

Blue Mar Limited

Haunton Hall

Inspection report

Haunton Hall
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Tel: 01827373631

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 January 2017 and was unannounced. On our previous inspection in March 2016, we found that medicines were not always managed safely; we saw that there was not always enough staff available to deliver people's planned care and they had to wait for support with personal care. Where people no longer had capacity to make decisions, assessments were not completed accurately to support people to make some decisions for themselves. Applications had not been made to ensure any restriction placed upon people, was lawful. Quality monitoring checks had been carried out although these had not identified where people may be at risk. On this inspection we saw improvements had been made although further improvements were still required.

The service provides support and nursing care for up to 90 older people, some of who may be living with dementia. At the time of the inspection there were 43 people who used the service as the provider was carrying out a refurbishment programme to some parts of the building. The service had four separate units; two nursing units, a general residential unit and a residential unit for people living with dementia.

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 staffing provided had been reviewed however, when staff were not available, some people were not able to summon support from staff to maintain their safety.

Improvements had been made with how medicines were managed. However, where people were prescribed medicines on an 'as required' basis, information was not available to ensure all staff knew when these were needed. Prompt action was not always taken to ensure medicines were administered in a form that people could take. Further improvements were needed.

Staff sought people's consent before they provided care and support. However, where some people may lack capacity, assessments had not always been completed to ensure decisions were only made by others when they lacked capacity to make decisions themselves. Where people had restrictions placed upon them in the dementia unit to ensure their safety, applications to ensure these were lawful had been made. However, it had not been identified that other people were subject to restrictions. Further improvements were needed.

Quality systems to monitor and improve the quality of care were carried out and identified where some improvements were needed. However the fire safety systems needed further improvements and evidence that action had been taken was not available.

Risks to people were identified and staff knew how to provide support to reduce the risk of preventable

harm. Staff understood their responsibilities to protect people from harm and knew how to raise any concerns. Staff received training and support and when they were new to the service; they worked alongside experienced staff and spent time with them so they knew how to provide the care they wanted.

People had opportunities to be involved with a variety of activities and could choose what to be involved with and were treated with kindness, compassion and respect. People liked the staff who supported them and had developed good relationships with them. People maintained relationships with their families and friends who were invited to join in activities with them.

Health care professionals visited the service to provide additional healthcare services to people. Where people needed to have their food and drink monitored, systems were in place to ensure health support was sought promptly to ensure people were well. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People knew how to complain about their care and complaints were managed in accordance with the provider's complaints policy. People were confident they could raise any concerns and were complimentary about the registered manager and staff. They told us the registered manager was always available and was approachable.

We found breaches 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?

The service was not always safe.

Staffing was not always organised to ensure people received prompt action when they needed this, as systems were not always available for people to summon support. Information to ensure people received all their medicines when needed was not available. Risks to people's health and wellbeing were identified and staff knew how to minimise risks to people. Recruitment systems were in place to ensure staff were suitable to work with people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Where people did not have capacity, it was not always evident how all decisions had been made in their best interests and some people may have restrictions placed on them. Staff understood the importance of gaining consent from people prior to providing care. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

There were caring respectful interactions between people and staff, who ensured people were able to maintain their dignity. People were able to decide how to be supported and how to spend their time. Friends and relatives were welcomed into the home.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People received personalised care and support and staff knew people's individual preferences. A range of activities were arranged based on people's interests in the home and there were opportunities for people to go out. People knew how to raise concerns and complaints and were confident they would be resolved to their satisfaction.

Is the service well-led?

The service was not always well-led.

Systems were in place to assess and monitor the quality of the service although the provider had not identified where all improvements could be made. People and staff were able to approach the manager who was supportive and promoted positive values.

Requires Improvement ●

Haunton Hall

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 January 2017 and was unannounced. The inspection was undertaken by two inspectors.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with eight people who used the service and four relatives, seven members of care staff, the deputy manager and the registered manager. We also consulted with commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality assurance reports and staff recruitment files.

Is the service safe?

Our findings

On our last inspection visit we identified concerns as there were insufficient staff on duty to meet the support needs of people who used the service. These issues constituted a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made, although the way staffing was organised needed to be kept under review, to ensure people were safe.

