Barchester Healthcare Homes Limited

Ashlar House

Inspection report

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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

At our last inspection on 16 and 21 July 2015 the service was rated good overall. The current registered manager had been in post since September 2016 and had just recently registered with us. 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.

Some of the people using the service and their relatives felt there were not enough members of staff to support them properly. The provider addressed this immediately and increased the staffing during the morning.

People were not always supported to follow their interests and limited activity or stimulation was provided. The registered manager had recognised this and an activity co-ordinator was about to commence work at the service.

We looked at people's care records and saw that people had detailed risk assessments and plans in place to manage risks in order to keep people safe. People told us they felt safe

The registered manager had systems and processes in place to ensure that staff were kept up to date with their core training. We saw that there were some gaps in staff training, however the registered manager had plans in place to ensure this was delivered.

We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure people's needs were met. People had been referred for specialist input and advice received had been followed. Staff were made aware of people's changing needs.

People who used the service felt they could talk to the registered manager and that they would address any issues if required. Relatives found the registered manager to be approachable.

Systems were in place to monitor the quality of the service being provided but the registered manager had not had sufficient time since appointment to address the issues identified. The registered manager had begun the process of addressing shortfalls in supervision and appraisals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The registered provider used a dependency tool to determine appropriate staffing levels. People and staff said there wasn't enough staff.

Staff knew what action to take to protect people if they thought a person was not safe.

Medicines were administered and stored safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was working within the principles of the Mental Capacity Act. However, the registered manager acknowledged that more work was required.

We found refresher training courses needed to be arranged and appraisals were not being carried out.

People were supported to have sufficient to eat and drink and people's specific dietary needs were catered for.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and knew the people they cared for and supported well.

Staff treated people with dignity and respect.

People were encouraged to maintain their relationships with family and friends.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported to take part in activities that they enjoyed. However, the service had recognised this and an activity co-ordinator was due to commence work.

People were supported by a staff team that knew their needs and preferences.

People and their relatives knew how to raise a concern or complaint and were confidents that their concerns would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well.

Systems were in place to monitor the quality of the service being provided but the registered manager had not had sufficient time since appointment to address all issues identified.

A registered manager was in place. We found a positive culture within the home with the registered manager committed to further improving the service.

Ashlar House

Detailed findings

Background to this inspection

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

This inspection took place on 07 March 2017 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist professional nurse advisor. The nursing advisor was used to check that people's health and care needs were met in a safe and effective way. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service. On the 13 March 2017, one inspector returned to the service to complete the inspection.

Before this inspection, we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with seven people who lived at the service, five relatives, and eight members of staff and the registered manager.

Throughout the day, we observed administration of medicines as well as care practices and general interactions between people and staff. As some people were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

We looked at documentation, including nine people's care plans and supporting documents, such as, their health records, risk assessments and daily notes. We also looked at staff recruitment files and records relating to the management of the service. This included audits such as medicine administration, risk assessments, staff rotas and training records.

Requires Improvement

Is the service safe?

Our findings

People, their relatives and staff told us there were not enough staff. One person said, "There is not enough staff. I would like to get up about 10am but it is often more like 11.00am or 12.00 as they are busy." A relative told us, "Weekends we feel that they are sometimes understaffed, fewer staff around at weekend if you want to speak to someone, to get information, it's hard." Another relative told us, ","[Family member] gets up later than they would like. They would like to get up at 9.00am but it's more like midday because of their care needs." A third relative told us, "[Family member] likes to get up early but doesn't get up as early as they would like. I worry if they are left in bed as they wouldn't get them a drink and snack and maybe not have enough to eat and drink."

Staff told us there were insufficient staff on shift to enable to them to carry out their role in a timely manner. One staff member said, "We need six staff every day, because everyone needs help with eating and there is not enough of us." They went on to add that, "There are only two people in this area who don't need hoisting." Another staff member said, " I think we need more staff our residents have a high level of need and we are struggling. If you want to give high quality care in this corridor as everyone needs assistance of two people."

During our observations in the service, we saw that one person that still had their breakfast and tea in front of them untouched, the tea was nearly cold. In a communal lounge, we observed two people sat in same position in their wheelchairs for over two hours; both people were sat at a dining table facing the wall.

We discussed this with the registered manager who told us they planned staffing levels using a dependency tool to ensure there were enough staff to meet people's needs. The dependency tool used information about individual people who used the service, based on care and nursing needs.
On the second day of inspection, the registered manager told us the provider had increased staffing numbers in the morning because of our feedback and will review this weekly.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up and verifying references, obtaining a full employment history and checking that the member of staff was not prohibited from working with people who required care and support.

