Coate Water Care Company Limited

Ashbury Lodge Residential Home

Inspection Report

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Overall summary

Ashbury Lodge Residential Home provides accommodation and personal care for up to 44 people many of whom were living with dementia. At the time of the inspection there were 37 people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider.

On the day of the inspection we saw that people were well cared for and were appropriately supported. This included people being assisted to eat meals. We observed staff were good humoured, polite and caring when dealing with people.

People and, relatives of people who lived at the home told us they were satisfied with the care and support provided to people. Relatives told us the staff showed genuine warmth and affection towards people. One relative said of their relative who lived at the home, "The staff love her to bits." Another relative told us, "The staff are good. You couldn't get better treatment."

We saw there was an activities programme from Monday to Friday facilitated by two activities coordinators employed for 25 hours per week each. Relatives said the activities provided were varied and were enjoyed by people who lived at the home.

Records showed that where people were able to, they were involved in the assessment of their needs and in contributing to decisions about their care. Where people lacked capacity to make decisions about their care we saw that for some people relatives had been consulted about this. We found that assessments of capacity as required by the Mental Capacity Act 2005 were not always carried out for everyone who did not have capacity to make a decision about their care and treatment. We also found where people did not have capacity and decisions were made for them that these were not always recorded to confirm this was done as a 'best interests' decision. We found the service needed to make improvements in this area. The action we have asked the provider to take can be found at the back of this report.

Health and social care professionals told us the home made appropriate referrals of those people who lacked capacity and needed to be assessed under the Deprivation of Liberty Safeguards (DoLS) procedures. This is legislation that restricts people's freedom where this has been assessed as being needed to protect the person from possible harm. At the time of the inspection there was one person subject to a DoLS authorisation.

Staff were aware of their responsibilities to safeguard people from abuse and were provided with a handbook, which included details about safeguarding procedures and how staff could raise any concerns.

Each person's needs were assessed and recorded so that the staff knew how to care for them. Care plans incorporated people's preferences and routines so staff provided care in the way people preferred. These were reviewed and updated so staff had current information about people's needs. We saw records of the home liaising with other health and social care providers so that people were referred for appropriate care. Health and social care professionals told us staff contacted them with any concerns and staff sought guidance and advice so that people were safely cared for.

There were sufficient staff to meet people's needs with a separate staff team for each floor of the home. Relatives, staff, and, health and social care professionals told us they considered the home had enough staff to meet people's needs. The registered manager and a member of the administrative team monitored and planned staff training so staff were trained and competent in areas considered essential to providing safe and effective care. In addition to this, staff had opportunities for professional development by completing recognised qualifications in care.

The home was well led and had systems in place to gain the views of staff and relatives about the service provided. Relatives confirmed they attended relatives' meetings where they were able to raise any suggestions or issues they had. We saw records of reviews of accidents and incidents in the home plus action being taken to

Summary of findings

reduce the likelihood of any reoccurrence. Regular audits and safety checks were carried out, such as medicines audits and checks that equipment was safe and in working order.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because the provider had taken steps to protect people from avoidable harm, but there were some areas in need of improvement. Staff referred people to the local authority regarding people's lack of mental capacity and any restrictions that may be needed to keep people safe. Where people lacked capacity to agree to their care and treatment staff had not always assessed this. In addition to this, where people lacked capacity the staff had made 'best interests' decisions about people's care and treatment which were not always recorded. This meant the home was not adhering to current legislation and did not have a full understanding of the Mental Capacity Act 2005 and its Codes of Practice. We found the service needed to make improvements in this area. The action we have asked the provider to take can be found at the back of this report.

There were policies and procedures regarding the safeguarding of vulnerable people. Staff had attended training in the safeguarding of vulnerable adults and had a good awareness of how to report any concerns.

Records showed people's needs was assessed and care plans devised so that behaviour which challenged others was safely monitored and handled. Staff treated people with dignity.

We saw that risk assessments were in place for people with guidance for staff in how to manage risks. These were reviewed and updated to reflect people's changing needs.

The premises and equipment in the home were safe as there was ongoing maintenance.

Staffing levels were sufficient to meet people's needs. Checks were made on the suitability of newly recruited staff so that people were safely cared for.

Are services effective?

The service was effective as people's individual care needs were met and people were able to see their doctor or other health care professionals when they wished to.

Each person had a care plan outlining how they needed support and how they liked to be helped. These were individualised to reflect each person's preferences, choices and lifestyle.

People's families were involved and consulted about the care needs of their relative where the person did not have capacity to consent

Summary of findings

to care and treatment. Relatives said people were treated well by the staff who were also said by relatives to have the right skills to provide effective care to people. Staff were trained in providing care to people and said they felt supported to attain the necessary training and skills.

Staff worked with other health care professionals such as mental health services and community nursing services so that people received effective care. This included specialist nursing services so that people received appropriate care for pressure areas.

