Mr P Allen

Ebberly House

Inspection report

17-18 Ebberly Lawn
Bear Street
Barnstaple
Devon
EX32 7DJ

Tel: 01271 345684
Website:

Date of inspection visit: 8 December 2014
Date of publication: 13/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Ebberly House is a care home which is registered to provide care for up to 19 people. The home specialises in the care of older people but does not provide nursing care which is provided by community nurses. There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

At the last inspection carried out on 22 April 2014 we identified concerns relating to staffing levels and assessing and monitoring the quality of service provision around one issue. These concerns had both been addressed since that inspection.

Summary of findings

At the time of this inspection there were 11 people living at the home and three people staying at the home for a temporary respite period . On the day of the inspection there was a friendly and relaxed atmosphere in the home and we saw staff interacted with people in a positive and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager showed great enthusiasm in wanting to provide the best level of care possible and had worked there for many years. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

There were some effective quality assurance processes in place to monitor care and plan ongoing improvements. For example, there were systems in place to share information and seek people's views about the running of the home. People's views were acted upon where possible and practical. However, although health needs were met and monitored, the care records did not always reflect the care given as daily records were not done daily, sometimes blank for a few days, so there was no clear audit trail of progress for some health needs. This had not been picked up by care plan audits. Medication audits were also carried out but done informally so not recorded using a consistent format, which meant issues had been missed, such as gaps in medication administration recording. Individual falls risk assessments were completed and appropriate action taken but there was no overview of falls to enable patterns to be identified and to monitor the success of preventative actions taken as a whole.

People said the home was a safe place for them to live. One person said, "This is a home from home, we love it!". A recent thank you card commented, "Thank you for the wonderful way you looked after my father, living so far away it was lovely to know he was so loved and cared for". Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said "I don't have to worry about anything. I wouldn't change a thing".

People were well cared for and were involved in planning and reviewing their care although their involvement wasn't always recorded. There were regular reviews of people's health and staff responded promptly to changes in need. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. Health professionals told us, "Staff respond quickly and know everything they need to about people's needs. They are very flexible and receptive to our advice".

Staff had good knowledge of people including their needs and preferences. Staff were well trained; there were good opportunities for on-going training and for obtaining additional qualifications. Comments about staff included "It's lovely here, the girls are wonderful. Nothing is too much trouble" and "I've never met such nice people".

People's privacy was respected. Staff ensured people kept in touch with family and friends, one person was being supported to use a lap top to communicate to family and friends and staff were regularly ensuring that people knew who was due to visit them and when. A health professional said, "Things happen quickly here, the home offers something extra and makes people feel good and relatives welcome". Visitors were coming and going as they wished, for example one relative was taking someone out for a walk during our inspection.

People were provided with a variety of activities and time with staff. People could choose to take part if they wished. One person said "We do lots of things. We made Christmas cards yesterday. There's a new craft kit and we have sing-alongs. I can go out when I want". The registered manager said people didn't have to join in but were given the opportunity. Photographs showed past activities such as carol singing and parties.

There are a number of breaches of regulation. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The provider had systems in place to make sure people were protected from abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them. Risks were assessed and identified and appropriate actions taken.

Staff we spoke with were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective. People were involved in their care and were cared for in accordance with their preferences and choices.

Staff had very good knowledge of each person and how to meet their needs. Staff received on-going training to make sure they had the skills and knowledge to provide effective care for people.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of people's legal rights and the correct processes had been followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People were consulted, listened to and their views were acted upon.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Is the service responsive?

Requires Improvement

Some aspects of the service were not always responsive. People were involved in planning and reviewing their care although this involvement wasn't always recorded. They received personalised care and support which was responsive to their changing needs but improvements were needed to ensure this was recorded regularly in more detail.

People saw health and social care professionals when they needed to in a timely way. This made sure they received appropriate health care and treatment.

Summary of findings

People made choices about all aspects of their day to day lives. People took part in social activities, spent time with staff and were supported to follow their personal interests.

People shared their views on the care they received and on the home more generally. People's experiences, concerns or complaints were used to improve the service where possible and practical.

Is the service well-led?

Requires Improvement

Some aspects of this service were not always well led. There were some effective quality assurance systems in place to make sure that some areas for improvement were identified and addressed and the service took account of good practice guidelines. However, medication, care plan and falls audits were not carried out effectively to ensure consistent quality care.

