

Hulton Care Home Limited

Hulton Care Home

Inspection report

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27 July 2017

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Hulton Care Nursing Home (Nelson) on 26 and 27 July 2017. The first day was unannounced.

Hulton Care Nursing Home (Nelson) is registered to provide accommodation and personal care for up to 30 people. The service is not registered to provide nursing care. The home specialises in providing care for older people and people living with dementia and is situated in a residential area near to Nelson town centre. The home is divided into two areas with the Nelson suite providing care for people living with dementia. At the time of the inspection there were 30 people accommodated in the home.

The service was managed by 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.

This was the first inspection of the home since the registration of a new provider.

During the inspection we found there were three breaches of the regulations, in respect of the management of risks, care planning and the implementation of the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. However, risk assessments had not always been carried out in line with people's needs and preferences.

People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. People's medicines were managed appropriately and according to the records seen people received their medicines as prescribed by health care professionals.

People's mental capacity to make their own decisions had not been assessed and recorded in line the requirements of the Mental Capacity Act 2005. This meant there was a risk that some people may not be supported in the least restrictive way possible.

Staff were supported in their roles via a system of training, supervision and appraisal. The area manager told us that a new programme of staff training was due to be introduced. All staff had the opportunity to attend meetings and provide feedback on the service. Staff spoken with told us they were well supported and had confidence in the registered manager.

There were appropriate arrangements in place to support people to have a varied and healthy diet. People

had access to a GP and other health care professionals when they needed them. There were no restrictions placed on visitors and they were made welcome in the home.

Staff treated people in a respectful and dignified manner and people's privacy was respected. We observed people were happy, comfortable and relaxed with staff. People were offered the opportunity to participate in a variety of social activities. However, people were at risk of receiving inconsistent and unsafe support as care plans did not provide an accurate or up to date description of people's needs and preferences.

There was a complaints process in place and people were confident their concerns would be listened to and acted upon. However, at the time of the inspection, people living in the home did not have access to a complaints procedure.

The registered manager used a number of ways to assess and monitor the quality of the service, which included feedback from people, their relatives and staff, however we found a number of shortfalls during the inspection. The registered manager was forward looking and told us she was committed to making improvements to the service.

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 consistently safe.

Risk assessments had not always been carried out in line with people's needs and preferences.

Staff knew how to recognise and report any concerns to keep people safe from harm.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005.

Staff were appropriately supported to carry out their roles effectively.

People were supported to have a sufficient amount to eat and drink. People had access to appropriate healthcare services.

Requires Improvement ●

Is the service caring?

The service was caring.

People appeared relaxed and comfortable and a good rapport had developed with the staff team.

People's privacy and dignity was respected and people were supported to express their views.

Good ●

Is the service responsive?

The service was not consistently responsive.

Requires Improvement ●

People could not be assured that they would receive the support they required as care plans did not all contain accurate, up to date information about the support people needed.

People were given the opportunity to participate in social activities both inside and outside the home.

People felt able to raise any concerns and there was a complaints policy in place. However, people did not have access to a complaints procedure.

Is the service well-led?

The service was not always well led.

There were systems in place to assess and monitor the quality of the service, which included seeking feedback from people living in the home, their relatives and the staff. However, we found shortfalls in several aspects of the operation of the service.

The home had a manager registered with the Commission. All people and staff were complimentary about the management of the service.

Requires Improvement ●

Hulton Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Hulton Care Nursing Home (Nelson) on 26 and 27 July 2017. The inspection was carried out by one adult social care inspector and the first day was unannounced.

In preparation for our visit, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the four staff, eight people living in the home, three relatives, the deputy manager, the registered manager, the area manager and a visiting healthcare professional.

We looked at a sample of records including four people's care plans and other associated documentation, two staff recruitment files, induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, 20 medicines administration records, audits, action plans, policies and procedures, service certificates and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us, "I feel safe and sound here. Everyone gets on, which is nice" and another person commented, "I feel safe because the staff understand what I want and what I need." During the inspection we observed people were comfortable around staff and appeared happy when staff approached them.

