accommodation and personal care for up to 46 people.

There were 39 people living at the service at the time of our inspection. There is a small separate dementia unit in the service called the Sunflower unit. There were eight people living in the Sunflower unit and 31 people in the residential unit. People cared for were all older people; some of whom were living with dementia and some who could show behaviours which may challenge others. People were living with a range of care needs, including diabetes. Some people needed support with all of their personal care, and some with eating, drinking and their mobility needs.

Bedrooms are spread over three floors, these can be accessed by the use of a passenger lift; the premises are suitable for people with physical mobility problems. People had access to assisted bathrooms and a dining room/lounge/conservatory. There is parking to the front of the property and further on street parking available nearby.

The service has an established registered manager. 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.

The previous inspection was carried out in April 2016 and concerns relating to storage of medicines, Deprivation of Liberty Safeguarding authorisations had not been applied for where people were unable to consent to restrictions in place; and mental capacity assessments did not meet with the requirements of the Mental Capacity Act 2005 and auditing of the service provided had not been wholly effective.

At this inspection we found actions had been taken to make these improvements, however, some areas required further improvement. There were shortfalls around some record keeping and checks to ensure pressure reduction mattresses were operating at correct pressures.

Although staff were able to tell us how some people with more challenging needs should be supported, records of how this should be done were not always complete which introduced a risk of inconsistency about how support should be provided.

Some measures identified in audits had not been introduced and processes intended to assess the quality and safety of the service had not always had the required effect.

Medicines were correctly stored and proper processes and checks were in place to ensure they were correctly administered.

A survey of people living in the service found they felt safe. Staff knew how to recognise signs of abuse and how to report it. They told us how they protected people from financial abuse and supported people to be safe.

There were enough staff on duty to support people, proper pre-employment checks had taken place to ensure that staff were suitable for their roles.

Assessments had been made about physical and environmental risks to people and actions had been taken to minimise these. There were low levels of incidents and accidents and these were managed appropriately with action or intervention as needed to keep people safe.

Equipment including the electrical installation, gas safety certificate, portable electrical appliances, fire alarm and fire fighting equipment were checked when needed to help keep people safe. The service was well maintained and comfortable.

The registered manager had a good understanding of the Mental Capacity Act 2005, and Deprivation of Liberty safeguards. They understood in what circumstances a person may need to be referred, and when there was a need for best interest meetings to take place. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and that people's rights were protected and upheld.

New staff underwent an induction programme and shadowed experienced staff, until they were competent to work on their own. There was a continuous staff training programme, which included courses relevant to the needs of people supported by the service.

Care plans were reviewed regularly and included the views of people and their relatives or advocates when needed. Staff showed an awareness of people's changing needs and sought professional guidance.

People were able to choose their food each meal time, snacks and drinks were always available. The food was home-cooked. People told us they enjoyed their meals, describing them as "lovely" and "home cooking".

The service was led by a registered manager who worked closely with the care team and provider. Staff were informed about the ethos of the service and its vision and values. They recognised their individual roles as important and there was good team work throughout the inspection. Staff showed respect and valued one another as well as people living at the service.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. We also identified other areas where improvement was required and made recommendations the service should adopt.

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 

The service not always was safe.

Checks needed to be introduced to ensure pressure reduction mattresses were correctly set to allow them to operate safely and as intended.

Medicines were stored and administered safely.

The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

Staff knew how to keep people safe and protect them from abuse.

There was sufficient staff on duty to make sure people received the care and support that they needed.

Is the service effective?

Good 

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings with the registered manager to support them in their learning and development.

People received care and support from a team of staff who knew them well.

Is the service caring?

Good 

The service was caring.

Staff delivered support with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were

able.

Is the service responsive?

Good ●

The service was responsive.

The service involved people and their families or advocates in planning and reviewing care.

Care plans were individual and person centred.

There was a variety of activities, functions and outings on offer.

An accessible complaints procedure was in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively. However, not all audits were effective or introduced when a need was identified to ensure safe and best practice.

Some records were inconsistent or incomplete about how some support should be delivered.

Policies and procedures were available.

People and staff were positive about the leadership at the service. Staff told us that they felt supported. □

Mandalay 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 April and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had also sent us regular action plans following the last inspection.

We met and spoke with 16 people who lived at Mandalay and observed their care, including the lunchtime meal, medicines administration and activities. We spoke with three people's relatives. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with two care workers, three senior cares, kitchen and housekeeping staff as well as the deputy and registered managers. We also spoke with two health care professionals who were visiting the service at the time of our inspection.

