Sirona Care & Health C.I.C.

Cleeve Court Community Resource Centre

Inspection report

Cleeve Court
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cleeve Court Resource centre is registered to provide accommodation and personal care for up to 45 people. On the day of the visit, there were 41 people at the home.
There was a registered manager for the service. 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.

At the last inspection on 17 and 22 December 2014, we asked the provider to take action to improve some areas of the service. This was in relation to staffing levels and for Mental Capacity Act 2005 (MCA) assessments to be undertaken for each person to determine their capacity to make decisions. Improvements were also needed around care plans as some lacked detail about all aspects of people's health and welfare needs. At this inspection, we found the provider had completed the actions they said they would do in their action plan and were compliant in these areas.

We found that medicines that were to be disposed of were not stored safely. This was because there was not an accurate record of medicines were no longer required. This also meant there was a risk that people had not had their medicines if there were no clear stock audits in place.

People had their needs met by enough staff. However, there was a shortfall in the numbers of permanent support staff. This had meant a reliance on agency staff and 'bank' staff who work for the provider. These are staff who work at the service on an occasional basis. The provider had a recruitment and retention strategy in place to employ and keep more staff. We requested a copy of this to review the actions that were being taken.

There were now detailed and specific mental capacity assessments in place for each person. These protected the rights of people who did not have the mental capacity to make informed decisions in specific areas of their life. For example, certain people sometimes declined any assistance with personal care despite needing staff support.

Care plans were now much more informative and guided staff so that they knew what actions to follow to meet people's range of support and personal care needs. Staff knew what was written in each person's care records. They explained how to provide care that was flexible to each individual and met their needs. Care plans were produced with input from people who used the service. The plans were reviewed and updated regularly. This was to make sure they were up to date and reflected the current needs of people.

People were encouraged to be included in deciding how they wanted to be supported with their care needs. The families and other representatives of people were involved in decision-making. This was when it was judged to be in the best interests of the people concerned.

People said that they liked the food and we saw they were offered choices visually at each mealtime to help them chose the meal they wanted .People at the home and the staff had built up positive and caring relationships. This was also the case with relatives and friends who spoke very highly of the caring attitude of the staff towards them.

The environment was adapted and personalised with a number of features that were beneficial for people who lived there. There was a hair salon, a secure sensory garden with plants that were pleasant to smell and comfortable seating areas. There was also a variety of decorative items to make the place seem more homely. We saw people using and responding in an animated way to all of these features of the premises during our visit. Many people at the home were living with dementia. Because of this activities were planned with people in a very informal way. People were able to take part in a wide variety of lively and informal one to one and group activities.

People were supported by a team of well-trained staff the majority of whom had been on training that was specific to helping to support people who live with dementia. The staff had attended a variety of other regular training and were developed and supported in their work. This helped them to improve and develop their skills and competencies. Staff received supervision which helped to ensure they were competent in their work. Staff spoke positively about working as a team and the good morale between them.

People and those who represented them were supported to be able to to complain and make their views known The provider actively sought the views of people and their families. Suggestions were acted upon and changes were made to the services when needed.

Feedback about the home from people and others involved in their care was positive. Regular reviews were carried out to find out where improvements were needed and how the service could be further developed. There were systems in place to monitor the service to ensure people were receiving care that was safe and met their needs.

Staff spoke positively of the management structure of the organisation they worked for. They said that the registered manager provided dynamic and caring leadership. The staff team told us they felt that they were well supported by the registered manager, who was very positive about the challenges of their role.

Quality audits had identified that there were shortfalls in the management of medicines that needed to be returned to a pharmacist. Actions had been identified to address this shortfall in the management of medicines.

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

Some aspects of the service were not safe

Medicines were not managed in a way that was fully safe.

People were given the medicines they needed at the times they were required.

Risks to safety were assessed and action taken to keep people safe.

Staff knew their responsibility to safeguard people from abuse. Checks were undertaken to ensure potential new staff were safe to work with people. The staffing arrangements were regularly reviewed so that people received safe support.

Is the service effective?

Good

The service was effective

Staff received dementia specific training and other support that helped them to do their jobs effectively. The staff had the knowledge and skills to provide support to people that met their needs.

Staff were knowledgeable about the needs of the people they supported and provided care that met their needs.

People enjoyed the meals and were offered a choice at mealtimes.

Staff knew how to ensure they promoted people's freedom and protected their rights. This was because the staff complied with the requirements of the Mental Capacity Act 2005.