We looked at four care files and considered how the provider managed risks to people's health and safety. We saw that some individual risks had been assessed in relation to nutrition, skin integrity and restricted mobility. However, we found that information in people's care plans and risk assessments had not always been updated in a timely manner. For instance, according to one person's records they had experienced a steady loss of weight over the last 12 months, however, their nutritional risk assessments had not been updated since May 2017.

We also found some risk assessments had not been carried out in line with people's needs and preferences. For example one person experienced times of agitation which manifested in behaviour which challenged the service. There was no risk assessment in place to assess the risks of this behaviour and there were no management strategies drawn up to help staff manage risks in a safe and consistent manner. Further to this, another person told us they wanted to have a bath without staff support. This situation had caused the person to experience distress and frustration. However, a risk assessment had not been undertaken to assess the risks involved in the person independently having a bath. This meant staff did not have current up to date guidance to help them manage risks appropriately.

The provider had failed to assess and mitigate the risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act Regulations 2014.

A fire risk assessment had been undertaken and this had been reviewed by the area manager in consultation with the Fire service. Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. However, some of the risk assessments were not dated so it was unclear if the assessments contained up to date information.

We looked at records kept in relation to accidents and incidents that had occurred at the service. The registered manager informed us she checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals as appropriate, for example to the falls team and the rapid intervention team. We saw records to demonstrate the information gathered on accident and incident forms was analysed in order to identify any patterns or trends. The registered manager also discussed the actions taken to minimise further falls at Falls meetings with staff.

We checked the arrangements in place for the maintenance of the premises. We found a handyman employed by the provider visited the home on a weekly basis to carry out routine maintenance and repairs. Staff undertook regular checks on the fire systems, water temperatures, call points and equipment. We saw the electrical and gas safety certificates were in date and noted appropriate arrangements were in place for servicing the fire systems including the fire extinguishers.

We looked at what steps the provider had taken to ensure people were protected against the risk of abuse. We found there was a policy and procedure in place and information was displayed in the deputy manager's office and the staff office. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

We checked two recruitment files for staff recently employed by the service and noted appropriate checks had been carried out before the staff members started work. The staff had completed application forms and been interviewed for roles within the service. In addition to the interview, appropriate checks were carried out which included a record of the staffs' previous employment history, references from previous employment, their fitness to do the job safely and a DBS (Disclosure and Barring Service) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. New staff completed a probationary period during which their work performance was reviewed at regular intervals. The provider had a recruitment and selection procedure; however, the procedure did not fully reflect the current regulations.

People told us the provider employed sufficient staff to keep them safe and meet their care and support needs in a timely way. Confirming this approach, one member of staff told us, "I think there are enough staff. We have fantastic teamwork and we all help each other." The home had a rota which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. We noted there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible in line with people's changing needs. Extra staff were placed on duty to facilitate appointments and trips out of the home. In addition to the care staff, the provider also employed administrative, maintenance, activity, catering and housekeeping staff.

People were satisfied with the way their medicines were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Staff had received training to administer peoples' medication safely. Competency assessments were carried out on annual basis. We saw completed competence assessments during the inspection.

We noted staff had access to a medicines policy and procedure, however, this did not fully reflect the medicines systems and practices operating in the home. The registered manager informed us a copy of the NICE (The National Institute for Health and Care Excellence) guidance on managing medicines in care homes was available for staff reference.

Appropriate arrangements were in place for the management of controlled drugs. There were medicines which may be at risk of misuse. Controlled drugs were administered appropriately and recorded in a separate register. We checked two people's controlled drugs and found the stocks corresponded accurately with the register. Systems were in place to regularly check the amounts of these medicines.