On this inspection we saw the registered manager had reviewed the dependency levels of people who used the service to determine the number of staff on duty during the day and night. There were two staff on duty in each of the four units and a registered nurse supported the staff within the two nursing units. The registered manager and deputy manager, along with activity staff worked in the home to provide additional support. Although we saw there was sufficient staff to meet the needs of people who used the service, the staff explained that at times, when they had to take their breaks or escort people to hospital for example that there may be only one member of staff on duty. Staff from within the home provided additional support and helped where this may be needed. One member of staff told us, "It would be better if there could be another member of staff available to cover the whole home; that way breaks and emergencies would be covered and this would be better for people."

People had mixed views about the number of staff available to care for them. One relative told us, "The staff are lovely and work really hard. It's difficult for them as if they are helping someone they can't be in two places at once." Other people were happy with the response from staff. One person told us, "I think there are enough staff, they seem to manage really well." A relative told us, "I never need to worry about the staffing here." We saw the staff had time to spend with people and to engage in conversation and carry out activities. One member of staff told us, "Things are better now and at meal times, the kitchen staff provide support with serving meals and bring the food to each unit. This has helped. If we wanted anything we were always the ones to have to go and fetch things. Now other staff come to us instead which means we are still here for people." The registered manager agreed that staffing had been organised to meet people's needs however, the current staffing meant there was little flexibility to cover for emergencies and when staff took their breaks.

During our inspection one person fell in their bedroom and sustained injuries. They were found when staff carried out routine checks. The person had not been able to summon support as they had been unable to reach their call bell. This meant people did not always have the means to gain support when staff were not available which put them at risk of harm. People spent time in the lounge areas and staff were not always available when they were providing support to people in other areas of the home. The manager had reviewed people's safety and staff were now making regular visits into the lounge to check on people's welfare. In communal areas there were limited call bell facilities and in the event of an emergency people were not always able to summon staff support. One person told us, "If I need the staff, I have to shout but not everyone can do that." Another person told us, "I'd wait until the staff came back." People had call bells in their bedroom and one person said, "I feel safer when I am in my room at night as I can call for someone if I'm in trouble but I can't do that in the day."

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

On our last inspection improvements were needed with how people's medicines were managed within the residential units. On this inspection we saw improvements had been made, although further improvements were needed. One person had been prescribed antibiotics and this had not been prescribed in a liquid form which was how they preferred to take any medicine. Prompt action had not been taken over the Christmas holiday period to request the medicine was prescribed in liquid form; this meant there had been a delay in starting this. We brought this to the attention of the registered manager.

A number of people were prescribed medicines 'as required' (PRN). These are medicines that are prescribed and are not taken regularly and included pain relief. We saw staff discreetly asking people if they wanted any pain relief medicines and one person told us, "If my leg is bothering me, I can have some extra tablets and the staff ask me if I need anything." One member of staff told us, "We are lucky as a lot of us have been here for a long time and know people really well, and can tell if people are in pain or anxious so if they are prescribed this, they can have some more." However, we saw individual medicine plans weren't written in relation to these to ensure that staff had guidance to follow about when to administer all medicines and the amount to give.

People were happy with how they received their medicines and one person told us, "The staff have all my tablets now and I get them when I should. It's easier now I don't have to bother with them." Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. One member of staff told us, "If the manager feels we need to make improvements with how to do the tablets, we have to have more training to make sure we are safe." We saw the staff were patient and sat with people when they offered them their tablets and ensured they were taken before leaving people.

People's risks of avoidable harm associated with their care had been assessed. For example, when people needed to be moved safely or needed support to eat, we saw there were management plans in place to guide staff on the most effective way to support people and reduce their risks. The staff knew how to use moving equipment and which sling to use to keep people safe. One member of staff told us, "We work well together to make sure people are moved safely. Some people are quite poorly and it's important we do this with care." Where people were cared for in their room, the moving and handling risk assessment was available for staff to refer to. Records were completed when people were supported to change position to help prevent sore skin developing associated with pressure. Checks were carried out on equipment people used to help prevent their skin becoming sore. Some people used specialist mattresses and the pressure was checked to ensure it corresponded with the guidance from health professionals and matched the requirement for the person's weight. One person told us, "My mattress is comfortable. I have a special mattress as I spend a lot of time in my bed. It seems to work well as I don't get sore."

Staff understood the importance of safeguarding people and their responsibilities to report this. Staff had a good understanding of the provider's safeguarding policy. They told us they had received training about this, knew how to recognise the signs of potential abuse and knew what to do when safeguarding concerns were raised. One member of staff told us, "If we notice anything then we report it to the manager. We've had safeguarding training and know we can report it to the local authority too." Where people were at risk of harm, safeguarding referrals had been made to ensure incidents were investigated.