Staff worked with GPs and mental healthcare professionals so that their health care needs were met. This ensured people had access to the services they needed for their health and well-being.

Is the service caring?

Good

The service was caring.

People were supported by a team of staff who were very kind and caring towards them. Staff used warm body language to communicate, and frequently gave people a hug and held their hand.

The staff knew people well and were aware of their individual choices and preferences. Staff acted on their knowledge about people and cared for them in the way they wanted to be supported.

Is the service responsive?

Good

The service was responsive

Care and support for people was planned flexibly and in the way they preferred . For example, people got up when they wanted to and ate their meals at times that suited them.

The staff knew people's preferences, likes and dislikes, and care plans reflected these preferences.

People were being supported to take part in a wide variety of different social and therapeutic activities. Many informal activities happened during the day with people

Is the service well-led?

Good

The service was well led

Quality audits were in place that identified shortfalls in the service. These identified where action was needed to improve the service, for example in relation to medicines management.

People and staff felt that the home was well run and staff felt well supported by the registered manager .

Cleeve Court Community Resource Centre

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 15 and 16 September and was unannounced.

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 observed care and support in communal areas and staff interaction with people during a mealtime.

We met 23 people who were living in the home, and two relatives .Staff we spoke with included the registered manager, three senior support workers, five support workers and catering staff. We observed how staff interacted with the people they supported in all parts of the home.

We looked at four peoples care records, 10 medicine records ,staff training records staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run. This included a copy of the provider's recruitment and retention strategy to employ and keep staff.

Requires Improvement

Is the service safe?

Our findings

At the last inspection, we found that the service was not safe. This was because people had not been supported in a timely manner by the staff during busy times. At this inspection, we found that improvement had been made. However, due to a continued shortfall in the numbers of permanent support staff the service relied regularly on the use of agency staff and bank staff. These are staff who work for the provider but only work in a service on an occasional basis. We observed bank and agency staff were working on both days of our inspection. The registered manager and staff told us that some new staff had been recruited since our last inspection and some other staff had recently left employment in the service. This had meant there was a shortfall in the permanent support team numbers. A senior manager gave us a copy of the provider's recruitment and retention strategy for new staff . We saw that a detailed action plan was being implemented for the service. On the second day of our visit, we met potential new staff who were going to be interviewed.

The registered manager told us the numbers of staff that were required to meet the needs of people at the home were increased whenever required. For example, when people were physically unwell and required extra support and care. The numbers of staff needed to meet the care needs of each person was worked out by taking into account each individual's needs. Support staff and care staff were supported in their roles by a range of other staff. These included an administrator, domestic, catering and maintenance staff.

When we checked how medicines that were to be disposed of were being managed, we found that these medicines were not always stored safely. The providers own policy advised that medicines no longer needed were to be labelled and dated and put into a sealed small individual bag. We found 14 individual bags that either had no date or no name of the person they were for.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's medicines that were no longer needed were not being looked after safely .

The medicine administration records (MARS) we checked accurately reflected the medication given and medication remaining in stock. These included controlled drugs. Medicine was also stored securely in a locked storage facility or the refrigerator.

People received their medicine at the times they were prescribed. The service used a mix of a monitored dosage system and administering medicines from packages and bottles. These systems help people to give out medicines safely .Medication records included people's photographs and the medication administration records were complete and accurate. We saw the senior support staff giving people their medicines. They did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines.

Medicines were kept safely and the trolley was locked away inside a cupboard with the rest of the medicines. Medicines that required additional security were regularly checked by staff. There were daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain

their effectiveness. There were guidelines in place for people who had medicines prescribed to be taken as and when required. There was guidance to support senior support staff to give 'take as required' medicine, for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication safely.

Our observations showed us that people were safe with the staff at the home. Staff spoke to people in a respectful and courteous way. The staff also assisted people with their needs safely. For example when people needed support with their mobility needs these activities were carried out by staff following safe techniques.

Staff had a good understanding about the different types of abuse that could happen to people. The staff also knew how to report concerns about people at the home. The staff told us they were able to approach the registered manager if they were ever concerned for someone. Staff told us they had attended training about safeguarding adults from abuse. Staff told us that the subject of safeguarding people was also bought up at staff meetings. This was to make sure that they knew how to raise any concerns. Staff we spoke with also knew about the laws in place to protect people's rights and aim to keep them safe form the risk of abuse. There were copies of the procedure for reporting abuse on display on notice boards in several parts of the home. The procedure was written in an easy to understand style to ensure it was easy to use. There was also information from the local authority advising people how to report abuse if they were concerned about someone.