People told us the home was kept clean and hygienic. We found all parts of the building seen during the inspection had a good standard of cleanliness including people's rooms, lounge, bathroom and toilet areas.

Is the service effective?

Our findings

People told us they felt well cared for by staff who had the knowledge and skills to meet their needs effectively. For example, one person said, "Once the staff have completed their introductory training. They are competent and manage very well" and another person said, "The staff are brilliant. I can't fault them, they really look after everyone."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA) and had received appropriate training. The 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies and procedures in place. However, on looking at people's care files we found there was limited evidence to demonstrate the relevant requirements of the MCA were being met. People's capacity to consent to their care and treatment was not adequately assessed and recorded in their care plans and there were no assessments seen to demonstrate people's capacity to make specific decisions about their care and support. We also found decisions were made on some people's behalf without first assessing if the person had the capacity to make the decision themselves. For example one person told us they were not able to have a bath on their own or leave the building without staff support. There were no mental capacity assessments or best interest decisions to support the imposition of these restrictions. This approach did not respect people's rights under the MCA.

Our findings showed the provider had failed to act in accordance with the MCA 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.

At the time of the inspection, 12 DoLS applications had been submitted to the local authority for consideration. We saw the registered manager had put a tracker in place to record the status of all applications. The registered manager told us she contacted the local authority on a monthly basis to check when assessments were due to be completed. Whilst copies of the DoLS applications were available in people's personal files, we noted there was no supporting documentation or care plans setting out the least restrictive options of care.

Members of staff spoken with told us they had been provided with appropriate training. We looked at the staff training matrix and noted the majority of the established staff had completed the provider's mandatory

training in safeguarding vulnerable adults, fire awareness, moving and handling, MCA and DoLS, nutrition and hydration, first aid, infection control, medicines administration and health and safety. Staff also completed specialist training on dementia care, challenging behaviour and diabetes. At the time of the inspection, the majority of the staff training was completed online and by the use of work booklets. However, the area manager explained that she intended to implement a new training programme for all staff which involved face to face learning.

There were induction arrangements in place for new staff which included an initial orientation to the home, the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. However, we noted staff employed in the home since February 2017 had not received moving and handling training. This is important to minimise the risk of injury to staff and people requiring assistance. The registered manager told us this was an area of concern and in order to mitigate risks she had ensured new staff were always working alongside trained staff and had arranged for a senior staff to become an accredited moving and handling trainer. The senior staff had completed their training and when their certificate arrived, there were plans in place to provide all new staff with the necessary training.

Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. All new staff completed a probationary period of three months. We saw a sample of completed initial induction records during the inspection.

Staff spoken with told us they were provided with one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff told us they found the supervision process helpful to them in their work. We saw records of staff supervision during the inspection and noted a range of topics had been discussed. Staff were also invited to attend regular meetings. This meant staff were able to discuss any issues relating to people's care and the operation of the home. According to the records seen staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People spoken with made complimentary comments about the food provided. One person told us, "The cook does a good job and buys things in specifically if you make any special requests" and another person commented, "The food is very good. I enjoy the meals."

We observed the lunchtime arrangements on Nelson suite on the first day of the inspection. We noted the atmosphere was relaxed and unhurried and people were given appropriate support to eat their meals.

At the time of the visit the menu was planned and rotated every two weeks. The registered manager explained people had been consulted about the content of the menu and the cook regularly met with people to discuss their level of satisfaction with the food. There were systems in place to ensure the cook was aware of people's dietary requirements.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. However, we noted some risk assessments had not been updated on a regular basis.

We observed that drinks and snacks were served throughout the day and there was a variety of snacks including crisps and fruit available at all times in the communal areas. However, a relative was concerned to

observe that staff handed people biscuits and offered no plates. As a consequence people put the biscuits on the arms of their chairs. This practice did not promote people's dignity and was contrary to infection control policies and procedures. We discussed this situation with the registered manager who addressed the situation immediately.