People told us they felt safe. Relatives said their family members were safe and they had peace of mind. One said, "I used to be scared to go away but I am not worried now as I know the care staff will respond and step in and do what's needed to keep [family member] safe."

Relatives told us they felt their families were kept safe and their freedom was not restricted. One relative said, "[Family member] is free to move about and go wherever they like but the care staff always seem to

know where they are."

Staff undertook training about safeguarding vulnerable adults. Staff we spoke with knew how to protect people from abuse and they were able to describe the different types of abuse that may occur. They said they would report abuse straight away to the registered manager, senior staff or the local authority.

We saw safeguarding incidents had been responded to appropriately and action had been taken to keep people safe. We saw the service had a safeguarding policy which was visible around the home. This demonstrated the home had robust procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow

There was a range of risk assessments in place that were an integral part of the care plans. Where a risk was identified through the assessment process a care plan was put in place that described the risk and the measures needed to reduce the risk and the care plan was updated. When a change was identified in a person's care needs, the risk assessment and care plan was updated to reflect the change. Risk assessments included hydration and nutrition, mobility and falls, skin integrity, use of bed rails and moving and positioning. We saw these assessments were reviewed regularly and were up to date.

Staff were keyworkers for people and knew how to manage the risks to people safely. For example, one staff member said, "[Person] needs to be sat properly, comfortably or they will slide out of the chair and at risk of falls." Another staff member said, "[Person] is on pureed diet and thickener, they need to be sat upright as they are at risk of choking, they must be properly positioned."

Medicines were given to people in a safe and appropriate way. We observed a registered general nurse (RGN) administering medicines this was undertaken using the correct procedure, checking the date of the drug expiry, the amount the person has and the route it should be given. People's individual medicine administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. It was noted that allergies stickers, were on most of the drug charts. Within the treatment room there was a drugs fridge and the temperature of the fridge was checked daily and documented, the fridge temperature was at an acceptable level and in accordance with the recommended temperatures. However, when we checked if there were any face shields used for mouth to mouth resuscitation, there were none present, we discussed this with the RGN (Clinical Lead) they confirmed that there were none, this could compromise the infection control within the home, thus rendering the practice unsafe. The registered manager told us they would order these straight away.

The management team carried out weekly quality monitoring audits on medicines procedures. Any errors or areas for improvement that were identified would be addressed through the supervision process and, where necessary, staff would receive additional training.

Requires Improvement

Is the service effective?

Our findings

We looked at the staff training plan, which showed staff had completed a range of training sessions. These included safeguarding, manual handling, fire, health and safety and infection control. However, we saw from the training plan that some training for staff had expired. For example, we saw that some courses had been expired since January 2016. The registered manager told us that the training provision had recently changed and now was booked with the provider rather than internal trainers delivering the refresher training. The manager had identified the shortfalls in training and told us that they had reserved places for staff for training sessions that had expired. We could see that there overall statistics for training were increasing slowly.
Staff told us the training was good. One said, "I know everything I need to know to do my job." A relative told us, "Staff know what they are doing."

We looked at the induction undertaken by care staff and this covered the components required for new staff to know. Staff confirmed they undertook the company induction when they first started working at the service. The registered manager was also supporting people with the care certificate.

Staff were supported to take further qualifications in health and social care level. Staff said training was tailored to meet the needs of people using the service. For example, end of life, resuscitation and first aid. One staff said they had completed a train the trainer course but that the service were now using external training providers rather than in-house.

The service was about to commence on the providers internal '10-60-06' programme. This programme is a training and accreditation scheme designed to enhance both the dementia care environment and to improve interactions between staff, people living with dementia, relatives and health professionals. It pro-actively works towards reducing distress, increasing well-being and improving quality of life. All staff will be completing a course on understanding dementia care and person-centred care approaches, whether or not they usually work directly with people living with dementia. Staff supporting people living with dementia will complete training on analysis of distress, looking to resolve causes of frustration, confusion and the inability to articulate a need. The training also emphasises examining care approaches as possible causal factors. The programme also aims to create an interesting and orienting environment that takes disability into account and helps people that use the service navigate more easily around the home. The registered manager informed this programme was starting in April 2017.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We saw from the staff records we looked at that recent supervision had been carried out and the registered manager had a detailed plan in place going forward. However, most appraisals had not been completed and in two staff files we looked at the last appraisals were in 2012 and 2014.