The manager reported all concerns of possible abuse to the local authority and told us when they needed to. Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact.

People's needs were assessed and risks identified in relation to their health and wellbeing. These included risks associated with moving and handling, falls, nutrition and pressure area care. The home had been part of a falls prevention project. This meant the service was focussed on supporting people to avoid harm from falling. Risk assessments were reviewed monthly. One person's falls risk assessment identified the need for closer observation and extra safety equipment. This had been addressed with the use of a room motion sensor if the person fell.

There was a recruitment procedure in place that helped reduce the risk of unsuitable staff being employed. New staff were only employed after a number of checks had been completed. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks. Disclosure and Barring checks were carried out on all the staff. We found proof of identification in the form of passports were also checked for all staff.

Health and safety systems were in place to keep the environment and equipment safe. For example, a fire risk assessment had been undertaken. There were contracts in place with external companies to check firefighting equipment and fire detection systems. Moving and handling equipment such as hoists were regularly checked and maintained in good condition. This meant people had safe equipment to support them with their mobility needs.

There were systems in place to try to reduce risks from cross infection. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, cleaning

equipment used to clean toilets was not used to clean bedrooms and communal areas. The staff wore protective plastic gloves and aprons when giving personal care. This was to reduce risks of cross infection.

Good

Is the service effective?

Our findings

At our last inspection we had found that Mental Capacity Act 2005 (MCA) assessments were not undertaken for each person to determine their capacity to make decisions. 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 the least restrictive option. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Care homes are required to apply to the local authority in line with the Deprivation of Liberty Safeguards (DoLS) when they feel it necessary to deprive a person of their liberty.

At this inspection we found that detailed Mental Capacity Act 2005 (MCA) assessments were now undertaken for each person to determine their capacity to make decisions. These were specific to each person and had been regularly reviewed and updated . For example, one person was at risk if they left the home without support and this had been clearly assessed in line with the MCA.

The staff team had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. There was guidance available about the Deprivation of Liberty Safeguards (DoLS). This information meant staff could access guidance if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application.

Staff understood how to obtain consent and the importance of ensuring peoples' rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care. People's care records showed they had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and be involved in planning their care.

People were provided with effective support with their care needs. This was evident in a number of ways. Staff used mobility aids correctly and they talked through what they were doing with the person and asked for consent. This was to reassure the person when they supported them. The staff assisted people to have a shower or a bath and to get up. We saw that staff helped people to sit in a comfortable position before they had meals and drinks and when they were in bed. The staff assisted people in a very attentive way with their care and support needs. We saw staff were very encouraging with people and they were following what was written in each individual's care plan.

Staff were provided with an in depth induction programme before they began working at the home. The induction programme included learning about different health and safety practices and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care.

A community mental health nurse spoke positively about the quality of care that was provided. In particular, they praised the way that the registered manager had put in place a number of changes that had increased the overall quality of care that people received. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. A chiropodist came to the home to see people for appointments during our visit. Peoples care records showed when they saw the dentist and we saw appointments were made for people when required.

People were happy with the food and told us they were always offered choices at each mealtime. It was apparent from the warm conversation between people and staff and the gentle humour between them and the laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food.

Some people ate their meals in the lounge area in lounge chairs. We heard staff offer people a choice of where to sit for their meals. People were encouraged to eat their food. When needed the majority of staff sat with people and helped them eat their meals discreetly. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure people had their meals. There were menus available in a visual format as well to help people make a choice from the meals to be served. We observed a choice of water or other soft drinks were available People were also offered tea and coffee and other drinks throughout the day.

The catering staff understood people's different nutritional needs and special diets were catered for. They were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements. For example, people with diabetes and people who needed to increase weight were provided with the diets they required for their health.

The staff ensured that monitoring charts were properly completed to record any staff interactions with a person. For example, these recorded how much people had eaten, and how much fluid they had consumed. Records were also in place for people who needed assistance to be moved so that their skin did not break down. Information in the care records set out how to support people with their nutritional needs. An assessment had been undertaken using a recognised assessment tool. This is a five-step screening tool to identify adults who were malnourished, at risk of malnutrition or obesity. The care plans clearly showed how to assist people with their particular dietary needs. For example, certain people needed a diet that was of high calorie content and this was provided for them.

