Optima Care Limited

Optima Care Limited - 37 Spenser Road

Inspection report

37 Spenser Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

We carried out this inspection on 18 October 2016.

37 Spenser Road provides residential care and support for up to 13 people with learning disabilities. At the time of our inspection there were 13 people living at the home.

The service 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.

People, relatives and staff spoke highly of the registered manager who they described as approachable, caring and responsive. However, we were told the provider did not have a regular presence in the home and staff felt their concerns were not always listened to at provider level. There was little face to face contact with the provider's senior management and limited feedback which meant the registered manager and staff did not feel consistently supported.

Relatives and staff told us people who lived at the home were safe. Staff told us they would follow the provider's safeguarding policies and procedures and knew what actions to take if they had any concerns about people's wellbeing. Staff were effective in identifying risks to people's safety and ensured the focus was on managing risks rather than imposing restrictions on people by removing risks entirely.

There were enough staff on duty to meet people's care and welfare needs and keep them safe. Checks were carried out prior to staff starting work to ensure their suitability to work with people who lived in the home. New staff received an induction into the home which covered all the training considered essential to support people safely and effectively.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. When people were not able to give consent to their care and support, staff knew they must act in people's best interests.

Care plans contained information for staff to help them provide personalised care and to ensure people remained safe and to maintain their health. Care was reviewed regularly with the involvement of people and their relatives.

Staff supported people to manage their physical and mental health and supported them to attend medical appointments. People were given their medicines safely and as prescribed.

Staff were thoughtful and considerate in their interactions with people and took time to listen to what they had to say. Staff had a good understanding and knowledge of people's needs, routines and preferences.

Relatives were confident that staff treated people with dignity and respected their privacy and independence. Staff supported people to maintain family relationships which were important to them. People knew how to complain and could share their views and opinions about the service they received.

We found a 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.

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.

There were enough staff to meet people's care and welfare needs and keep them safe. Staff understood their responsibility to follow the provider's safeguarding procedures and report any concerns they had about people's wellbeing. People's needs had been assessed and risks to their safety were identified and managed effectively. The provider checked staff were suitable to work in the home. People received their medicines safely and as prescribed from trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs effectively. The registered manager and staff worked within the principles of the Mental Capacity Act. People were encouraged to make as many of their own decisions as possible. Where restrictions on people's liberty had been identified, appropriate applications had been submitted to the authorising authority. Other health professionals were involved in supporting people to maintain their physical and mental health. Staff were knowledgeable about people's individual nutritional needs.

Is the service caring?

Good

The service was caring.

Staff were thoughtful and considerate in their interactions with people and took time to listen to what they had to say. Staff ensured they respected people's privacy and dignity, and promoted their independence where possible. People were supported to maintain relationships with their family members and their confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

People received a service that was responsive to their personal

preferences. Care records contained detailed information about people's likes, dislikes and routines. People and their relatives were encouraged to be involved in reviews of their care. The registered manager responded promptly to any concerns raised.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager did not feel supported in the management of the home and staff did not always feel valued or listened to by the provider. Notifications about important events that occurred within the service had not always been sent to us as required by the legislation. People and their relatives spoke positively about the commitment of the registered manager to provide a service that ensured people had fulfilling lives.

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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 was 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.

The inspection visit took place on 18 October 2016 and was unannounced. The majority of the inspection visit was undertaken by one inspector. A second inspector supported the visit for a short time.

Before our visit we asked the provider to complete a Provider Information Return (PIR). The PIR 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 found the PIR gave good information about the service, but there had been some changes since the PIR was completed.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with two people who lived at the home and four relatives over the telephone. We spoke with the registered manager and four staff. We observed how people were supported during the day. We spent time observing care in the lounge and communal areas to help us understand the experience of people who used the service.

We reviewed two people's care plans to see how their support was planned and delivered. We looked at other records related to people's care and how the service operated. We checked whether staff were

recruited safely and trained to deliver care and support appropriate to each person's needs. We looked at the service's quality assurance audits, safety records and accident reports.

Good

Is the service safe?

Our findings

Most people who lived at the home had no or limited speech. We therefore spent time watching the interactions between people and the staff supporting them. We saw people were relaxed and responded positively to staff. Relatives confirmed they were confident their family members were safe living at 37 Spenser Road. Comments included: "There are always staff on duty and the door is locked" and, "They never neglect the residents, they come first and foremost." Another relative told us, "[Person] has been there many years and there has never been a problem."