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 service was working within the principles of the MCA. Staff understood the processes in place to assess people's capacity to make decisions. Staff had received training in MCA and DoLS and were able to demonstrate an understanding of people who had the capacity to make specific day-to-day decisions and the processes in place for people who did not have the capacity to make a certain decision to have a decision made in their best interests.

The registered manager confirmed and we saw evidence that Deprivation of Liberty Safeguards (DoLS) applications on behalf of everyone had been sent to the local authority.

Documents we looked at also confirmed that capacity assessments had taken place for some decision making. They also confirmed, where this had taken place, best interest decisions had been recorded and documented who had been involved. However, practices we observed indicated that the principles of the MCA may not have been followed in every case. For example, we found bedrails were in use for a number of people. We did not always find that best interest decisions had taken place before they were put in use and that other options had been considered to ensure this was the least restrictive way to ensure people's safety. We discussed this with the registered manager and they understood that some of the mental capacity assessments were not always decision specific and were often recorded for day to day choices.

Family members confirmed they were consulted in best interest decisions and DoLS applications. One relative said, "I'm always included, I've been involved in meetings around best interests and DoLS."

Throughout our inspection we observed staff consistently offered choices to people and checked for their agreement before taking any action. One staff member told us, "We show choices, and ask people what they want." Another staff member told us, "For best interest decision I would look at the care plan to try to find out what they would want. I know my residents. I will also ask colleagues or family members."

People told us they liked the food. Comments included, "Not bad the food here, you can always have something else if you want" ,"The soups are lovely", "[Name] loves the food it's very good, they give her what she likes and there is usually always fruit" and "Its good food, fresh fruit always available and a good selection of salads."

A snack trolley came round, which included sandwiches, biscuits, crisps and fruit as well as a choice of drinks. People confirmed they always get this level of choice and fruit was always available. People told us they had access to hot and cold drinks throughout the day within reach. One person said, "There is plenty to drink all day long." A relative told us, "[Family members] weight is stable; they are weighed regularly and it's kept stable."

We saw people were able to choose where they wanted to have their meals. We saw the dining rooms were pleasant with a calm atmosphere. The tables in the dining room were set with tablecloths, cutlery and glasses. One person was upset and staff spoke were calm and reassuring. We observed lots of choice being offered at lunchtime. One person said, "We choose on the day what we want there's two choices of main meal and three choices of fruit juice. The soups are really lovely, you can eat where you like, and I like to eat in the dining room."

People were being assisted by members of staff where required. People were reminded of the choices available at the time of the meal and everyone was offered a starter. People were also shown the food. One person wanted fruit for their starter, and staff peeled a banana for her.

We observed that some individuals were supported with adapted equipment and one person was provided with a plate guard. Staff noticed when people did not eat, and encouraged people by offering alternatives for the main meal and dessert, to try to stimulate people's appetites. Two people walking about were stopped by staff every time they passed through the dining room and staff tried to tempt them with food. One was persuaded to sit down and they ate a meal. The other would not sit so staff tried to give them something to eat whilst walking but they refused. The staff member did not walk with the person. Staff offered people help with cutting up food and guided people's hands to mouth with cutlery.

Relatives told us that the service was very good at supporting their family members to stay healthy and getting them the treatment they needed. One relative said, "[Family member] has not been poorly since being here. They had dry skin, they noticed immediately and it's being treated, they are really attentive to health needs and pick up on things quickly." Another relative told us, "[Family member] is very well here; if people are unwell they are good at letting relatives know; I have much more peace of mind now." Another said, "[Family member] has been here for two years, their cellulitis has been treated and is now cured, the nursing care is very good; they have had no pressure ulcers."

People said they received timely treatment when they were unwell. One person said, "When I felt poorly they came up to see me right away."

Good

Is the service caring?

Our findings

Feedback from people and relatives was very positive. Comments included, "They really seem to care, [family member] has told me they are happy here" ,"It feels like [family member] is living here, it's their home" ,"They are very kind, including the domestics, they always offer a cup of tea and will sit and chat with us", "They come quickly when I call, I had an accident once and they helped me very quickly" , "When I was poorly [named carer] said, "don't get up, we will look after you" , "All the staff seem really nice, there's not one I don't like." And, "Very kind and caring staff, they are very careful, they try their best; we would recommend this service to others." One person when referring to staff and in particular the domestic staff told us, "They're all very nice and helpful here, they like a laugh, and they come round singing and dancing. If I want something they go and get it for me, it's not their job they just go and do it."

During the inspection, we observed a hoist manoeuvre where the person started to become distressed, the two staff members supporting the person spoke to the person gently and reassured them by explaining what was happening and why, they were able to reassure the person so they could complete the manoeuvre safely.