The home was well maintained and employed a maintenance person for any repairs and updates to the environment. There were areas where people could sit with other people or on their own. Signs and notices were used to help people orientate themselves and find their way around independently.

Staff carried out nutritional assessments on people and devised care plans to support people with eating and drinking so people were protected from risks associated with nutrition and hydration.

Are services caring?

The service was caring because people were treated with kindness and compassion, and their dignity was respected.

We spoke with one person at the home about their care. This person said the staff were kind and caring, commenting, “The staff treat me well. They are kind to me.” Relatives of people who lived at the home said staff treated people with warmth. Two relatives said the staff treated people with affection. We observed staff treated people with kindness and compassion. Staff had a good understanding of individual people’s needs which was reflected in the way they supported people.

People’s preferences were recorded in care plans. People’s relatives were consulted about their relative’s care where people did not have capacity to consent to their care and treatment. People’s privacy and dignity were promoted as the home had a policy regarding people being able to choose whether they received care from male or female care staff. Individual’s preferences for this were recorded in care records and the manager and reltives confirmed this took place. Privacy was also promoted as each person had their own bedroom all of which, except eight rooms, had an en suite toilet.

People were listened to and staff responded to people when they asked for assistance. Relatives were able to raise any issues they had at the ‘relatives’ meetings.’

Summary of findings

Care plans were in place so that those people at the end of their life received support to have a comfortable and dignified death.

Are services responsive to people's needs?

The service was responsive to people because people got the individual support, care and treatment they needed.

Most people at the home were living with dementia and were unable to consent to all aspects of their care and treatment. We saw records that people's relatives were consulted about their relative's care at the home. Care records showed individual's capacity was considered but we saw there was no evidence of this for one person subject to a DoLS authorisation. We also found that whilst some care plans referred to the 'best interests' of people, specific care and treatment procedures where people did not have capacity were not always recorded as being carried out in the 'best interests' of people. These procedures were in the 'best intersts' of people but were not always recorded as such. Health and social care professionals told us the home made appropriate referrals regarding people's mental health needs and this included consideration of those who may need their freedom restricted to keep the person safe by the use of a DoLS authorisation.

Staff told us they referred to individual care plans for guidance on meeting people's needs and that they asked people how they wanted to be supported. Care was personalised and responsive to people's changing needs as care plans were reviewed and updated.

The registered manager responded positively to any complaints and concerns. There was a complaints procedure displayed in the home so that people or relatives knew how to raise concerns. Relatives said they would feel comfortable raising any concerns with the registered manager. Records showed the registered manager investigated and responded to any complaints made.

Are services well-led?

The service was well led because it was effectively managed with an open and fair culture. The service had a registered manager who was in day to day control of the home.

There were systems for staff to discuss people's needs and for expressing their views about how the service was run to the home's management. Staff felt able to approach the registered manager for advice, or if they had any concerns.

Staff worked well with other agencies such as older person's mental health services to ensure good service provision for people.

Summary of findings

There were systems in place to monitor and evaluate the service provision, which included reviewing staffing levels and obtaining the views of people who lived at the home.

There was a system for reviewing any complaints, accidents or incidents and for taking any action to minimise any possible reoccurrences.

Summary of findings

What people who use the service and those that matter to them say

Due to the number of people living with dementia at the home we were only able to speak with one person about their experiences of the home. We therefore spoke to five relatives of people who lived at the home. We also spent time observing care and support during lunch in the dining room on the first floor. We used the short observational framework (SOFI), which is a specific way of observing care to help us understand the experiences of people who could not talk with us. We observed people received care and support as they needed it. Staff were observed to treat people with kindness and patience.

The one person who lived at the home who we spoke with said the staff were kind and they were asked by the staff how they wanted to be supported. This person said they were able to choose how they spent their time in the home such as what time they got up and whether or not they wished to join in with the activities. This person said staff responded promptly when they asked for assistance by using the call point in their bedroom.

Relatives of people living at the home gave very positive comments about the standard of care and the skills of the registered manager and staff. One relative said of the home, "I think it's great. It is so caring." Another relative said, "The staff are good. You couldn't get better treatment. The attention of staff is good and they have plenty of time for residents."

Relatives said the range and quality of activities was good and was tailored to what people wanted.

Relatives said they were asked to give their views on the home and attended the 'relatives' meetings' where they felt able to raise any issues or suggestions about life at the home for people. One relative said, "Anything we find not to our liking is addressed immediately."

Relatives told us the food was of a good standard and there was a choice of food. Further comment was made that specialist diets were catered for. A relative told us their relative who lived at the home had gained weight since being admitted to the home which was a positive outcome for the person.

Each of the relatives we spoke with said they considered the home was adequately staffed so that people received a good standard of care.

Ashbury Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

One inspector visited the home on 6 May 2014.

