

Healthcare Homes Group Limited

The Manor House

Inspection report

North Walsham Wood
North Walsham
Norfolk
NR28 0LU

Tel: 01692402252
Website: www.healthcarehomes.co.uk

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

The inspection took place on 23 and 24 March 2016 and was unannounced.

The Manor House provides residential care for up to 52 people, some of whom may be living with dementia. The home is set in extensive gardens and woodland. The period accommodation is over two floors and most rooms have en-suite facilities. Some of the downstairs rooms have French doors leading out onto a patio area. There are a number of communal areas including a conservatory, two dining rooms and a library. At the time of our inspection, 50 people were living at The Manor House.

There was a registered manager in post. 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.

The people who used the service were supported by staff that had been safely recruited following appropriate checks. Staff had been trained and inducted. During our inspection we saw that staff demonstrated the skills and knowledge associated with the training they had received.

Staff demonstrated good team working abilities and told us they were happy in their roles. They worked in a way that ensured the atmosphere within the home was one of calmness and warmth. Staff communicated well with each other, the people they supported and visitors to the service. They were professional, friendly and showed compassion. There were enough staff to meet people's individual needs and the people they supported had confidence in them.

The people who used the service spoke highly of the caring nature of the staff that supported them. They told us they were helpful, kind and worked hard to meet their individual needs. People felt respected and listened to. Independence was encouraged and people had choice over their day to day living. Privacy was maintained. The people who used the service told us staff knew them well and responded to their needs promptly. Relatives felt their family members were well cared for.

People were protected from the risk of abuse. The service had processes in place to manage safeguarding concerns appropriately and promptly. Staff demonstrated they knew how to prevent, identify and report concerns that could be potential abuse. The staff felt confident in doing this. Past concerns had been reported correctly and in a timely manner. Where required, the service had investigated concerns and taken actions as a result.

The service had identified risks to the people they supported and applied measures to control the risk of harm. However, the risks had not been consistently reviewed within the care records. When we spoke with staff they demonstrated they knew people well and that they understood the risks people were exposed to. However, we could not be sure people were protected from the risk of harm due to some inaccurate risk assessments.

The risks associated with the environment and working practices had been identified and reviewed. However, we found that cleaning products were not consistently secured and posed a risk of harm to the people who used the service as well as others.

Medicines were stored, recorded and administered safely. However some stock counts of medicines were incorrect and we could not be sure those people had received them as the prescriber intended. The service took immediate and appropriate action to address this.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service had adhered to the principles of the MCA and made applications to the supervisory body to potentially legally deprive people of their liberty. The service had made appropriate best interests decisions by liaising with others and had recorded these decisions. Although staff's knowledge of the MCA DoLS was variable they understood the importance of consent. The people who used the service told us staff always respected their choice and asked for consent before they assisted them.

People, and their relatives, told us they had been involved in planning the care and support they received. They told us they received care in an individual manner. However, the care plans we viewed did not consistently demonstrate this. They were variable in their content and sometimes not fully completed. However, the service had identified that care records required improvement and was addressing those issues.

People's social needs were met and they told us how important it was for them to be able to see their family and friends whenever they wished. Activities were provided by the service although people told us they wished for more trips away from the home.

People benefited from having regular access to a variety of healthcare professionals. They told us these services were prompt in being requested when required. The feedback we received from the healthcare professionals we spoke with showed the service worked well with them to maintain people's wellbeing. They told us the staff followed their recommendations in order to support people with their physical and mental health.

People had confidence in the registered manager. They told us they saw them regularly and found them to be supportive, responsive and approachable. The people who used the service, their relatives and the staff told us they were encouraged to provide feedback on the service. They felt listened to and included in what was going on within the service.

A transparent, inclusive and honest culture was promoted within the home. During our inspection the registered manager had been open with us and demonstrated knowledge of the service. They were aware of the areas that required improvement and demonstrated they had plans in place to address these. Incidents were discussed openly as a team and used to improve the service.

Regular audits were completed to monitor the quality of the service. These had identified most of the issues highlighted in this report and actions were in place to improve and develop the service. The senior management team had oversight of the home and was supporting the registered manager to make changes.

All the people we spoke with were happy with the service provided by The Manor House. They told us they felt well cared for and safe. Their relatives agreed and told us they had no cause for concern in regards to how their family member was supported.

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 was not consistently safe.

The service had failed to securely store chemicals which put people at risk of potential harm.