We 'pathway tracked' three of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at care records for five other people. To help us collect evidence about the experience of people who were able to fully describe their experiences of the service for themselves because of cognitive or other problems, we used a Short Observational Framework for Inspection (SOFI) to observe people's responses to daily events, their interaction with each other and with staff.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe and liked living at Mandalay. People commented, "I feel safe here", "There is no need not to feel safe" and "Oh yes, it's friendly, there's nothing wrong with it". At the last inspection in April 2016, we reported on a number of areas where people's safety at Mandalay was not always assured. The previous inspection found people were not protected against some risks associated with storage of medicines and arrangements set out in the services' water management policy to safeguard against the risks of Legionella, a waterborne bacterium, were not fully met. During this inspection improvement had been made, but other improvements were required to ensure equipment, intended to help prevent the development of skin pressure areas, worked as intended and that staff knew how to help people consistently. These are both areas we have identified as requiring improvement.

Thorough assessments were in place for people at risk of skin damage, such as development of skin pressure areas, and equipment was in place to help reduce these risks. However, to work correctly, pressure reduction mattresses and their air pumps which regulate the pressure in the mattresses must be set correctly. We found one air pump was set too high, inflating the mattress too much and therefore reducing its effectiveness. Discussion with the registered manager found they had identified checks were needed to ensure pressure settings were correct, however, these checks had not yet been implemented. This is an area we have identified as requiring improvement.

Where people had behaviour that could be challenging towards themselves or others, staff were able to tell us how individual people should be supported as well as the potential triggers for behaviours. We saw in practice staff supported people well. However, there was inconsistency in information recorded. Care plans followed a set format, where some people had behaviour that challenged some care plans gave clear guidance for staff follow. However, in other care plans where needed, such information was not completed. This introduced a risk of inconsistency in how people may be supported. This is an area we have identified as requiring improvement.

People received their medicines safely and when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely, in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). MAR charts contained photos to help staff ensure the right people received their medicines. Staff checked people's details before taking their medicines and then ensured that they had swallowed them before leaving people. Medicine audits were carried out by senior staff and medicines were counted each day; we saw clear records of the checks that had taken place.

Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Competency checks were completed for all staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a

person refused their medicines. Risk assessments for managing diabetes identified the signs and symptoms a person may have when they became unwell due to this condition and what action staff should take to keep the person safe, including a normal range for blood sugar testing. Staff had received diabetes training; including the administration of insulin and discussions identified they knew what to do.

A sample of five recruitment files showed required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied.

There were clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

People and staff told us there were enough staff on duty to meet people's care and support needs. The registered manager kept staffing levels under review based on needs assessments. The registered manager showed us a needs based dependency tool, which they were introducing to further define staffing levels. People told us that staff responded when they needed them, although at busy times they may have to wait a bit. People told us call bells were generally answered promptly and we observed that staff attended people's needs efficiently throughout the inspection. Discussion with the registered manager and a review of staffing records demonstrated staff deployment was a flexible system allowing for additional staff when needed.

There were sufficient staff with a suitable mix of experience and skills to meet people's needs in both the main house and the Sunflower unit. In total, daytime staffing comprised of five care staff and two senior carers in addition to the deputy manager and the registered manager. Four waking staff provided night support. Staffing allocations ensured a senior carer was always on duty on each shift. Other staff undertook duties such as housekeeping and maintenance. A chef provided meals supported by a kitchen assistant; the service employed a coordinator to organise and facilitate activities. Any staff shortfalls were initially met through use of existing staff and agency staff if needed. When using agency staff the service tried to use the same agency and staff to help to ensure consistency of care.

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and fire fighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Hot water

temperature checks helped to ensure against the risks of scalding. These checks enabled people to live in a safe and suitably maintained environment.

Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. Fire risks had been thoroughly assessed and people had individual emergency evacuation plans. These gave details of the assistance each person would need in an urgent situation. Staff had regular fire safety training and could accurately describe the way in which people would be helped. A recent Environmental Health check of the kitchen resulted in a rating of five stars, this being the highest award.

Accidents and incidents were recorded and management reviewed these reports to ensure appropriate follow up action was taken to reduce the risk of further occurrences. We observed staff followed care plan information when assisting people to move around; which helped to keep them safe.

Is the service effective?

Our findings

People told us staff looked after them well. Relatives visiting confirmed this. One visitor told us they would recommend Mandalay, as "It is a good home." Another visitor commented "The staff are great." One person told us, "I am happy being looked after here." Other people commented that staff worked well together because they communicated and shared information. Visiting health care professionals told us they considered the service contacted them proactively, which enabled them to provide support in good time.

Our last inspection found the service was not always effective because the service did not fully meet some parts of the Deprivation of Liberty Safeguards (DoLS), which form part of the Mental Capacity Act (MCA) 2005. At this inspection we found required improvement was made.

Staff received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS form part of the MCA and aim to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used.