Staff understood the actions they needed to take in an emergency. People had a personal evacuation plan so that staff knew how to support people to evacuate the building in an emergency. These had been

reviewed to reflect the changing dependency levels and support needs of people. One member of staff told us, "The information is in the entrance hall so if there was ever a fire we could get this information really quickly."

When new staff started working in the service, the registered manager checked staff were of good character, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Checks were made with the Nursing and Midwifery Council (NMC) to ensure the nursing staff had maintained their professional registration status and were fit to practice as a nurse.

Is the service effective?

Our findings

On our last inspection visit we identified concerns with how people could make decisions when they no longer had capacity. Restrictions had not been identified and applications had not been made for these people to ensure any restriction was lawful. These issues constituted a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made, however further improvements were still required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. New capacity assessments had been developed to ensure assessments were time and decision specific and staff had received training to help them to understand how a person may lack capacity. The registered manager told us, "We have had the training now but we need to make more improvements as capacity assessments need to be completed in all areas of the home." One member of staff told us, "We've had some more training to help us to recognise where people might not be able to make some decisions. We know that if people haven't got capacity to make decisions, then other people can help them in their best interests."

Since our last inspection the registered manager had identified that some people who lived within the dementia unit may be restricted, as they needed support to remain safe in the community. One member of staff told us, "We've applied for DoLS for people living in the dementia unit because there is a key pad and people aren't able to go out unless they have staff support." We saw DoLS applications had been made for these people to ensure restrictions were lawful. We saw other people who were receiving nursing care may also have restrictions placed upon them and staff told us they did not have capacity. Applications for these people had not been made. The registered manager had not identified any restriction, as people were able to move freely around the home. The registered manager told us, "We concentrated on the dementia unit because there is a key pad, but we need to look at everyone in this home." This showed that further improvements were needed.

These issues constituted a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt that the staff had the skills and knowledge to meet their needs. When new staff started working in the service, they completed an induction that prepared them for their role before they worked unsupervised. One member of staff told us, "New staff are given time to get to know people and work

alongside experienced staff. We have a good mix of staff here and it works well that newer staff are supervised before working on their own." New staff completed the care certificate as part of their induction. The care certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. One member of staff told us, "The induction helps, especially if you are new to care. It gives you enough information so you can work safely."

Staff were supported to gain knowledge and the skills they needed to care for people. Some people who used the service were living with dementia and staff spoke enthusiastically about the dementia training they had received. One member of staff told us, "It really made you think and gave you a different perspective. The training included watching a film about a woman wearing a red dress who we thought was being abused and chased. In the end, we realised the young woman was an older person living with dementia and that was how she saw herself. I really learnt a lot from this." Another member of staff told us, "You have to think about how people see themselves. There's no point in putting a photo on their bedroom door if that's not how they see themselves." We saw there was a process in place to check that staff training was completed and whether staff had understood this. For example, staff received checks to ensure they were competent to administer medication. One member of staff told us, "We now get checked to make sure we still know how we are doing medication and what to do if something goes wrong. I think this is good as we need to do it right."

Staff felt supported by the registered manager and senior staff. The staff received supervision and the support arrangements gave them opportunities to discuss any concerns, review their performance and identify any training needs. One member of staff told us, "I meet with the manager and we talk about how I'm doing and if I need any help or more training. I find these useful and it's good to have the time to talk about what we do."

People were offered a choice of food and drink. One person told us, "The food is excellent here. If I don't like something they make me something else." People were offered frequent drinks throughout the day and we saw that when people were supported to eat or drink, the staff were patient and kind and spoke with them to give encouragement. Some people received their food and drinks through a tube fitted to their stomach because they had difficulty swallowing food and drinks. We saw that staff had been trained how to deliver this type of feeding known as 'PEG feeding' and completed the procedure in a competent manner. One member of staff told us, "The nurses make sure the PEG feed is setup right but we've had training to make sure we recognise if something is wrong and when we do personal care we make sure the area is clean and there are no problems."

People had access to their GP and other healthcare professionals. Timely referrals had been made to health professionals when people were unwell or when staff had identified that people were losing weight. One relative told us, "The staff are very good if [Person who used the service] is ill. They became ill recently and they went to hospital straight away."

Is the service caring?