People told us they felt safe living at The Manor House and we saw that there were enough suitably recruited staff to meet their needs. People were protected from the risk of abuse as staff demonstrated they understood how to protect, prevent and report potential abuse.

Is the service effective?

Good ●

The service was effective.

People benefited from receiving care and support from skilled staff who felt supported in their roles. People received food and drink whenever they wished and were offered choice. Staff understood the importance of gaining people's consent before assisting them.

Is the service caring?

Good ●

The service was caring.

People felt respected and told us staff were courteous, kind and understanding. People were encouraged to remain independent and felt they had choice over their life, how they spent their day and the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Although care records were not always up to date, staff knew the people they supported and people's needs were met.

Activities were provided and there were plans in place to extend these outside the home. People had no reason to complain but felt confident the service would address these if the need arose.

Is the service well-led?

Good 

The service was well-led.

An open, inclusive and empowering culture was promoted and people were encouraged to make suggestions. The registered manager was visible within the home and accessible to staff, the people who used the service and their relatives. Issues had been identified and processes were in place to develop the service.

The Manor 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 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 23 and 24 March 2016 and was unannounced. The inspection was carried out by two inspectors 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 we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local safeguarding team, the local quality assurance team and ten healthcare professionals for their views on the service. The people we contacted had all had recent involvement with the service.

During our inspection we spoke with seven people who used the service and four relatives. We also spoke with the service's quality and compliance officer, registered manager, chef, two kitchen assistants, one senior support worker, three senior care assistants and three care assistants.

We viewed the care records for five people and the medicines records for four people who used the service. We tracked the care and support one person received. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, maintenance records, staff training records, the home's quality auditing system and minutes from meetings held.

Is the service safe?

Our findings

During our inspection we noted that cleaning products were not always securely stored. This posed a potential risk to those people who used the service that were living with dementia. For example, a cleaning product was found in a communal bathroom. On another occasion a number of cleaning products were found unattended in a satellite kitchen. A notice on the door asked that staff ensure the door was kept closed and locked at all times when unattended. However, there was open access into this kitchen and there were no staff present. On two of the three occasions we checked, a storage room containing a number of cleaning products had not been secured even though we had brought this to the registered manager's attention. We saw that some people who used the service who were living with dementia were able to freely walk around the home and could potentially access these products. These people would be at risk of serious harm if products were accidentally consumed.

From the home's risk assessment we saw that it was a requirement that cleaning products were not to be left unattended in communal areas. We also saw that cleaning products stored on trollies were to be secured in a locked cupboard when not in use. We concluded that people were at risk of harm due to open access to cleaning solutions.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risks to people had been identified and assessed but not always regularly reviewed. We saw in the care plans that the service had identified the individual risks to the people they supported. We saw that these were detailed, appropriate to the person and applied control measures that minimised the risk. However, the frequency of review was variable. When we spoke to staff about people's needs they demonstrated they knew the people they supported well. For example, staff could tell us who was at risk of falls, who was at risk of not eating and drinking enough and who was at risk of pressure areas. However, a risk assessment we viewed for one person did not correspond with the person's current needs. The risk assessment had not been reviewed since November 2015. This put the person at potential risk of harm. However, when we brought this to the attention of the manager they took immediate and appropriate action.

The people we spoke with who used the service told us they received their medicines on time and in a manner that assisted them. For example, one person told us, "They [staff] make sure that I get my tablets at the right time and wait until I have taken them. They help me take them as my hands are not very steady." The relatives we spoke with also had no concerns about how their family members received their medicines.

We observed a senior staff member administer medicines to three people during our inspection. Prior to administering medicines we saw that the medicines were securely stored and that the staff member was fully prepared. The staff member wore a coloured tunic to alert people to the fact medicines were being administered and that they were not to be disturbed. We noted that the staff member completed this safely and in line with good practice. For example, we saw that they checked the information on the medicine box against the Medication Administration Record (MAR) chart to ensure these tallied. They told us they were

also looking to see that the medicine was for the correct person and that they were giving it at the correct time. We saw that the staff member assisted the person to take their medicines as required.

We looked at the MAR charts for four people who used the service as well as associated records. Although all the MAR charts were hand-written, they were complete, legible and accessible. Two staff members had signed the medicine administration directions on the MAR charts to aid safety. The MAR charts showed medicines had been given as prescribed and there were no gaps in the records of administration we viewed. We saw that staff had completed a stock count of medicines shortly before our inspection. However, when stock counts were completed on a number of medicines for each of these four people during inspection, some were found to be incorrect.