When needed, the registered manager was aware of their responsibility to make DoLS applications to a 'Supervisory Body' for authority to provide care and treatment. Records showed one DoLS authorisation had been granted and two others refused, a number of other applications for authorisations awaited decision by the local authority. Where staff felt people's needs had changed, applications were resubmitted to supervisory bodies. Staff had a good understanding about the legal requirements of DoLS and were able to give examples of restriction and where least restrictive methods were used. For instance, rather than use bedrails to keep a person safe in bed, floor pressure mats would be considered. This would enable the person to get out of bed when they liked, but alert staff to their actions so that they could be supported if needed.

Staff understood the basis of the MCA and how to support people who did not have the capacity to make a specific decision. Staff knew capacity assessments were decision specific. We heard staff encourage people to take their time to make decisions and staff supported people patiently whilst they decided. Policies reflected where more complex or major decisions needed to be made, involvement of relevant professionals such as GP's and an Independent Mental Capacity Advocate was required. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Information about these processes was available to people and visitors within the service.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see, this helped ensure any changing needs were met. People were weighed regularly and the registered manager audited weight records so they were aware of any weight losses that required professional intervention. Food and fluid charts were in place for people whose intake needed to be monitored and these had been completed with enough detail to provide meaningful information about how much people were consuming each day.

People with specific health needs, such as diabetes, had detailed care plans for staff to follow to ensure people received the support they needed. They showed exactly what action staff should take when blood sugar levels were outside of the expected range. They explained why different foods would be good, for example, food that releases sugar slowly and will help to maintain blood sugars over a longer period of time. A box of glucose sweets was kept in the medication room in case of particularly low blood sugar levels. Where people living with diabetes can also be susceptible to circulation problems in their feet and lower limbs as well as serious eye problems, such as cataracts, glaucoma, and retinopathy (a disease of the retina), eye care and foot care was linked to diabetic care needs. Recording of this day to day care helped to ensure any changes in condition were noted and acted upon.

Staff had an induction into the service, this involved 'office' time spent reading people's care records, e-learning, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. All members of staff told us they felt supported.

Staff received training in a range of subjects in order to perform their roles safely and to provide the right care and support to meet people's needs. Staff were positive about the training received and were able to tell us how they used it in their day to day role. Training in all mandatory subjects was up to date. Training records and certificates confirmed the training undertaken. Our observations found that staff were competent and confident in delivering care. Staff told us they regularly completed online training and that this included training relevant to their roles and the needs of the people they supported, such as, courses to increase their knowledge and understanding about dementia awareness, diabetes and mental capacity.

Staff had individual supervision meetings with the registered manager and annual appraisals were being introduced. Supervision meetings included a review of their work, expectations of them, setting goals and agreeing targets and topics for review, for example, infection control practices. Where needed, supervision processes linked to disciplinary and performance monitoring procedures.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. Within care plans, people had communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs.

Staff discussed with people what was on the menu and recorded their preferred meal choices. Staff respected people's choices about what they did and didn't want to eat. People were supported and encouraged to eat a healthy and nutritious diet. People were complimentary about the food in terms of quality, variety and taste, telling us they always had something to eat that they enjoyed. Drinks and snacks were provided at other times of the day both in communal areas and people's bedrooms; we saw they were within people's reach. Where picture references helped some people choose food, we saw these were used and due to be updated.

Staff described the service as clean, friendly and a homely place for people to live. They said that they would recommend the service to others, confirming they would be happy for a friend or family member to be looked after there. They told us people's choices were respected, the service was not institutionalised and if

someone did not want something at one point, like personal care or eat food, they recognised the importance to give them time and to come back; sometimes a different face worked because people responded differently to different people.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained.

We observed a staff handover during the change of shift. This was structured and informative, giving a summary of each person in terms of their wellbeing and any as yet unmet needs. Staff handovers made sure that they were kept up to date with any changes in people's needs or key events.

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. When staff went off duty, they said goodbye to people. One relative commented, "The staff are all very kind here." Care was planned around the individual and centred on the person. Staff knew about people's background, their preferences and their likes and dislikes.

We observed the interactions between staff and people throughout our inspection. There was a happy and relaxed atmosphere in which people joked with staff and clearly felt comfortable in their company. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. We observed warm and kind exchanges. Staff were discrete and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. They gave some people a narrative, such as your lunch has arrived, tell me what you would like to drink and would you like me to assist you. This respectfully helped people to make decisions and introduced orientation to any support they might need within the context of normal conversation. Staff were courteous and polite when speaking to people in private. They gave people time to respond and spoke in a way that was friendly and encouraged conversation.

People were encouraged to be as independent as possible. Staff explained how they supported people to wash their own hands and face, for example, and to choose their clothing. One person's eyesight had deteriorated, so staff had stuck brightly coloured high visibility tape above the hand rails leading to the person's bedroom. This helped the person more easily find their way to and from their bedroom, increasing their confidence and maintaining movement independently from staff. Staff told us how important it was for people to retain their independence. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well.