There was an honest and open culture within the staff team. They had developed strong links with the local community.

There were clear lines of accountability and responsibility within the management team with the registered manager or a senior carer leading each shift to ensure consistency of care.

Staff worked in partnership with other professionals, who spoke positively about the service, to make sure people received appropriate support to meet their needs.

Ebberly 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 8 December 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. It was carried out by one inspector.

We also reviewed the information we held about the home.

During the day we spoke with nine people who lived at the home and three visiting health professionals. We also spoke with five members of staff, the registered manager and the provider. We looked at a sample of records relating to the running of the home, including staff files, audits and quality assurance and four people's care files.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person said "This is a home from home, we love it!". A recent thank you card commented,"Thank you for the wonderful way you looked after my father, living so far away it was lovely to know he was so loved and cared for". Another person living at the home said, "It's lovely here, very comfortable and we don't have to worry about anything". One health professional said, "We've never had any bad experiences here".

The provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff told us they had received training in safeguarding adults. Staff completed face to face training and used a training DVD. Information about safeguarding processes was in the carer handbook and safeguarding policy. Staff knew who to contact if they suspected any abuse and the contact details were displayed prominently. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff said "We can turn up in the office anytime, we never feel we can't talk to or approach the manager about concerns. It's homely and we can give people our attention which makes us a happy team".

Staff encouraged and supported people to maintain their independence taking into account people's capacity to make their own choices relating to risk. There were risk assessments in place which identified risks and control measures in place to minimise risk. The balance between people's safety and their freedom was well managed. For example, when people had been identified as being at a high risk of falling, there had been discussions with them about how to minimise future risk, such as using a pressure mat alarm or encouraging them to ring for assistance before moving. These were recorded in their care plans and actions taken that they understood and were happy about. One person had been referred to a specialist, for example, to review their equipment. One person said,"I can't think of anything I'd change, I can go out when I want". One care plan reminded staff to, "Offer assistance as otherwise she will forget. Prompt them about collecting laundry but she can stand at the sink unaided". Manual handling risk assessments focussed on what people could do such as "Able to walk unaided into the bathroom and can wash own face and hands". Staff were happy to help them if they needed assistance whilst actively encouraged independence. One care plan said the person would ask for a wheelchair first but staff were aware they could manage walking well if reassured and supported and this was promoted in a kind way.

We saw that individual risks to people had been discussed with them wherever possible. For example one person had increased needs requiring specialist equipment which meant they could no longer go downstairs. Rather than move they had chosen to stay at the home. Risk assessments were in place about fire safety including whether they would hear an alarm, environment and manual handling and a meeting was held with them and their family to ensure they were safe and happy with their decision.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. There were three care workers and the registered manager in the morning, two carer workers between 12pm and 4pm and three care workers between 4pm and 8pm. At night there was one waking and one on-call care worker with on-call support at all times. Staffing numbers could be flexible depending on people's needs, for example if people became particularly unwell or if a person was nearing the end of their life. Attention was given to staff skill mix. For example, there were two senior care workers and another care worker working on the day of our inspection so a new care worker could work and learn with them in addition to usual staffing levels.

Although the home was not fully occupied the registered manager said they had kept staffing levels constant to allow staff to spend more time with people and for consistency. We saw this happened, including with those people who chose to spend more time in their rooms and that people received care and support in a timely manner. Staff were visible regularly in the communal areas. One person said "It's lovely here, the girls are wonderful. Nothing is too much trouble". We heard one care worker phoning a relative for someone to find out when they were visiting and another spending time talking with someone who's care plan said they liked to spend time with staff.

Medicines were stored and managed safely. No-one had chosen to self-medicate but they could if they wanted to. There were no controlled drugs (medication which is controlled by particular legislation and no covert medication (medication given without the person knowing

Good

Is the service safe?

in their best interests). The registered manager was aware of policies and procedures required to manage these safely for the future. All staff who gave medicines were trained and had their competency assessed before they were able to do so. We saw medication administration records and noted that medicines entering the home from the home's dispensing pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them individually before signing the medication record. For example, staff recorded how many tablets had been required for "as needed" medication and two staff had signed for any handwritten prescriptions which is good practice for safe administration. There were some gaps in the medication administration records which the registered manager was aware of. This issue was included on the agenda for the staff meeting to remind staff to enter the correct code if someone refused their medication.