The service's quality and compliance officer had been present whilst medicine stock counts had been completed and took immediate action once these were found to be incorrect. This included completing incident forms, speaking to the GP for advice and contacting the local safeguarding team to report the potential medication errors.

The service had procedures in place to monitor and analyse incidents and accidents although associated documentation was not always fully completed. However, during our inspection we saw that two incidents occurred and that these were managed appropriately and in a timely manner. We saw that the service took appropriate actions to reduce additional risks to those people involved and to keep them safe from the risk of future harm. We saw that records had been completed in relation to these incidents but that they were not consistently completed in full. We concluded that the service took swift and appropriate action in response to incidents but that documentation was not always in place to demonstrate the actions taken.

The people we spoke with told us they felt safe living at The Manor House. One person who used the service told us, "I definitely feel very safe here. The carers come in on a regular basis to make sure I am all right." Another person said, "I love it here and feel very safe." The relatives we spoke with agreed. One said, "The staff keep a good eye on [relative] and nothing is too much trouble for them." A second relative told us, "I have every confidence that [relative] is safe and well looked after."

The people who used the service were protected from the risk of abuse. The staff we spoke with had all received training in protecting, preventing and reporting abuse. They demonstrated they could identify potential signs of abuse and knew how to report those concerns. They told us they would feel confident in doing this. Staff understood what whistleblowing meant and told us they would use the service's policy on this if required. When we spoke with the registered manager about safeguarding people, they were able to tell us incidents that had been correctly referred to the local safeguarding team. We saw that the service had associated records in place and that they had investigated concerns. Appropriate actions had been taken as a result of investigations.

We concluded that the service had procedures in place to safeguard the people in their care.

The staff we spoke with told us that appropriate checks had been carried out prior to the commencement of their employment. The three staff recruitment files we viewed, confirmed this. When we discussed staff recruitment with the registered manager they demonstrated they had an understanding of safe recruitment processes. We concluded that the service had conducted appropriate checks to ensure that only people who were safe to work in health and social care had been recruited.

The people we spoke with who used the service told us there were enough staff to meet their needs. One person told us, "They [staff] are always there when you need them." Another person said, "I know that I can call them [staff] at any time and they will come." The relatives we spoke with also felt there were enough

staff to cater for their family member's needs. The staff we spoke with did not always feel they had enough time to sit and chat with the people they supported. Most staff felt there were not enough of them to fully meet people's needs. However, they did not feel this was unsafe and that it was due to recent staff departure, sickness and new colleagues starting in their roles. Throughout our inspection we saw that people's needs were met in a timely manner and that call bells were consistently answered within two minutes.

When we discussed this with the registered manager they told us staffing levels were calculated by assessing people's needs on a monthly basis. We also saw from the care records we viewed that people's dependency levels had been assessed prior to admission. This was in order to ascertain whether their individual needs could be met by the service.

Is the service effective?

Our findings

The people we spoke with who used the service told us they felt staff were skilled in supporting them. One told us, "The staff really know what they are doing and how to do it." The relatives we spoke with had no concerns in relation to the knowledge and skills of the staff team.

The registered manager told us that all new staff received a week long induction before starting in their roles. The staff we spoke with confirmed they had received this. One staff member said, "The trainer was excellent". Another confirmed that the quality of the induction was good. The induction covered topics such as health and safety, moving and handling, first aid and safeguarding adults. Staff told us they were up to date with training although some said they would like more training in supporting people living with dementia. Some staff also told us that they felt they would benefit from additional training in supporting people whose behaviour may challenge others.

Throughout our inspection we observed that staff demonstrated the skills expected from the training they had received. For example, we saw that one staff member ensured a person's feet were securely on the footplates before assisting them to mobilise in a wheelchair.

Staff told us that, although they didn't always receive regular supervision sessions, they felt supported in their roles. They told us the registered manager was approachable and one staff member said they were "ready to listen". One new staff member explained how they had found everyone "very supportive".

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 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.

When we spoke with the registered manager about MCA and DoLS, they demonstrated they had good knowledge of the principles of the MCA. They were able to tell us under what circumstances they would make an application to the supervisory body to consider depriving someone of their liberty. We saw that an appropriate application had been submitted and documented. The registered manager told us that they felt additional applications needed to be made once the person's mental capacity had been assessed. They told us this was ongoing.