Staff understood their responsibilities to keep people safe and protect people from the risk of harm. They told us they had received training in protecting people from the risk of abuse and understood their role in ensuring the safety of the people who lived in the home. Staff told us they would follow the provider's policies and procedures and report any concerns to either the senior on duty or the registered manager. One staff member told us, "We have lots of policies and procedures in place. If there was anything that happened abuse wise, we have safeguarding policies to follow." Staff told us they would escalate any concerns if they felt they had not been managed in accordance with the safeguarding procedures. One staff member explained, "I would go to the senior and tell them. If they didn't feel it needed to go to the manager but I did, I would go to the manager myself." Another member of staff told us, "We have a safeguarding number we can phone which I would use if I felt the matter had not been dealt with." The provider also had a whistleblowing policy and staff told us they would not hesitate to share any concerns they had about the work practice of another member of staff.

Relatives told us there were enough staff on duty to meet people's care and welfare needs and keep them safe. One relative told us, "There seems to be plenty of staff about." One person told us they felt safe in the home because there were staff around to look after them.

The registered manager explained there were usually five staff on duty each morning. This was increased to six members of staff on some days because of people's needs. For example, one person had one to one support from staff when they attended a day centre. The registered manager told us that due to staff vacancies, they had been using agency staff to ensure shifts were fully covered. They told us they tried to use the same agency staff so there was consistency in the care people received. Staff confirmed that staffing levels enabled them to provide the support people needed, but told us it was harder when agency staff were on duty. One member of staff explained, "We have had a lot of agency lately, the quality of agency staff has been good, but it is not as good as your own staff." The registered manager told us the provider was recruiting to fill the staff vacancies.

People were protected by the provider's recruitment practices. The provider checked staff were of good character before they started working for the service. The provider obtained two written references from previous employers, obtained proof of identity and checks were done with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. When people were employed from Europe a 'certificate of good conduct' was obtained from the European Police.

There were risk assessments to identify any potential risks to people. These contained detailed plans which informed staff how those risks should be managed to keep people safe, together with an analysis of whether the proposed activity was an acceptable or unacceptable risk. This meant there was a focus on positive risk management rather than imposing restrictions on people by removing risks entirely. Where risks had been identified when people were out, management plans enabled people to continue to enjoy activities as safely as possible. For example, there were risks assessments around people going swimming, going on holiday and crossing the road.

Some people when they were anxious presented with behaviour that could be distressing to them or others. There was information for staff about the signs people may display if they were experiencing anxiety and how to support people at those times. One relative described how their family member had a specific anxiety. They told us that staff understood this and managed it well. They explained, "Instead of leaving [person] they will take them out. They will ask if they want to go for a walk or swimming." The use of distraction meant there was no need for the use of restraint in the home.

We looked at how medicines were managed in the home. Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. Staff told us they received training in managing medicines safely and had regular checks to ensure they remained competent to do so.

Regularly prescribed medicines were delivered by the pharmacist with an accompanying medicines administration record (MAR). Each person's MAR contained their photograph to reduce the chances of medicines being given to the wrong person and included information about any known allergies they may suffer from. Staff recorded when each medicine had been given and signed the MAR to confirm this.

Completed MARs were checked for any gaps or errors by staff each time they gave people their medicines. In addition, a running stock count of medicines was maintained to ensure the right amount of medicines were in stock. Completed MARs were checked by the registered manager each week to ensure there were no gaps or omissions. These procedures made sure people were given their medicines safely and as prescribed.

Some people required medicines to be administered on an "as required" basis, for example for pain relief. There were detailed protocols for the administration of these medicines to make sure they were given safely and consistently. For example, information was provided to staff about how to support people if they were prone to epileptic seizures. This included descriptions of facial expressions or body language that could indicate a seizure. Guidance was provided to staff about when they should give medicines to support people safely should a seizure occur.