Staff understood how to obtain consent and the importance of ensuring peoples' rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care. People's care records showed they had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and be involved in planning their care

Staff had a good understanding and awareness of the needs of people they assisted. The staff told us about people's preferences and daily routines. For example, what time people liked to get up, what meals they liked, and how they liked to spend the day. We saw staff assist people with their care in the ways that they explained to us. Staff told us they were allocated a small number of people to support with their care needs. Staff explained this helped them get to know individuals well and how they liked to be cared for. They also told us caring for people in small groups was a good way of ensuring they received an individualised service.

The provider had invested in a training programme to encourage staff to always think about what it feels like

to be a person with dementia. Staff spoke very positively about how this training had impacted on the way they supported people.

Training records showed there was a variety of other regular training available for staff. Sessions staff had been on included nutrition, wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs. This showed people were cared for by staff that were suitably qualified and experienced to meet their needs.

There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor to review how they were performing. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff that were well supervised and motivated in their work.

Good

Is the service caring?

Our findings

Staff had a good understanding and awareness of the needs of people they assisted. The staff told us about people's preferences and daily routines. For example, what time people liked to get up, what meals they liked, and how they liked to spend the day. We saw staff assist people with their care in the ways that they explained to us. Staff told us they were allocated a small number of people to support with their care needs. Staff explained this helped them get to know individuals well and how they liked to be cared for. They also told us caring for people in small groups was a good way of ensuring they received an individualised service.

We saw people were consistently treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff spoke with people in a gentle and caring way whilst providing care or assisting them with their meal. We also observed that people who needed support with personal care such as bathing and washing were prompted discreetly by staff who gave them support .Every person we met lad clean clothes and their personal care needs had been met . People looked dignified in their clothes and accessories . These activities and observations demonstrated that people were being supported in a caring way with their needs.

Some people preferred not to socialise with other people and liked to spend time in their rooms. Staff supported people in their rooms. We saw they checked on them regularly to see how they were. One person said, "They say hello to me and have a little chat."

People told us that visitors were always made welcome in the home and this meant people could see their friends and family when they wanted.

We observed staff interacted with people in a kind, respectful and personalised way. This was evident to us in a number of ways. For example, staff members sat beside people while talking and gently laughing with them. Other staff members were observed comforting people who had become agitated, speaking gently with the person and gently touching their arm or giving them a hug.

Staff we spoke with told us they felt it was a caring service.One staff member said, "I think we treat people as we would like our relatives to be looked after." Another staff member told us, "We see people as individuals."

People had their own bedrooms and this meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with some of the person's belongings. We saw people were able to bring photos and small items of furniture in to them to look more homely. There was a quieter lounge that people could use at anytime .

One person told us about staff respecting their privacy. They told us "They are very polite." Staff we spoke with described and gave examples of how they treated people with respect. Staff said they ensured people were covered if assisting them with their personal care. They also said they always offered people choices in everything when helping them. For example, what clothes did they want to wear, and did they want a bath

or a shower.

Staff knew what person centred care was. They told us it meant to put the person at the centre of how care was planned for them. It also meant making sure people were cared for in the way they preferred. For example, choosing what time they got up, what gender of staff supported them with intimate care, and what choice of meals they wanted. Staff also used respectful language, for example they referred to helping people at lunch times as assisting people with meals

The staff knocked on bedroom doors before entering people's rooms. When staff were providing personal care people's doors were closed and these actions protected their dignity. We saw how staff spoke to people with respect using the person's preferred name.

Each person had an identified keyworker, a named member of staff who was responsible for ensuring information in the person's care plan was up to date. They also spent time with people individually.

Care records included plans that were in place if people were to need end of life care at the home. These plans were reviewed regularly with people and their families. People's preferences and wishes for their place of care and specific funeral arrangements were included. Staff we spoke with knew peoples wishes. The staff had been on end of life training. This meant staff knew how to provide sensitive care to people who were nearing the end of their life.

Good

Is the service responsive?

Our findings

At our last inspection we had found some care plans had lacked detail about all aspects of people's health and welfare needs. Action had been taken to improve this. We found that each person's care records contained details of an initial assessment of what their needs were when they moved in to the home. There was also an up to date person centred care plan in place for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans to ensure care was given in the way the person preferred. Care plans were comprehensive and personalised. They contained detailed information and reflected how each person wished to receive their care. Care records also gave guidance to staff on how best to support people.