Staff confirmed they had received training in MCA and DoLS and we saw information around the home to

aid them. When we spoke to them about this their knowledge was variable. However, they could give us examples of what they did to assist people in making their own decisions as much as possible. The people we spoke with who used the service told us staff always asked their permission before supporting them. One told us, "They [staff] always ask when they are doing personal care for me and if it's all right to do it." Another person said, "They [staff] always ask my permission before doing anything." We saw that, where best interests decisions had been made, appropriate people had been involved and decisions recorded. We saw that people's mental capacity had been assessed as required by the MCA.

We concluded that people were encouraged to make their own decisions and, where this was not possible, the service had followed the principles of the MCA.

The people we spoke with who used the service were complimentary about the food provided by the service. They told us there was plenty of choice and that they could request food and drink whenever they wanted it. One person said, "The food is really good here. There is always a big choice and I can eat in my room or in the dining room; whichever I choose. They also bring drinks round at regular intervals and you can get one whenever you want." Another person told us, "Nothing is too much trouble for the kitchen staff, they are excellent."

Throughout our inspection we saw that people had access to a variety of food and drink which was well presented. We saw that staff assisted those who required support and this was done with care and attention. We saw that one staff member spent fifty minutes assisting one person to eat and drink. This was delivered in an unhurried, dedicated and thoughtful manner. We saw that choice was offered at all times.

The staff we spoke with had a good understanding of people's nutritional needs. In particular the kitchen staff were able to accurately tell us what people's dietary requirements were and how these were met. They explained how they had one-to-one meetings with each person so they could individually discuss their likes and dislikes. People told us they received healthcare services on a regular basis and as required. One person said, "I get to see the chiropodist every six weeks and I can get the dentist when I need one. I can also see the GP who comes on a regular basis." Prior to our inspection we talked to a number of healthcare professionals who all confirmed they had had recent involvement with the service.

Is the service caring?

Our findings

All the people we spoke with talked highly of the staff that worked at The Manor House. They told us that the staff had a caring approach and that they made them feel respected. One person who used the service said, "The staff here are really caring. They always think of me first. They treat me well and are very courteous to my [relative]." Another told us, "They [staff] are very kind and caring. They always listen to what I have to say and are very patient." One relative we spoke with said, "All the staff are very approachable and they are always willing to help." One healthcare professional who we contacted prior to our inspection told us they had been to the service a number of times. They said, "I have always found the staff to be extremely helpful and accommodating".

During our inspection we saw that staff interacted with each other, visitors and the people they supported in a kind, respectful and warm manner. We saw that staff smiled when they spoke to people and interacted in a way that made them feel comfortable. For example, whilst lunch was being served, we saw a staff member regularly check that a person was comfortable, had what they needed and was enjoying their food. We saw that they crouched down to the person's level, smiled and spent a few minutes interacting with the person before moving on to assist others. On another occasion we saw a staff member singing with a person whilst assisting them to mobilise. The person was singing happily along and smiling broadly. We overheard her say to the staff member, "What would I do without you?"

We saw that the service had assessed people's communication needs and care plans were in place to address these. These included details such as whether the person required hearing aids, in which ears they were worn and whether any assistance was required to put these in. The service had also taken photographs of the meals they provided to assist people in communicating their preferred choices.

People's needs were met in a timely manner. People told us they received assistance when they needed it. One person said they sometimes had to wait when they used their call bell but understood this was because staff were assisting others. One person who used the service said, "I know that if I need someone in a hurry they [staff] will come when I press my buzzer." Another person told us, "They [staff] will come when I press my buzzer." A relative said, "I know that my [relative] is very safe here and that staff are always ready to support [relative]." Throughout our inspection we saw that staff responded in a timely manner to those who requested assistance.

Staff knew the needs, dislikes and preferences of the people they supported. One person who used the service said, "I think the staff know how to care for me." One relative told us, "They [staff] certainly are getting to know what my [relative] likes and what they don't like. Nothing is too much trouble for them and they really do try to understand the needs of people." Another relative said, "They [staff] know my [relative's] needs." When we spoke with staff they demonstrated that they knew the people they supported.

The people we spoke with who used the service told us the staff were respectful towards them and maintained their dignity. One person said, "The care the staff give is really good. They treat me with respect and are very polite even when I get a bit frustrated at times." Another person told us, "They [staff] are always

courteous and they give you real respect." All the healthcare professionals we spoke with prior to our inspection commented on the respectful approach of the staff. One said, "During several visits my observation was that people were well cared for and treated with respect and dignity."