Staff had a good knowledge of the importance of treating people with dignity and respect when supporting them with personal care. One staff member said, "We put towels over people to keep them covered and, give an explanation of what we are doing this works."

Another staff member said, "[Named] is very sensitive about personal care so we need to be very sensitive, encourage and be very gentle because she doesn't like it. She gets agitated. If this happens we stop what we are doing and give her space, we talk to her reassure her and talk about things she likes."

Relatives told us that staff were kind and gentle when delivering personal care to their relatives and try to alleviate people's distress. One relative said, "The staff are very kind they know [family member] likes cuddles and affection. They work in pairs and one cuddles and stroke her whilst the other carer cleans her so she doesn't get upset; [family member] responds really nicely to love and affection."

Relatives told us their family members were well cared for. One relative said, "Staff cut [family member] nails and keep their hands nice and clean." Another said, "It smells nice here, it's clean, [person] is always smart and clean and so is their room."

Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. One relative told us, "The staff take the time to get to know people." Another said, "The domestic staff are excellent they know people really well and always take the time to chat."
A staff member said, "We work until 8pm, the last hour from 7pm is when we get quality time to spend with people sitting with them and chatting. "One staff member said, "[Named] likes to sing songs. Talking to them quietly and not asking questions calms them if they get upset."

Observations of staff interacting with people showed that people were treated with dignity and respect and their privacy was maintained. We saw staff knocking on doors before entering and asking permission before providing care and support. One person said, "We have lots of privacy here."

People were supported to make advanced decisions around their care and treatment. For example, care plans contained information about people's views of where they would wish to be treated in the event of their health deteriorating. Some people had made decisions with their family that they did not wish to be resuscitated in the event of cardiac arrest, and this had been clearly recorded on a Do Not Attempt Resuscitation form. We also saw documentation where people had decided that they did want to be resuscitated.

Staff received training in end of life. One staff member said, "End of life care training support is there if you need it." Staff said that when people died the staff got them ready so that they left for the funeral from the home. A staff member said, "We get people ready here for their funeral as we know them and we know how they would like to look."

Requires Improvement

Is the service responsive?

Our findings

We spoke to people and relatives about the level of activities and opinions were mixed. One relative said, "The staff were sorting out the garden, they saw [named] watching and let them join in, they involved the person, I have seen pictures of them digging and sweeping." Another relative said, "They don't have time to communicate with people, [family member] needs that 1:1 interaction. I would now recommend the place but depends on needs, not enough to do if you are more able." A third relative said, "The environment is lovely and light and open, it feels very inclusive also it's nice to take [family member] in to the garden."

During our observations we did not see much going on, people were sat in the lounge unoccupied, a person sat in central circle and told me they liked to sit there and people watch as there was not much else going on. They told us, "There is not really enough to do, we sit around for a long time with nothing to do. I was offered day centre, I went there once but it wasn't my cup of tea. They had a singer come in once. I felt so lifted after having a sing and a dance." Another person told us, I would like something more going on, the telly is on but no sound so you cannot hear it. I would like it on as it would pass the time of day."

We saw people spending time in their rooms or in the lounge areas. Two people had newspapers in front of them but had no one to sit with them and look at the paper. We saw on the afternoon of our visit a music therapist came into the home and did play music with people that they seemed to enjoy. We did not see any other activities taking place on the day of our inspection. We asked the manager what activities there were on day-to-day basis. The registered manager told us that some people used the adjacent day centre but they had now employed an activity co-ordinator to work in the main home who was due to commence work the week after the inspection. Following the inspection the registered manager confirmed the activity co-ordinator had started work.

The registered manager was also contacting local community groups that could work with the home for example, the Epping horticultural had been asked to come into the service to help with the courtyard gardens and to encourage people that are able to get involved with planting.

People had their needs assessed before they moved into the service. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the service was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan, which provided staff with the information to deliver appropriate care. There was information on people's care plans about the person's life, hobbies and interests but the registered manager had recognised that more information would be beneficial and had 'getting to know me' booklets that key workers could complete with people that used the service and their families.

Relatives told us they were included in reviews. One relative told us, "We have regular reviews with the social worker and registered manager." Another relative said, "We had a review about [family members] mental health and [named registered manager] lets me know what is going on and takes an interest." One

relative said, "They are pretty good on preferences. We filled in a get to know you booklet, which of course is only good if people read it."