The provider had processes to ensure the safety of the environment. This included electrical, gas and water checks by external contractors. There were also procedures to minimise the impact of unexpected events such as a fire in the home. Fire risk assessments were in place and each person had their own evacuation assessment so staff and the emergency services would know what support people needed in the event of an emergency.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs and provide the care they required. Relatives were confident that staff had the training to effectively support the people who lived in the home. One relative told us, "They all seem to be very competent and very caring." Another said, "They have to do all the courses and examinations."

Staff received an induction when they started working at the home. This consisted of working alongside a staff member for two weeks and completion of an induction programme which covered all the training considered essential to support people safely and effectively. This included infection control, health and safety, supporting people to mobilise safely and safeguarding. The registered manager explained, "I like to do a two week shadowing period. The first week they don't do any personal care. I like them to go through the pen pictures of each client and get to know them before they do personal care." They went on to explain that interaction with the people who lived in the home was an important part of the process. A relative felt the induction process was effective and told us, "You can't beat in-house training. New staff learn from the older ones." A new member of staff confirmed they felt confident to carry out their role by the end of their induction and stated, "It was good and quite thorough."

New staff also completed the Care Certificate. The Care Certificate helps new members of staff to develop and demonstrate they have the fundamental skills they need to provide quality care.

Staff told us they received training so they knew how to support people effectively. Some training had been identified as essential by the provider and was 'refreshed' regularly. The registered manager told us that some staff had not been able to complete refresher training when it was due earlier in the year because of staffing pressures. However, the registered manager was confident staff continued to implement the training they had previously received because they often worked alongside them and were able to observe their work practice. The registered manager explained, "Most of the staff have been here a long time so I know how they all work….I spend quite a lot of time on the floor and see how the staff interact with the service users and if I did see anything of concern I would be the first one to say something." Our observations found the staff team had a good understanding of the needs of the people they supported and communicated effectively with them and each other.

The registered manager supported staff to access other training to meet the changing needs of the people who lived at 37 Spenser Road. For example, due to one person's needs staff had completed a distance learning course in caring for people living with dementia. Other training included end of life care, mental health and equality and diversity. Staff were also encouraged and supported to complete additional training for their personal development. This included completing nationally recognised qualifications in health and social care which are work based awards achieved through assessment and training.

Staff told us they felt supported by the registered manager and other staff because they had opportunities to talk about their practice and personal development through supervision and staff meetings. Supervision is a meeting for staff to discuss and improve their practice, raise issues and access the support required to

fulfil their role in a formal meeting. One staff member described the supervision sessions as 'great' and said, "We write down what we feel, we discuss it and any ideas are pushed forward."

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. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility to comply with the requirements of the MCA. Care plans ensured staff worked in a person centred way and provided support in the least restrictive way possible. Where required, mental capacity assessments had been undertaken for specific decisions that needed to be made. For example, assessments of whether people had the capacity to consent to support with personal care or support in the community. The registered manager explained that where people did not have capacity to make a complex decision, healthcare professionals and those closest to them were consulted to ensure any decisions made were in the person's best interests.

Staff worked within the principles of the MCA. Staff understood the importance of supporting people to make as many of their own decisions as they were able to. When people were not able to give consent to their care and support, staff knew they must act in people's best interests. One staff member explained, "They are all given choices. With some it may need a bit of prompting to encourage a decision. They still have to be given the same rights and choices as everybody else." Staff told us they would respect people's right to refuse support. One staff member told us, "You would try and explain why (they needed support) and encourage them. If they said 'no' I would get another member of staff to try and if they still said 'no', it is their choice." However, they went on to explain that if it was a refusal that could compromise the person's health or safety, they would report it to the senior or registered manager so the situation could be assessed further.

The MCA and Deprivations of Liberty Safeguards (DoLS) require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Applications had been submitted where potential restrictions on people's liberty had been identified. The registered manager told us they needed to complete a DoLS application for a person who had recently moved to the home. They assured us this would be completed as a matter of urgency.

We looked to see whether people received a balanced diet. Menus were planned in advance and discussed during meetings with people who lived in the home. The main meal was served during the evening and people had two options to choose from. One person described the food as "lovely".

Some people had problems swallowing and had been referred to a speech and language therapist (SALT) for support. Others had allergies to certain foods. Staff we spoke with were knowledgeable about people's individual nutritional needs and how they needed their meals and drinks prepared to minimise any risks to their health. Staff encouraged people to have sufficient food and drinks to maintain their health.