When we spoke with staff they were able to give us examples of how they promoted people's dignity and wellbeing. One staff member said it was about making the person feel comfortable and assisting them to identify that The Manor House was their home. They told us it was "taking a minute to think" about what the person needed to feel content. Another staff member described how they always gave people options in what assistance they offered and encouraged people to do as much for themselves as possible. Throughout our inspection we saw that staff encouraged people to be as independent as possible and consistently offered choice. The people who used the service agreed that they had choice in how they spent their day. One person said, "I am able to move around the home whenever I like and I can go out with my [relative] whenever I want to."

Another person said, "We always get a choice."

Although few formal care plan reviews had taken place, people told us that they had been involved in the planning of the care and support they received. They told us that this was ongoing as the staff always sought their opinions before offering assistance and support. One person said, "The carers certainly know what they are doing and they always ask me if it's all right to do things for me." The relatives we spoke with felt involved in the support their family members received. They told us they felt well informed and had regular dialogue with the registered manager about their family member's needs.

Is the service responsive?

Our findings

People told us that their needs were met. However, the care plans we viewed were sometimes incomplete or lacked information. People's needs had not been consistently and regularly reviewed.

We viewed the care plans for five people who used the service. They were organised but inconsistent in their contents. Their content varied in regards to the amount of information the staff had to support people with their individual needs. For example, we saw that one person had a detailed care plan to help staff support them with their diagnosis of dementia. This gave information such as how best the staff could interact with this person and approaches that have worked well in the past to ensure the person remained calm and content. However, when we looked at the care plan for another person living with dementia, there was no care plan in place dedicated to their diagnosis.

A third person had been diagnosed with a specific medical condition. Although this person's physical wellbeing care plan referred to this condition and its symptoms, there was no information on how staff could support this person to feel well and comfortable whilst living with the condition.

We looked at the care plan of a person who had recently been admitted into the home. Although the person had been resident within the home for a few weeks, there were no care plans in place and little information for staff to be able to support that person. When we brought this to the attention of the registered manager, they told us a detailed pre-assessment had been completed which the staff could use to support this person. However, this could not be found within the care plan and the registered manager could not locate it. This was made available, and located within the care plan, on the second day of our inspection. When we asked the registered manager when they expected care plans to be produced, they told us the service's policy was within seven days of admission. This had not taken place.

From all the care plans we viewed, we saw that reviews of people's needs were inconsistent. Two of the five care plans we viewed had not been reviewed since November 2015. During inspection, it had been identified that one of those people's needs had changed and this was not fully recorded within their care plan. However, staff demonstrated they knew the needs of the people they supported and we saw care being delivered in a person-centred way that met people's needs.

We concluded that, although care records were not always complete or up to date, people's needs were met.

The people we spoke with had mixed views on the amount of activities available within the home. Most enjoyed those that did take place however a few told us they would like more trips outside of the home. One person said, "I would like some trips out and a few more activities to keep me stimulated." Another said, "I have never had to complain but I would like more trips out of the home so we can see somewhere different other than the home." Two people we spoke with enjoyed having the opportunity to meet with their friends within the home each afternoon. Another said how much they had enjoyed the recent cheese and wine evening.

When we spoke to staff they told us they catered for people's birthdays by making a cake and having a party if that was what the person wanted. During our inspection we noted that the activities planner was on display and up to date. We saw people making use of the many communal areas of the home. People sat together in small groups chatting and interacting.

People told us that the registered manager had spoken to them about more trips out of the home and that this was planned. The people we spoke with were satisfied that this was being addressed.

To support people's wellbeing and help them maintain relationships, the home had no restrictions on visiting hours. People's family and friends were able to come and go as they pleased. The people who used the service told us how important this was to them. One told us, "My [relative] likes to visit me on a regular basis and there are no visiting times so [relative] can come when they like and bring their dog which I really love." Another person said, "My partner can visit whenever they like and that is really nice."

All except one of the people we spoke with had had no reason to raise concerns or make a complaint. All the people who used the service, and their relatives, told us they would feel confident in doing this should the need arise. They told us they saw the registered manager regularly and that they checked everything was to their satisfaction. They had confidence the registered manager would address any concerns they may have. One person who used the service said, "I have no complaints. I am treated well and get all I need." Another told us, "The manager does chat to us to see if everything is all right." The relatives we spoke with agreed. One said, "We have no complaints about the care provided. The manager is very approachable if we did have a complaint. [Manager] always asks if everything is all right and if there's anything we need changing."