Care plans had been compiled from staff gathering information from people, relatives and health professionals. Risk assessments had been signed or verbally agreed by people to show that they had been involved in decisions about their care wherever possible.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. People were laughing and looked happy. Staff supported people in a way

that they preferred. There was a relaxed and friendly atmosphere. People looked comfortable with the staff who supported them. People and staff were seen to have fun together and shared a laugh and a joke. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were moving freely around the home, moving between their own private space and communal areas at ease.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. All staff told us they enjoyed working at the service. People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

People received the care they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their families. Staff kept relatives up to date with any changes in people's health.

Staff knew people well and were able to tell us about people's individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us that they were treated as individuals by staff and that they could choose their own routines, for example, when they got up and went to bed.

When people were considering moving into the service thorough pre-assessments were completed, where possible, involving family members. This helped to ensure people's needs, choices and preferences were known and how these should be met. This allowed the provider to gauge whether they could meet people's needs, any potential impact a placement may have on other people and identify if specific equipment or training was needed.

Care plans documented people's life histories in a detailed and sensitive way. Within people's care plans there was clear guidance about any specific communication needs and personal risks. In addition, guidance described how staff should support people with various needs, including what they could and couldn't do for themselves, what they needed help with and how this should be provided. Care plans gave staff a clear understanding of each person and were individually personalised to help staff to support people in a way they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes including food, drinks and activities. Each person had a healthcare plan, which gave healthcare professionals details about how to best support people in healthcare settings if needed, such as if a person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to which they were invited to discuss their care and support; care managers, family and appropriate staff attended.

Care plans contained information about friends, family and important events. This included contact details and dates which helped people to keep in touch. Some people went out with their families and families also visited the service. Relatives and friends were encouraged to visit and attend events, for example celebrating birthdays and singing. People told us how much they had enjoyed this.

People told us they enjoyed the activities provided, describing them enthusiastically as fun. Daily notes recorded people's activities, their engagement and enjoyment of activities. This enabled staff to make meaningful evaluations and suggest changes if needed. Some activities were delivered on a one to one basis where this was more suited to people's needs. Other activities were carried out with small groups of people. There was a good recognition of people's needs and ability to benefit or otherwise from group activities. A visitor told us their relative was not an activities person and did not like to join in with group activity sessions. Activities were wide ranging and included music, art and singing as well as quizzes and games.

The service had a complaints procedure, which was available to people and visitors to see. It was also included in the information given to people and their relatives when they moved to the service. The procedure was clearly written; it contained details of different contacts, but also encouraged people to raise any concerns or complaints with staff or the registered manager. The registered manager had an 'open door' policy and made herself available to people and their relatives, this was evident during our inspection. There was a system for people to write down any concerns or suggestions and staff told us how they would support people doing this. People and their relatives told us that they knew how to make a complaint; but those we spoke with said they had not had cause to do so.

Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings people were able to discuss and comment on the day to day running of the service. Records showed this had influenced food and décor choices. Where people had asked for change we saw this had happened. People and their relatives were also invited to complete an annual satisfaction survey. The most recent survey had been sent out and the registered manager had compiled a summary report. Responses received were positive.

Is the service well-led?

Our findings

The service had an established registered manager, supported by senior care workers and a team of carers together with domestic and ancillary staff. Staff told us the service was well led and they felt supported by the registered manager and staffing structure. Staff said they could go to the registered manager at any time and felt they would be listened to. People and visitors were complementary about the registered manager and staff, commenting positively and describing them as friendly and warm natured people.

Audits and checks were carried out each month by the registered manager or a nominated person but had not always been effective in ensuring records were complete or important improvements were put in place in good time. For example, guidance about how to support people with some behaviours were not always completed when needed and, although identified as an urgent requirement, a system had not been introduced to make sure pressure reduction equipment was correctly set. These shortfalls meant records were incomplete and introduced risks that people would not be consistently supported or effectively protected from the risk of skin condition deterioration.

The failure to effectively audit the service is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However, other checks and audits had been effective, for example infection control, health and safety as well as audits of accidents, incidents and safeguarding. The registered manager had taken appropriate action to rectify any identified shortfalls. Quality assurance surveys ensured people and their relatives were able to provide feedback about the service provided. The registered provider completed monthly compliance assessments and where needed developed an action plan for the service.

Staff handovers, communication books and team meetings were used to update staff. There were a range of recently updated policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The staff and registered manager demonstrated a good knowledge of people's needs. During the inspection we observed people engaged well with the registered manager who was open and approachable.

There was a positive and open culture between people, staff and management. Through our observations it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people. Staff communicated well and all staff spoken with told us they were clear about their roles and who they were accountable to. They felt they all worked well as a team, the care people received was good and they enjoyed working at Mandalay.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so consistently.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to monitor and improve the quality and safety of the service or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1)(2)(a)(b)