Staff were able to demonstrate they were aware of people's preferences and delivered care and support in the way people wanted. One staff member said, "[named] likes to be made up immaculately, so it takes a long time to get them ready, they like to go to bed at 7.15pm, and likes their cushions placed a certain way. When we asked staff what they thought person-centred care meant, one staff member told us, "Do it for that persons specific needs. If you know the person you can do what they want." A relative told us, "They have arranged for a personal trainer to come once a week as [family member] was a marathon runner." The Registered manager said to me 'we will try to restore as much of their life as possible.'"

The staff were able to adopt a person-centred approach to managing behaviour that challenged them. A staff member said, "[named] they can be aggressive, it's best to go in with a good mood, evaluate the situation throughout the day. It's about approach with them and I have developed a good rapport with them."

All of the relatives we spoke with said that their family members challenging behaviour had decreased significantly since being at the service, they thought that staff were very good at diffusing situations, distracting and settling and reassuring people. One relative explained that the registered manager had been very involved and wanted to try different therapeutic techniques before medication was used. They told us, "[Family member] has definitely calmed recently."

Another relative told us, "[Family member] had very challenging behaviour before, since being here they have been much more settled and calm, the environment is brilliant. I went round lots of homes this one was the only one for us; [person] is so calm and happy here, we don't get phone calls here – used to be half a dozen a day at the last place." Another said, "[Family member] seems so much calmer here, we've had no issues, the atmosphere is different here, it's a home; they take the time to get to know people."

People were supported to maintain relationships that were important to them. One person said, "My son visits regularly, whenever he wants." A relative said, "I feel welcome here I can come anytime."

People and relatives knew how to make a complaint and said they would feel confident to talk to the registered manager and that they would be listened to and their concerns actions. There was a complaints procedure available so that people who lived at the service had the information they needed should they wish to make a complaint. Comments from people included, "I know who the new manager is, and he comes and talks to me and my son to find out how I am." Another said, "I've never had to complain but if I needed to I would." A relative said, "I have no complaints since the new manager arrived. "Another relative said, "Registered manager has an open door policy; we can talk to them anytime; I have not had to raise any complaints."

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager who had only been in post for a short period of time. They had recently appointed a clinical lead; this is a registered nurse with overall responsibility for nursing decisions in the home. The registered manager told us that they were providing support for the clinical lead, as they were aware that they were very new to this post and required support in their new role.

The provider had quality assurance processes in place to monitor the standard and quality of the service. It was recognised that these had recently picked up some of the shortfalls identified in this inspection but the new registered manager had not had sufficient time to make the improvements. The registered manager explained that a new quality team were taking over in monitoring the service, they told us that that the quality improvement specialist had visited the service to explain the new audit tool that will cover all areas of the service.

People were positive about the service and the new registered manager. One relative said, "It's great, they are excellent communicators. I can catch registered manager or email him; he is never too busy to talk to me." The service did not have relatives meetings but relatives told us they could pop in and see the registered manager whenever they wanted to. A relative said, "When the new manager started we got a letter to let us know; they are very accessible and listen to us."

The service was good at communicating with people and their relatives. A relative told us, "They are brilliant communicators. When [family member] hurt their shoulder, they told us straight away, they were fabulous." A person told us, "I have met with the registered manager, he is very hands on and he knows who everyone is, he is a very good communicator."

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was now being managed and the quality of the care being provided. Throughout the inspection we observed them interacting with one another in a professional manner. We asked members of staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns they had. They all said that they could raise any issues and discuss them openly within the staff team and with the registered manager and clinical lead.

Staff told us they enjoyed working at the service and were very positive about the new manager. Staff comments included, "I think [registered manager] is a really good manager, he has turned things around, things are much better, good quality staff are being employed who genuinely care." And "I enjoy working here. The registered manager is good I feel supported"

A relative told us, "Generally I am happy, things have improved a lot, it was very unsettled due to changes of management but its much better now." Another relative told us, "We have had three managers in two years, but [named registered manager] is pulling it back up, if I go to him or the Regional they will deal with issues."

The culture within the home was open and inclusive. A relative said that they appreciated the open and welcoming attitude of the registered manager when they were looking for a home for their family member. They told us, "The registered manager said come whenever you like, they said we could come and view the home at any time, it was a positive experience and that positivity has continued."

The service had recently been provided with support from a specialist retention advisor as the provider had identified a significant rise in staff turnover. Their report recognised that the service has had historical challenges with the leadership in the home. Questionnaires were given to staff as part of the visit and recorded that staff are starting to feel more valued since the new registered manager has been in post.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that sufficient numbers of staff were deployed to ensure people's needs were met in a timely way. Regulation 18 (1)