Staff supported people to manage their physical and mental health. Staff recorded people's appointments with health professionals, such as psychiatrists, dentists and doctors, together with the advice provided. Information was clearly documented in people's Health Action Plans (HAPs). A HAP is a personal plan about what people need to do to stay healthy. Relatives confirmed they were always informed if people's health

changed. One relative told us, "If [person] has needed to go to the doctors, they always tell me."

Good

Is the service caring?

Our findings

During our visit we saw some relaxed and caring interactions between staff and the people they supported. One relative told us that staff were aware of what caused their family member anxiety and always offered positive distraction at those times. They said, "I think that shows they are caring." Another relative spoke highly of all the staff and said, "They love all their clients." We also saw caring relationships between some people who lived in the home. They showed interest and concern for each other and clearly enjoyed each other's company.

People appeared comfortable around staff and did not hesitate to approach them and ask for assistance. Staff were aware of people and offered support and reassurance as they moved around the home. Staff were thoughtful and considerate in their interactions with people and took time to listen to what they had to say. Staff involved people in making decisions about the care and assistance they provided and respected their responses. When we spoke with staff, they demonstrated a good understanding and knowledge of people's needs, routines and preferences. One relative told us, "[Person] always has to have a toy with them and they (staff) always make sure they have got it."

We asked staff if they thought the service provided at 37 Spenser Road was caring. They all told us they did with one staff member saying, "It is, because not only do we look after the service users but we have an understanding and rapport with them. We understand their requirements and we change as they change as well." Another member of staff explained, "We all do our absolute utmost to help people to be happy and live their lives to the full."

Relatives told us they had no doubts that staff treated people with dignity and respected their privacy and independence. One relative told us, "[Person] needs space on their own and when they are in their room staff make sure they have got the radio on. They always seem to be thoughtful of what the clients need." They went on to explain, "If I phone up and [person] is in their room, I always hear them knock on the bedroom door before they enter." Another relative told us, "They give [person] time in the shower and respect their privacy and wait for them to ask for assistance rather than just providing it."

Staff supported people to make their own personal space in their bedrooms. People's rooms were individualised, contained their own personal items and they were encouraged to make these comfortable to suit their needs and preferences. People were involved in making decisions about how their rooms were decorated and choosing the colour schemes. One relative told us, "[Person] is blind but when they decorated their room, [person] chose the colours and they got the colours they wanted."

People were encouraged to increase their independence where possible. Each person was given a set of 'goals' to develop their daily living skills. A staff member explained, "One of [person's] goals is to bring their cup to the kitchen area after they have had a cup of tea. Another is to help put the Lego in the box. They like to participate in that and they enjoy it because they smile afterwards." Another person's goal was to make their own sandwiches at lunch time. During our visit we saw people being encouraged and prompted to tidy things away and undertake some tasks themselves. A member of staff told one person, "I have just put some

clean clothes on your bed. When you get a chance can you put them away?"

People were supported to maintain family relationships which were important to them. Relatives told us that staff were supportive of them and did their best to facilitate contact when they were unable to visit. One relative explained, "If [person] wants to talk to [relative's name], staff will get on the phone and say, [person] would like to talk to you." Another relative told us about an occasion when their family member had a fall during a 'home visit'. They said, "A member of staff came straight over and sorted it out."

Staff understood the need to respect people's confidentiality. One staff member told us, "If there is anything anyone wishes to speak about privately we will go into another room. We have a data protection policy and we would not give out any information that wasn't necessary to anybody."

Good

Is the service responsive?

Our findings

Relatives we spoke with were confident that staff in the home were responsive to the needs of their family members. One relative told us, "[Person] has a very good life, far better than our expectations could be." Another said, "They (staff) are just so good. [Person] has been in a couple of homes before, but nothing like where they are now. You can tell when [person] isn't happy and they are very, very happy. It is lovely."

Before people moved to live at Spenser Road there was an assessment period during which they visited the home for short periods and went on outings with others living there. This ensured the service could meet the person's needs and they integrated well with the other people. It also provided an opportunity for staff to get to know the person and how they wanted their care to be provided. One person had recently moved to the home who had limited vision. Prior to the move, a representative from a local charity for blind people had visited the home to provide advice about how the environment could be adapted to support the person. This had included painting railings in the corridors in bold colours to provide definition and to help the person orientate themselves around the home. A member of staff described the gradual introduction period for this person as positive and explained, "We got a good chance to speak to [person's relative] about their likes and dislikes so we had a good idea of how to help them feel comfortable and make the transition."