Staff assisted people with their care in the ways that were set out in their care plans. Plans had details of people's likes, dislikes and preferences. These included how often and when they wanted support with personal care, and their bed time and morning routines. Care records were reviewed and updated regularly, where possible with the involvement of the person they were written about.

The home environment had been decorated and adapted based on the ideas behind the dementia training that the majority of staff had been on. There were parts of the home that had been decorated with a theme of going on holiday. There were flags and pictures and beach balls. Other parts of the home had musical instruments and hats that people could try on and use.

The staff told us the recent training they had been on had helped them to find new ways to engage with people, such as eating fresh fruit together and having a chat. Other ways included playing musical instruments, reading a paper and eating meals together. Further examples included not wearing a uniform, and wearing more relaxed clothes and no longer wearing name badges. During both days of our visit, we observed these activities and many more took place throughout the day. We saw that people looked very engaged in all the activities.

There were numerous warm and friendly conversations, and staff regularly went and sat with people just to talk with them .There were also prompt cards for staff such as a suggestion that people could sit down and share a banana together . This was a creative way of engaging in a simple and meaningful activity with someone . Another set of prompt cards discreetly on display, included a list of prompts with general questions staff could ask people and their lives, .Questions included subjects such as what employment they had and where they were born. These were used to provide stimulation and emphasis that each person was unique. We saw staff do these activities on both days of our visit and people responded in an animated way to them. We also saw people went into the garden without the need for staff to be there. The garden was secure and included seating areas and games. This gave people independence to have fresh air when they wanted.

The complaints policy was on display and contained guidance for people on how to complain. We looked at the complaints records and saw that there had been no complaints since our last visit. We saw complaints would be dealt with promptly in line with the provider's policy. People were actively encouraged to make

their views known about the service. For example, people and families were asked for their suggestions for activities and the meal choices . Relatives meetings also took place at the service.

Good

Is the service well-led?

Our findings

The quality of service and overall experience of life at the home was being well monitored. Areas being regularly checked included the quality of care planning processes, management of medicines, staffing levels and training. Quality audits had identified that there were shortfalls in the management of medicines that need to be returned to a pharmacist. Actions had been identified to address this area. When shortfalls were identified, we saw the registered manager had devised an action plan to address them.

One health care professional said " The registered manager's 'passion make the transformation needed The focus of the day is no longer on tasks and routines, but on creating a sense of family and fun full of laughter, affection and tender attention to every individual's needs". The staff said that the registered manager was open and very caring in their manner. They spent time with people and with the staff during our inspection. One staff member told us the registered manager was "The best manager they had ever had". Another staff member said, "The manager helps out and she achieves things." They also told us the registered manager would always help if staff needed extra support with people at any time. This was evident during our visit when we saw the registered manager offer people and staff time and support.

The registered manager showed an open and transparent approach towards staff and people at the home. They assisted people with their care and clearly knew the needs of people very well . Staff were also very relaxed with them and approached them regularly for support and guidance on both days or our visit.

The registered manager stayed up to date about current issues associated with care for older people. They went to meetings with other professionals who worked in social care. They shared information and learning with the staff at team meetings. We saw that they read online articles and journals about health and social care matters. They also made sure useful information was on display to be read by staff.

The provider had an online system of recording accidents and incidents which involved people living at the home. These were analysed and learning took place. The registered manager acted when any trends and patterns were identified. Actions were put in place to minimise the risk of re-occurrence. This information was available online to everyone in the organisation who needed to view it .The registered manager and other staff told us that this information was used by them and by the provider to monitor the quality of care people received. For example, a senior manager checked if people had received care and support that they needed in a timely way, and by the correct number of staff. Trends were also found using the online recording system. For example, if peoples mobility needs changed, or if people became anxious at certain times of day. We saw that care records had been changed and updated based on this information.

Staff meetings were held on a regular basis and the team told us they were readily able to make their views known to the manager. We saw records of recent minutes of staff meetings. These were used as an opportunity to keep staff informed about changes and about how the home was run. Staff were also given plenty of time to make their views known. This showed there was an open management culture. A service user and relatives survey was carried out on an annual basis. The result were analysed by the provider. The most recent survey had been very positive. However, action plans were prepared to improve the overall

service. For example menus we being reviewed to make sure people liked the options that were provided.

The staff understood the provider's visions and values. They told us they included being person centred with people, supporting independence and respecting their diversity. The staff told us they aimed to make sure they always used and followed these values when they assisted people. For example, staff said they helped people to make choices in their daily life In relation to their care.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines that were no longer needed were not being looked after safely.