The person who had raised a complaint told us the registered manager had met with them to discuss their concerns and that they were awaiting an outcome. When we discussed this with the registered manager, they were aware of the complaint and were taking steps to address it.

Is the service well-led?

Our findings

The registered manager had been in post since November 2015. Although not new to the provider, the registered manager was new to the role at The Manor House. The registered manager had been open and honest in their approach and explained there had been issues at the service which were currently being addressed. They told us they felt supported in their role and that they saw members of the senior management team on a regular basis. During our inspection, the provider's quality and compliance officer was present.

We know from the information held about The Manor House that the service had reported events as required in the past.

The people we spoke with who used the service, their relatives and staff all had confidence in the registered manager. They told us they were supportive and accessible. One person who used the service said, "The home is well managed and serves my needs. The manager is very approachable and the staff are helpful." A relative we spoke with told us, "The manager always tries to make sure what we want happens." Another relative told us they found the registered manager to be responsive. The staff agreed with one telling us, "I have loads of confidence in [registered manager]." Another staff member acknowledged the difficult role the registered manager had since starting in post.

People who used the service told us the registered manager was visible and that they saw them regularly. They told us the registered manager maintained a good relationship with them. One person told us, "The manager usually walks around the home regularly so we all get a chance to speak to her." Another person said the registered manager "always had time for a chat" with them. The relatives we spoke with agreed. During our inspection we saw the registered manager around the home on a regular basis. We saw that the people who used the service responded positively towards them.

The service promoted an open, inclusive and positive culture. When we spoke to the registered manager they made us aware of the issues they had identified since starting in post and their plans for improvement. They told us how they were encouraging accountability amongst staff. This included allocating specific responsibilities to certain staff members. We saw from care records that staff signed to say what assistance they had provided to the people they supported. The registered manager told us that they were using informal team meetings at the end of certain shifts in order to learn from experiences. They stated this was to reflect on the day particularly if something had gone well or not so good. When we spoke to staff they told us they were consulted on issues. They told us ideas had been put forward, listened to and tried. We saw from the minutes of team meetings held that issues were openly discussed.

Good team work was evident during our inspection. The people who used the service told us they found the staff to be happy in their work. One staff member told us they felt supported by their colleagues and that "there was always someone around if you're having a bad day." We saw that staff were doing extra hours to cover for colleagues and to ensure there was continuity in the service provided. During the inspection we found the atmosphere of the home to be calm, friendly and efficient.

The management team had oversight of the service provided. Regular audits on the quality of the service were completed which resulted in actions plans aimed at improvement. During our inspection the provider's quality and compliance officer was present undertaking an audit. We saw that audits covered areas of the service such as preventing falls, medication management, activities, infection prevention and control and care plans. We saw that the audits had identified most of the issues highlighted in this report and that action plans were in place to address them. For example, the audits completed in February 2016 showed that improvements were required around care plan recording.

In addition, the service had identified that recording charts were not being completed regularly or consistently. For example, we saw that staff were to monitor all drink that a number of people were consuming. When we looked at these records there were gaps in the recording of information. However, we saw from an action plan that the registered manager had in place that this was due to be addressed.

At the start of our inspection, the registered manager also told us that they had identified that care plans required improvement. In response, the service had allocated a staff member to complete a monthly audit of care plans and action plans were in place to address this.

We concluded that the service had effective processes in place to monitor the quality of the service and drive improvement.

The service actively sought people's views on the service. Although this had not been recently completed on a formal basis via questionnaires, people told us their views were sought. They told us that this was carried out by the registered manager speaking to them regularly and by attending meetings. We saw that the last meeting held for the people who used the service and their relatives was in February 2016. We saw from the minutes of this meeting that the registered manager held a 'question and answer' session for attendees. We saw that questions were answered fully and openly.

The people who used the service told us they felt listened to. Their relatives agreed with one telling us, "The manager is very approachable and will listen to us".

We saw that regular staff meetings took place and were role specific. The service held 'heads of department' meetings on a weekly basis to cover all aspects of the service. We saw from the minutes of meetings that they were used for training and for staff to discuss their work. We saw that they were also used for the registered manager to inform staff and keep them updated with any changes. From the records we viewed, we saw that the service had acknowledged that there had been difficult periods for the staff. We also saw that the service had praised and encouraged their staff for the work they did.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (RA) Regulations 2014: Safe care and treatment The service had failed to mitigate the risks associated with the storage of chemicals. Regulation 12(1) and (2)(b)