We looked at two people's care plans. We found they were personalised and each file contained information about the person's likes, dislikes, preferences and the people who were important to them. For example, there were care plans which detailed people's daily routines. These were person centred and gave staff guidance on how the person wanted or needed to be supported to make sure they had a good day. Care plans also included information to guide staff on how people needed to be assisted to ensure they remained safe and their health was maintained.

Some people had limited verbal communication. There was information which informed staff how people would demonstrate their feelings non-verbally. For example, one person's care plan explained they would sing and laugh loudly when they were happy and described the signs they would display if they were angry or sad. This enabled staff to understand and respond to the person's emotional needs.

Some parts of the care plans were in an easy read format so people were able to understand them more easily. One person asked if we were going to look at their care plan which demonstrated that they were aware of it and involved in planning their care. They told us staff went through the care plan with them and another person had signed to confirm their involvement in a review of their care plan.

Relatives told us they felt involved in planning how their family member's needs should be met. Families were involved in formal reviews of the care provided along with any professionals involved. The reviews provided an opportunity to discuss any changes required. The registered manager explained that staff kept relatives fully informed about their family member outside the formal review process. They told us, "I speak to most of the families once a month and we do a monthly update sheet at the beginning of the month to let the families know what people have been doing." One relative confirmed, "If anything comes up I get a

phone call from [registered manager] and she keeps me in the loop constantly."

There were enough social activities to keep people occupied and people chose these based on their individual preferences. Activities offered included horse-riding, bowling and going to the cinema. One person regularly went to a local gym and two others attended a day centre several days a week. Staff felt there was enough going on to keep people busy, but told us that because of personal budgets, most activities were carried out as a group rather than on a one to one basis.

Staff supported people to socialise with others in their home environment. Relatives told us they were regularly invited to the home for events such as Christmas parties and summer barbeques. This gave them the opportunity to socialise with their family member and the other people who lived in the home and their relatives. One relative told us, "They always send me an invitation and make sure it is sent in good time." Another relative explained, "They had a coffee morning last month to raise money for McMillan." One person liked to cook and entertain. A member of staff explained, "[Person] will sit down and discuss with the manager and their keyworker what they would like to do for a three course meal. They will invite a couple of people from another home in the area. They will send out a proper invite and invite them over."

People and their relatives told us if they had any concerns they would refer them to the registered manager. They told us the registered manager was always available and listened to what they had to say. One relative told us, "If ever there has been a concern it has been dealt with straightaway." Another relative said that staff would not hesitate to contact the registered manager if an issue arose when they were not in the home. There had been no complaints recorded in the twelve months prior to our visit.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they felt supported and valued within the home, but they did not feel supported or valued by the provider. One staff member told us, "Within the home itself I feel valued, but within the company as a whole, no. We have had a few meetings with people from head office. You get told 'yes, yes, yes' and then there is no real feedback about the issues." When we asked how frequently senior management from the provider visited the home we were told, "Nobody from head office really comes here. I think it can knock morale sometimes because you don't feel you are listened to. If you had any real concerns, I don't think you would bother reporting it to head office if I am honest." One staff member told us, "There was an issue with a service user who was very poorly and we didn't feel we got the support or encouragement. We can talk to [registered manager] but nobody outside the home. We did raise it but we didn't feel we got the support."

Staff felt that the provider's lack of presence in the home meant they did not know the people who lived in the home or understand their needs. "If you were to say to them, 'who is that service user' they wouldn't know who that service user was. I understand it is a business but from a carer's point of view, you want them to care as well." We raised these issues with the registered manager who accepted that staff morale was low. They told us, "I'm more like a counsellor to the staff and I can't keep doing it."

The registered manager did not always feel supported by the provider in the management of the home. They told us they had raised the issue of staff training not being up to date with the provider. As staff were working extra shifts due to staff shortages, and because most staff did not drive, the registered manager had requested that training be delivered by the provider's training manager 'in house' rather than at head office. No action had been taken by the provider at the time of our inspection visit. This meant not all staff had completed training in accordance with the provider's own identified timescales.