People living in the home confirmed they had access to health professionals, such as the General Practitioner (GP), dentist, optician and the district nursing team whenever necessary. We spoke with one healthcare professional during the inspection, who provided us with positive feedback about the service. In non-emergency situations staff sought advice via Telemedicines. This system enabled staff and people to contact and talk to medical professionals at a local hospital using a computer. We noted the staff maintained a record of all contact with healthcare professionals within people's care documentation.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "The staff are always kind and very obliging" and another person said, "I find the staff very kind and thoughtful." Relatives also gave us some positive feedback about the service. One relative commented, "My [family member] is well looked after and the staff are friendly." We also noted relatives provided complementary comments as part of a satisfaction survey. For instance, one relative had written, "Cannot fault the carers" and another person had commented, "The care is great."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting at various times throughout the two days we were present in the home.

We noted staff respected people's privacy and dignity in their social interactions. People told us they could spend time alone if they wished. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We looked at a sample of care records and found staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.

Staff told us they were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "It's important people do things for themselves as it makes them feel better and gives them control over their lives." However, we found appropriate assessments had not been carried out in order to support a person to have a bath on their own. The registered manager assured us that she would discuss this situation with the person to ensure her preferences and needs were met in a safe way.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

There was a 'keyworker' system in place. This system linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. We noted information about people's keyworkers was displayed in their bedroom. People spoken with confirmed the staff listened to them and they felt the staff cared about them. Staff were observed to comfort and help people when they showed signs of distress.

People were supported to be comfortable in their surroundings. People told us they were happy with their rooms, which they had personalised with their own belongings and possessions.

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

People were provided with information about the service before they moved into the home in the form of a brochure. This presented an overview of the service. The registered manager explained a welcome pack was being developed and there were plans in place to introduce the pack in the near future.

Feedback received by the home highlighted the caring approach adopted by staff. We looked at reviews of the home on an external website and noted people had made positive comments. For instance one relative had written, "[Family member] received the best care that I hoped for in every way. All the staff from the manager down to the cleaners and maintenance were friendly, open to suggestions and nothing was too much trouble."

Is the service responsive?

Our findings

People were satisfied with the service and the majority of people spoken with felt the staff were responsive to their needs and preferences. For example, one person said, "All the staff talk to you. It's a lovely place" and another person told us, "I get along very well with the staff. They do what they can to help you." Relatives spoken with felt the staff were approachable and friendly.

We reviewed four people's care records and other associated documentation. We found the care files were disorganised and information was spread across multiple sections making them hard to use. The content and quality of information in the care plans was also variable, which meant people were at risk of receiving inconsistent support. There was insufficient detail to ensure people received personalised care and support in a way they wanted and needed and the records did not always reflect the care and support they were receiving. For instance, one person's care plan did not contain sufficient information about how staff should support their behaviour which challenged others and the service and another person's plan contained contradictory information about their capacity to make decisions and the restrictions placed on their care. We further noted two care files contained a detailed overview of the people's needs which provided useful information about their preferences and routines. But this document had not been completed on the other two files looked at. This meant people could not be assured that they would receive the support they required as care plans did not contain sufficiently detailed guidance for staff.

We saw limited evidence to demonstrate people had been involved in the care planning process and the majority of people spoken with were unfamiliar with their care plan. We also noted the care plans and supporting documentation such as risk assessments had not been reviewed at regular intervals. This meant the information provided to staff may not reflect people's current needs and preferences.

The provider had failed to plan care and support in a way that ensured people's individual needs and preferences were met. This was a breach of Regulation 9 of the Health and Social Care Act Regulations 2014.

The registered manager and area manager were aware of the shortfalls in the care planning system and informed us a new care planning system was due to be implemented.