Good

Is the service effective?

Our findings

There was a stable staff team at the home who had an excellent knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. One care worker said, "So many of us come in for training, it's a good turnout. We have lots of training. I take any course I can." A number of staff had attained a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff training was kept up to date. Training records were kept in individual files making it difficult to check who was due for what training but the three files we looked at were up to date. Staff had completed a wide range of training, such as fire safety, pressure care, manual handling and food hygiene. The registered manager was devising a matrix system to easily show this. Two staff were completing advanced first aid training to enable them to teach other staff on site.

Staff said they felt well supported. There was a system of regular supervision sessions for staff. The registered manager had booked all outstanding staff in for supervision as they were aware these formal sessions had fallen behind. Staff all completed a "Skills for Care" induction course until they were competent. We looked at supervision records which covered areas of work issues, personal isses and any training required. The registered manager did not use any set format but said they were looking at different forms to promote more consistency for supervision sessions.

People had access to health care professionals to meet their specific needs. During the inspection we looked at four people's care records. These showed people had access to appropriate professionals such as GPs, occupational therapists, dentists, district nurses and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell and this was recorded in the care plans. A community psychiatric nurse told us, "All staff know the ins and outs of people's needs and are able to tell us before we see someone. The registered manager is very helpful and always gets us involved appropriately. We are always involved as we need to be". A social worker told us, "We are respectful of the registered manager, if she says they cannot meet someones needs we respond to that as she would have tried everything". This demonstrated the staff were involving outside professionals to make sure people's needs were met.

Most people who lived in the home were able to choose what care or treatment they received. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Throughout the day staff demonstrated that they were familiar with people's likes and dislikes and provided support according to individual wishes. The registered manager was aware of recent changes to legislation and was actively working through possible appropriate applications to the Deprivation of Liberties Safeguards(DoLS) team. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

There were risk assessments in people's care records relating to skin care and mobility. We saw that where someone was assessed as being at high risk appropriate control measures, such as specialist equipment, had been put in place. Where people had been assessed asbeing at high risk of pressure damage to their skin we saw they had the identified pressure relieving equipment in place and they were being seen regularly by the local district nursing team. This meant people's health needs were assessed and met by staff and other health professionals where appropriate. One social worker told us, "The home respond quickly and know everything about people's needs. We have discussions about mobility, stairs and dementia for example and things happen quickly".

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. The cook was aware of who was on special diets although there was no clear list. The registered manager said they would rectify this immediately. However, people were receiving appropriate

Good

Is the service effective?

meals. For example, one person's care plan stated they liked a small meal and enjoyed others company which was happening and the cook knew who didn't like what foods such as liver and an alternative was prepared.

Everyone we spoke with was happy with the food and drinks provided in the home. One person said "The food is lovely. I like to come to the dining room". People were asked for their choices in the morning. One person said, "By the time we sit down we can't remember what we ordered". The registered manager sent us actions that were being taken after the inspection, which included a menu board and pictures of food so that people could see what was for each meal in advance. The registered manager was aware of new legislation regarding informing people of ingredients in relation to possible allergens and was comprising a list for people.

We observed the lunchtime meal being served in the dining room. People sat at tables which were nicely laid and each had condiments for people to use. We saw that most people were able to eat without assistance, with staff spending time to assit those who needed it in a relaxed way. One person was coming to the home for day care specifically to encourage them to remain independent and ensure they ate properly. They told us they enjoyed coming to the home for lunch. The food was well presented and tasty. One person said, "You cant fault the food here". We saw that throughout lunch people were treated with respect and dignity. They were not rushed. There was friendly banter between people. This helped to make lunchtime a pleasant, sociable event.

The home was well maintained and provided a pleasant and homely environment for people. The gardener told us how well the home was maintained and like someone's own home. People who lived in the home were involved in choosing colour schemes and furnishings. Staff showed us a room where the person had chosen all the décor themselves and each room was very homely and reflected people's preferences. One person was staying temporarily for respite care and their room was exactly as they liked it, full of their things.

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a stair lift to assist people with all levels of mobility to access all areas of the home and people had individual walking aids, wheelchairs or adapted seating to support their mobility.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff talked with us about individuals in the home. They had an excellent knowledge of each person and spoke about people in a compassionate, caring way. People spoke highly of the staff who worked in the home. One person said "This is a home from home, we love it". Another person said, "The staff are lovely, they all come and say goodbye at the end of a shift". A social worker told us how the home offered "something extra and made people feel good and relatives welcome".