The registered manager, independently of the provider, sourced training specific to the needs of the people living in the home. This was done through 10 week distance learning courses which staff mainly completed in their own time. The registered manager explained, "Some staff did end of life care because we had someone with cancer. The distance learning courses we have all done in our own time because we want to get them done. The dementia one we all did here together because we had to support each other."

The provider completed a number of audits to ensure the quality of care people received in the home. For example, an infection control audit had been completed in December 2015. An action plan had been produced as a result of the audit which included the replacement of the carpet in the sensory room. This action had been completed directly following the audit. A service audit in October 2015 had identified that daily counts of medicines should be undertaken for medicines that were not dispensed in blister packs. We observed this was in place which evidenced that identified actions had been completed. However, no provider audits had been completed to date in 2016 to ensure the quality of care was maintained.

We were told the registered manager undertook audits, but there was little face to face contact with senior management at the home and there was limited feedback. For example, we looked at the accident and incident forms that the registered manager had submitted to head office. The accident and incident forms

contained information about what had occurred and the immediate action taken to manage the situation. However, they did not contain any information about actions taken to identify the cause of the incident or any actions taken to reduce the risk of a similar incident occurring again. There was no analysis to identify any emerging trends. We could not be sure whether this had been identified by the provider as the registered manager had not received any feedback.

We were told at the beginning of 2016, the service received a visit from the area manager who was due to complete appraisals and supervisions. No further action had been taken. The registered manager had not had any supervision meetings with their immediate line manager for six months. The registered manager had tendered their resignation four weeks prior to our visit. Due to lack of oversight and staff feeling unsupported by the provider, we could not be sure the level of care people received would be maintained once the registered manager had left the service.

The provider has a legal requirement to send us notifications about important events that occur within the service. For example, the provider is required to send us notifications when any DoLS applications have been approved. These had not been sent. We also identified an incident that had been referred to the local safeguarding team. The referral had not been accepted by the safeguarding team, but should have still been referred to us so we could be sure appropriate action had been taken and plans put in place to keep the person safe. We had not received a notification.

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

People and their relatives were happy with the care provided within the home. One person told us, "It is lovely. I like the staff." Comments from relatives included: "I think it is fantastic," "[Person] has the most excellent care" and, "We are more than happy." This was because the registered manager was well known to people and their relatives. Every person we spoke with was very positive about the registered manager and the care they demonstrated for the people who lived in the home and the staff who worked there. When we were talking with one person they pointed towards the registered manager and said, "Isn't she nice, she is my friend." Another person told us, "I love [registered manager]." Comments from relatives included: "She [registered manager] is a lovely person, she is very caring with her clients and also with the staff," and "I think she is a wonderful person. I don't think anybody would not sing her praises."

The registered manager was committed to ensuring people who lived in the home received high quality care and lived a fulfilling life. For example, two people were due to go on holiday, but a member of staff who was due to support them was unable to go at the last minute. The registered manager gave up their time to support the trip because they did not want to disappoint the people involved by cancelling. The registered manager also provided cover at night when they were short staffed. They explained, "If someone phones in ill at night I feel I have to cover it because I don't like strangers in the home at night. You can't have agency at night."

Staff told us they felt supported by the registered manager. One staff member told us, "[Registered manager] is great. She is a good manager." Another said, "I think she really cares genuinely about all the service users here and will do her utmost to make sure they are happy and their needs are met."

Staff told us they had regular staff meetings which they found supportive of their work within the home and from which they received feedback. One staff member told us, "We have one a month. They can be very productive. We have a piece of paper in the staff cupboard we can put down issues we want to raise at the meeting and afterwards we get a feedback letter from [registered manager] which we all sign."

People were asked their views of the home at meetings that were held every six months. During the meetings people were asked about what meals they would like and what activities they would like to do. One person had asked for pasta bake and we saw this had been included on the menu.

Relatives told us they felt informed and involved in the service and were asked their views through regular questionnaires. One relative told us, "We fill out a form twice a year to say if we are happy with the service." The responses to the last questionnaire were positive in all areas.

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 The provider's systems and processes to assess, monitor and improve the quality of the service were not always operated effectively and consistently.