Before a person moved into the home the registered manager and a member of staff undertook a pre admission assessment to ensure their needs could be met. We looked at completed pre-admission assessments and noted they covered all aspects of people's needs. The registered manager told us people were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

We saw daily charts were completed as necessary for people who required any aspect of their care monitoring. Records were maintained of the contact people had with other services and included details of any recommendations and guidance. Staff also completed records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms. There were systems in place to alert staff to

people's changing needs which included a handover of information at the start of each shift.

People were provided with the opportunity to participate in social activities. The provider employed an activities coordinator and activities were planned in consultation with people living in the home. We noted each person had an activity planner which detailed the activities for the month. People were complementary about the type and frequency of the activities provided, for instance one person told us, "There's always something going on, but it's up to you if you want to join in. I've been on a few outings and thoroughly enjoyed them." On the second day of the inspection, we noted people participated in a game of bingo. Other activities provided in the home included professional entertainers, word games, quizzes, music therapy and movement to music. We noted there were photographs displayed around the home of people enjoying the activities.

There was a weekly trip outside the home to places of interest including Southport, Lytham St Annes and Blackpool. This meant people had the opportunity to go out and about in the community.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint.

We noted there was a complaints policy which detailed how complaints would be managed and investigated, but at the time of the inspection there was no complaints procedure. This is important so people are aware of how to raise a complaint and to whom their concerns should be addressed. The registered manager explained the procedure was being revised and was due to be introduced imminently.

We looked at the complaints records and noted the registered manager had received one complaint in the last 12 months. The investigation was ongoing at the time of the visit.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person told us, "[The registered manager] manages the home very well. She knows what's going on and has good standards" and another person commented, "I'd give the home ten out of ten."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager was registered in 21 March 2017. She had responsibility for the day to day operation of the service. The registered manager was aware of the challenges involved in improving the service and told us she was fully committed to making the necessary improvements. She described her achievements over the last 12 months, which included the development of the staff team and good professional networks. She told us her key challenges and plans for improvement over the next 12 months included implementing a person centred care planning system and embedding the Mental Capacity Act (MCA) as part of care planning.

The registered manager used various ways to monitor the quality of the service. These included audits of the medicines systems, staff training, infection control, accidents and incidents, catering, fire systems and health and safety. We saw examples of the completed audits during the inspection. The registered manager also prepared a weekly management report which was submitted to the provider and carried out visual walk rounds of the premises on a daily basis. We noted action plans had been formulated following the audits and checks. However, we found a number of areas required further improvement during the inspection, these included shortfalls in the management of risks, the implementation of the MCA and the planning of care. We have dealt with these matters separately.

Throughout our inspection the registered manager demonstrated a positive and forward-looking approach. We spoke with the registered manager about people living in the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service. The registered manager operated an 'open door' policy which meant people and members of staff were welcome to go into the office to speak with her at any time. Staff told us they felt confident in the management of the home. One staff member told us, "[The registered manager] is an inspiration. She has such a good approach. The residents come first and she is always available for staff."

People and their relatives were regularly asked for their views on the service. We saw resident and relatives' meetings had been held once a month. People, relatives, staff and visiting professional staff were also given the opportunity to complete an annual satisfaction questionnaire. The questionnaires were last distributed in June 2017. The registered manager was in the process of collating the results at the time of the inspection. We saw a sample of the completed questionnaires during the visit and noted the respondents had made positive comments about the service. For instance one relative had written, "My [family member's] bedroom is beautiful. Very much a home from home."

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a

senior member of staff on duty with designated responsibilities.

The area manager visited the home at least every two weeks and was in regular contact with the registered manager. The area manager completed a detailed report of her visits which included feedback from people and staff. However, we noted the registered manager had not had a personal supervision in the last six months. This is important to enable the registered manager to develop her professional skills and knowledge.

The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to plan care and support in a way that ensured people's individual needs and preferences were met. Regulation 9 (3) (b)
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to act in accordance with the MCA 2005. Regulation 11 (1) (3)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate the risks to people's health and safety. Regulation 12 (1), (2) (a) and (b)