Throughout the day we saw staff interacting with people who lived at the home in a caring and professional way. One staff member said "I love it here. It's so homely compared to other homes. I've been here a long time and it's really lovely". There was a good rapport between people; they chatted happily between themselves and with staff. Two people sitting together told us how they enjoyed coming downstairs to see what was going on and having a chat with staff. Staff were also respectful and courteous with each other which one person also commented on positively.

We saw that some people used communal areas of the home and others chose to spend time in their own rooms. People had a call bell to alert staff if they required any assistance. We saw this during our inspection. Care staff carried pagers and had coffee breaks with the door open so they could see if anyone needed anything. For example, staff noticed if someone wanted an extra blanket or the TV station changing. We saw that staff always knocked on bedroom doors and waited for a response before entering and bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. People's bedroom doors all looked identical which could make it difficult for people with memory difficulties to find their rooms independently. The deputy manager told us about a range of ideas they wanted to action to promote independence. We also heard how staff enabled one person to have lunch in their room privately with their husband so they could feel like they were at home together.

People told us they were able to make choices about their day to day lives. People said they chose what time they got up, when they went to bed and how they spent their day. One person said "I can choose what I want to do. If I want to go out for a walk I just can or I only have to wait a little while". Staff were consistently asking people, where they wanted to sit, if they had everything they needed, would they like another cup of tea or to join in some craft making. People were also able to see their visitors in communal areas or in their own room. One visitor had popped in to take their relative out in their wheelchair and staff waved them off at the door. The registered manager had almost completed "This is Me" details about most people's history and preferences to further enhance person-centred care and was continuing these with family involvement. We heard one relative telling the registered manager, "Thank you so much for all you do for X".

Care records contained detailed information about the way people would like to be cared for at the end of their lives. There was information which showed the provider had discussed with people if they wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in these discussions.

Requires Improvement

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them.

Staff at the home responded to people's changing needs. However, although we saw that short term health issues and changes in need were identified in a timely way and health professionals confirmed this, we found care plans did not clearly show how these issues had been addressed. For example, the home did not write daily report records. This meant that although when we asked staff they were able to tell us what appropriate actions had been taken, we could not follow this in the records. For example, relating to one care plan, this person required prompting to wash but we could not check to see how this was going or if they had washed themselves. Another plan identified a health condition and referral to the GP but no recorded follow up. Another care plan identified sore legs but no further mention of their progress other than "A district nurse will visit". We found these issues had been actioned and monitored but not recorded. For some people there were periods of a few days between records, therefore there was a risk that issues may not be monitored consistently or that staff caring for people may not always be fully aware of people's needs. The registered manager sent us reassurances following the inspection that they would immediately start daily records to address this issue.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed.

Care plans were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. For example, "I am able to walk into the wash room, I sit on the toilet lid and I can manage my own hands and face". Another care plan said, "Pay attention to drying between toes" and describing exactly the kind of drink they liked. People told us they were involved in planning and reviewing their care, however this involvement was not always recorded.

Staff at the home responded to people's changing needs. However, although we saw that short term health issues and changes in need were identified in a timely way and health professionals confirmed this, we found care plans did not clearly show how these issues had been addressed. For example, the home did not write daily report records. This meant that although when we asked staff they were able to tell us what appropriate actions had been taken, we could not follow this in the records. For example, relating to one care plan, this person required prompting to wash but we could not check to see how this was going or if they had washed themselves. Another plan identified a health condition and referral to the GP but no recorded follow up. Another care plan identified sore legs but no further mention of their progress other than "A district nurse will visit". We found these issues had been actioned and monitored but not recorded. For some people there were periods of a few days between records, therefore there was a risk that issues may not be monitored consistently or that staff caring for people may not always be fully aware of people's needs. The registered manager sent us reassurances following the inspection that they would immediately start daily records to address this issue.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

The care workers focussed on offering activities and talking to people in the afternoons. People told us they had made Christmas cards the day before. The registered manager had bought a new crafting kit and people were being helped to make cards during our inspection. There were photographs of other activities such as parties and occasions where staff had dressed up to entertain people. People could access books, crosswords and magnifying glasses. A local church provided regular church services in the home. Care plans gave details of people's likes and dislikes such as ball games, sing-a-longs and quizzes. Other people liked to spend time in their rooms and one care worker was chatting to someone about topics relevant to them, for example. One staff member told us how the registered manager had written a song for one person for a special occasion.