Our findings

On our last inspection we found that improvements were needed as people did not always receive dignified or respectful care. On this inspection we saw improvements had been made and people were treated with dignity and respect. When people were provided with personal care, they were discreetly asked if they wanted to use the bathroom. People were spoken with while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people when supporting people to move. One member of staff said, "Feel the chair. That's it, well done." Another member of staff said, "We'll start walking when you are steady. There's no rush, just take your time." We saw staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. Where people had spilt food or drinks on their clothes they were supported to change and personal hygiene before and after each meal was carried out discreetly.

People were supported with kindness and compassion. We saw one person commented they were feeling unwell and one member of staff said, "Would you feel better if I put my arm around you?" and the person leant against the member of staff. We heard another member of staff say, "Let me get you a blanket and keep you snug." People spoke positively about the care and support they received. One person told us, "I like it here. The girls are smashing and I like having a joke with them." We saw a member of staff supporting one person to brush their hair. They asked, "Would you like to look in the mirror to make sure I've done it properly?" One relative told us, "The staff show empathy and people are well cared for. [Person who used the service] always looks lovely and nicely dressed with their hair done."

People were able to make daily decisions about their own care. We saw that people chose how to spend their time and they told us they were able to choose what time to get up. One person told us, "If I want to go back to bed at any time, the staff will help me. They check on me to make sure I'm alright but I have my call bell if I need them." People were asked if they needed anything and staff asked how they were. Some people had limited communication skills and we saw that staff included them in any conversations that were taking place to ensure they were involved.

People were supported to stay in touch with family and friends as they were able to visit whenever they wanted. One relative told us, "It doesn't matter what time we visit. It's very flexible." Another relative told us, "We are always made to feel welcome and offered drinks and included in what is happening here. It was nice to be invited to the Christmas concerts and to be involved." We saw staff greeted visitors and chatted to them and knew who they were and spoke about recent events with them.

Is the service responsive?

Our findings

On our last inspection we found that improvements were needed with how people were supported to engage with activities that interested them. On this inspection we saw people had opportunities to engage in a variety of activities. People could choose whether to be involved with activities and if they wanted to spend time in their bedroom or alone, this was respected. One person told us they liked to spend time in their bedroom and said, "I have my own music system and I have some audio books. I can't read books any more so the staff arrange for me to have the tapes instead. I like to listen to them as I've always been a big reader." Another person told us, "I'm happy in my bedroom. The staff leave my door open so I can see what is happening. I prefer to watch rather than join in." One relative told us, "The staff motivate [Person who used the service] and keep them busy." Staff were proud of how they supported people to engage in activities and each other. One member of staff told us, "One person who used to stay here visits us and joins in with activities and events. They asked if they could carry on visiting and it was lovely to know we were getting things right and we love seeing them."

The lift was currently out of action and awaiting repair which meant that some people on the first floor were not able to join in the activities in the main lounge areas on the ground floor. One person told us, "I'd love to go downstairs but they have explained they are waiting for the parts for the lift to be mended. I usually go downstairs but the staff have made sure we don't miss out on anything. At Christmas when the singers and children came to visit, we had a separate concert upstairs. The band gave us a special performance." Another person told us, "We are lucky because we all get on up here. We like the same things and can keep busy. Yesterday we had hand massages which were lovely and today we are playing cards, flower arranging and bingo. I'm very lucky and tend to win. I like these games"

People were supported to go out and one person told us, "We had a mini coach and we went to a lovely garden centre before Christmas. I really enjoyed it there." A relative told us, "The staff took [Person who used the service] Christmas shopping. It was lovely to see them out and about." People could choose to go to a local day care provision. One person told us, "I like to see different people and get out. I have all the transport arranged and I enjoy going out."

People's needs were assessed before they had moved into the home to ensure they could meet their needs. One relative told us, "We were given an opportunity to look around and to ask any questions. We felt confident that they listened and wanted to know all about [Person who used the service]." The support people received had been regularly reviewed and care records updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Information about people's preferences, risks and daily care records were kept in people's room and available for them to read. One person told us, "If I want to have a look I can. I know they are there but I'm not bothered really as I know they do what I want them to do." A relative told us, "I look through the records in the room and if I've helped with anything or they have had a drink, I let the staff know so they can record it and they write this down. I like to be involved and the staff are very good, we work together." Another relative told us, "I always look at the care plan every month. Everything's there that I need to know."