The registered manager told us how they were changing how they recorded activities and engagement, from activity based to separate records in individual files to ensure no-one was left out.

Requires Improvement

Is the service responsive?

One person said “There’s things to do, not all the time but enough for me. I can go out myself if I want though”. One person said they would like to see local and national newspapers and the registered manager said they would arrange this. During our visit some people were having a film afternoon with tea and cake which they were enjoying.

People said they would not hesitate in speaking with staff if they had any concerns. Information about how to complain was clearly available for people. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said “Oh, it’s lovely here, you would just need to speak to staff and they would sort it”. One formal complaint had been received since the last inspection. We saw that this had been taken seriously and responded to in line with the provider’s policy, actively informing the care worker and person involved. The registered manager said they did not record minor verbal complaints but said they would in future so they could monitor any patterns or avoid misunderstandings.

Requires Improvement

Is the service well-led?

Our findings

The registered manager worked occasional care shifts. They kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area who were all very positive about the care provided. However, we looked at audits within the home such as audits and reviews of care plans, medication and falls records. These required improvements as there were not always audits and checks in place to monitor safety and quality of care.

For example, individual care plans and falls records were good but audits and reviews had not picked up issues which needed action. For example, falls records were individual and appropriate actions were taken following a fall. However, overall there was no overview of monitoring any patterns such as location, times or after certain medication. For example, there was no way of monitoring if actions taken were working or reviewed. This would enable a more thorough approach to fall management. One person had recurring issues around the same topic which showed that actions taken may not be working as well as they could be, which would have been picked up with a more robust audit of accidents and incidents.

Care plans were person centred and individualised in detail. However, care plan reviews did not identify that daily records were not being done and full audit trails of actions taken regarding short term health issues were not in place. When we spoke with people living at the home, staff and the registered manager we found that health care needs had been met but that records did not reflect the care given.

Medication audits were done informally without using a set format and were not recorded. Therefore, although the registered manager was aware of a few gaps in medication records for example, we could not see how these were being monitored and audited regularly. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. This enabled the home to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's wishes and needs. Topics included menus and activities. We saw that in response to the most recent survey the menus had been changed. The quality assurance survey was due again for 2014 and the registered manager was now including health professionals formally. The registered manager had tried resident's meetings before but these had not been well attended. They told us they would offer these again but said they saw people living in the home all the time and people tended to talk to her individually. During our inspection two relatives popped in to see the registered manager and were able to spend time discussing their relative's care.

There was a management structure in the home which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the home. They were supported by a deputy manager and a small team of care workers. Four senior care workers were responsible for lead roles such as manual handling and dementia. The provider phoned or visited the home daily and the registered manager and staff all said they felt well supported, describing "a happy team" and praising the manager. One staff member said "We have got such a good manager, I've been here years and I would recommend this manager to anyone". A recent thank you letter stated "The world would be a better place if there were more people like you (the manager) in it. We exhausted you with our demands but you didn't buckle. You are highly thought of outside the home". Other staff said they could ring at any time for guidance or support. For example, when the heating had broken, "We got help straight away, the provider really cares". Asocial worker sought us out to tell us "We are very respectful of the manager. If she can't meet people's needs she will discuss it with us and we respond to that as she would have tried everything she could".

Staff told us about an incident which had happened at the home. It had been dealt with appropriately and staff and management had supported each other. Staff had been able to speak to the registered manager in private and there had been a meeting to discuss the incident and how people were feeling.

The registered manager, carers and provider were available throughout the inspection. We observed that all took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the staff team.

Requires Improvement

Is the service well-led?

All of the people spoken with during the inspection described the management of the home as open and approachable. The registered manager showed a great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. One person said, “They are all just lovely”.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: Some audits were not robust enough to ensure consistent quality of care. The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to- regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of the Regulations. Regulation 10 (1) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records How the regulation was not being met: Care plans did not always contain sufficient information to show care given or ensure a good audit trail of short term health issues and actions taken. 20 (1) (a) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of and accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.