The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life story with information about what was important to them. The staff told us this information helped them to understand the person and one member of staff said, "All the information about their history and what they like to do is as important as their care. If we know what people want and know more about them, we can provide a better standard of care. Some people can no longer speak to us and we can use this information to talk to them and help keep those memories." Another member of staff told us, "If we know what people like then we can organise activities. Some people find it difficult to carry on with some of their hobbies but we can look at adapting what we do."

People knew how to make a complaint and were confident they could express any concerns. One person told us, "If I wasn't happy, I'd speak to the staff and they'd sort it out. I have complained about the noise in the past and I wanted my door shut. The staff know this now and don't leave it open." One relative told us, "I know who to approach if I wasn't happy but I've no complaints. The manager is available and has an 'open door'." We saw where people had raised a concern or complaint; there was a copy of how this had been investigated. Letters had been sent to the complainants detailing any action demonstrating how changes had been made and how they had responded. The registered manager told us, "We prefer if people are happy so we want to put this right for them." We saw the complaints policy was displayed in the entrance hall informing people of how to raise concerns.

Is the service well-led?

Our findings

On our last inspection visit we identified concerns that effective systems were not in place to improve the service and provide safe and effective care. These issues constituted a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made although where fire safety concerns had been identified, evidence of action was not available

Fire safety audits had been completed although where risks had been identified; any action taken had not been recorded to demonstrate safe systems were now in place. We saw some bedroom doors did not close properly to prevent the spread of fire and smoke. The fire risk assessment recorded that bedroom and fire compartment doors should provide fire protection. We raised this with the registered manager to ensure all doors were checked and to provide us with evidence that all fire risks had been addressed. We also shared our concerns with the local fire department for them to consider.

We found improvements had been made within the service although further improvements were still needed. Systems to ensure people could summon support when staff were not present were not in place, which placed people at risk of harm; how staffing was provided needed to be kept under review. This resulted in a breach of regulation within our question 'Is this service safe?' Medicines management systems needed further improvements to ensure people received newly prescribed medicines promptly. Information was not available to describe when people needed to have medicines which were needed on an 'as required basis'. Where people lacked capacity, further improvements were needed to ensure decisions were only made when people no longer had capacity. Applications were needed to ensure any restriction was lawful. This resulted in a breach of regulation within our question 'Is this service effective?'

People were given the opportunity to have a say in what they thought about the quality of the service and they received quality surveys. One relative told us, "We were asked about what we felt about the home and how it could be better. I haven't seen the results of this but I told them I was happy." The registered manager had reviewed the responses and shared this at meetings for people and their family. The registered manager told us that attendance at the meetings was low and they agreed that the way information was shared, could be reviewed to ensure all people had access to the update. Where people and family members attended these meetings they spoke positively about how they received information. One relative told us, "We talked about the food and we had a meal together. It was nice to have a meal with [Person who used the service]."

Staff understood their right to share any concerns about the care at the home and were aware of the provider's whistleblowing policy. The staff told us they would confidently report any concerns and one member of staff said, "It's made very clear to us that we have a duty to report anything. We don't hide things here. People are too important to us and if something is wrong, then something needs to be done about it."

Incidents and accidents were reviewed to ensure risks to people were reduced, falls were investigated and referrals were made to external professionals as required. This was so that specialist advice was sought to

reduce the risk of further accidents and incidents from occurring again. For example, we saw referrals had been made to the community falls team in order for people to receive additional support and equipment to reduce the risk of falls.

People were happy with the management arrangements. People knew who the registered manager was and one person told us, "The manager comes in to see us. I forget her name but I know her face." The registered manager walked around the home during the day and spoke with people and staff and checked on the environment to ensure that people were safe. The registered manager told us, "I go around all areas of the home twice a day to check everything and everyone is well. People can talk to me at any time but this way, it means I can see everything too." The registered manager agreed that recording these monitoring visits would help identify the responsiveness of the service.

Staff had regular meetings to update them about changes in the home. One member of staff told us, "We talked about uniforms and how we feel more professional wearing them. We also talked about sickness and wages." The staff told us they enjoyed their work and valued the service they provided. One member of staff told us, "We are friendly and like our jobs. We work well as a team." Another member of staff said, "I try to treat everyone as I would like to be treated myself."

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They were proactive at keeping us informed of issues or concerns. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the front entrance hall in the service.

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 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person and in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risk to people's safety had not been assessed when receiving care and action had not been taken to mitigate such risks.