We spent time observing people and staff in the communal areas. We spoke with several people who lived at the home but only one of these people was able to talk to us about their experience of living in the home. We therefore spoke with five relatives of people living at the home. We also spent time observing care and support during lunch in the dining room on the first floor. We used the short observational framework (SOFI), which is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Before our inspection, we reviewed information we held about the home. We asked the provider to complete an information return and we used this to help us decide what areas to focus on during our inspection.

We looked at all areas of the building, including people's bedrooms (with their permission), the kitchen, bathrooms and communal areas such as the dining areas and lounges. We spent time looking at records, which included people's care records, and records relating to the management of the home. We also spent time talking to care staff and to the registered manager.

Following our visit we spoke with two health care professionals, who were involved in the care of people who lived at the home.

Are services safe?

Our findings

Relatives of people living at the service said they considered the home a safe place for people to live. A relative said how the home treated people well commenting, "She likes all the staff. They are her family." The person we spoke with said they felt safe at the home.

The registered manager was aware of the requirements of the Mental Capacity Act 2005 but was not consistent in assessing the capacity of those who did not have capacity to consent to care and treatment. For example, we saw the home used a tool called Assessment for Functions of Daily Living which included a section on assessing mental capacity. However, there was no record of capacity assessments for two people who were referred to the local authority for a possible order to restrict their freedom under a DoLS authorisation. We also found some care plans referred to care being provided in the 'best interests' of individuals but that some care and treatment was not covered by this. For example, one person without capacity did not have a record of any best interests decisions being made regarding the administration of medicines. Care was being provided in people's 'best interests' but this was not always fully recorded. This meant the home was not following the legal requirements of the Mental Capacity Act 2005 and its Codes of Practice and and is in breach of Regulation18 (a) and (b) of The Health and Social Care Act (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

The service had policies and procedures regarding the safeguarding of vulnerable people. These included definitions of possible abuse as well as guidance for staff to follow in identifying, dealing with, and, reporting any safeguarding concerns. Each staff member was issued with a staff handbook, which included procedures for staff to follow in reporting any concerns they may have. The staff handbook had policies and procedures regarding staff receiving gifts or making any financial gain from people in their care. Staff told us they were aware of the policy and knew they must not accept gifts or money from people. Staff told us they received training in the safeguarding of vulnerable adults and described how they would report any concerns of this nature. Staff also spoke of the importance of respecting people's dignity when providing care and that this was important to promoting the safe care of people. This meant the service had taken steps to protect people from possible abuse and that staff knew what to do if they had any concerns about people's safety.

Health and social care professionals told us staff were proactive in identifying those people where a possible DoLS order may be needed to keep the person safe by restricting the person's liberty. We saw records staff had done this where people had specific behaviour that required some restriction on people's liberty so the person was safe.

Staff told us they considered they took the correct steps to ensure people were safe. We saw risk assessments were carried out and recorded where risk was identified for individuals such as the risk of falls and for behaviour which may be perceived as challenging. Care plans were devised so there were clear procedures for keeping people safe when behaviours were seen as challenging. A health and social care professional told us staff were good at managing behaviour which challenged others by the use of a variety of techniques. These included the introduction of additional staff so people had a designated care staff member to look after them, and, the use of activities and diversion to distract and occupy people. The health and social care professional told us staff received training in managing people's needs. We saw records of this training which staff also confirmed they attended. The use of any planned physical contact was recorded in care plans and showed that minimal contact was used to keep people safe. Whilst these procedures were recorded and showed people were approporiately cared for it was not clear they were being taken in the person's 'best interests.'

We observed staff supporting people during lunch. Staff were tactful when supporting people to eat. For example, when people did not wish to eat their meal the staff were gentle in their approach and would leave the person and return later to encourage them to eat.

Care records and accident records showed where people had suffered an injury this was reviewed and an action completed and implemented so the chances of a reoccurrence were reduced. For example, we saw records of a care review following an accident to a person. There was an action plan of how the person needed to be monitored and of the use of new equipment to monitor the person's safety. Care records also included a body map

Are services safe?

chart where any mark or injury was recorded, such as when a person had accidentally injured themselves. This allowed staff to identify any trends and if any action was needed to address an injury.

People and their belongings were safe as the environment and equipment in the home were clean, safe and well maintained. Equipment was provided to meet people's needs such as hoists, specialist beds, pressure mattresses and specialist baths. Records showed these were regularly serviced and maintained to ensure they were safe and working properly. Other equipment was serviced and checked such as the gas heating system and fire safety equipment. Checks had been carried out regarding the prevention of legionella. Restrictors were fitted to bedroom windows for safety and security.

Staff told us there were sufficient numbers of staff to meet people's needs. This was also the view of the relatives we spoke with and the health and social care professionals. The registered manager told us the staffing levels were discussed at regular meetings with both the staff and the provider. This was so that adjustments could be made to ensure safe staffing levels were provided at all times. A health and social care professional told us how the registered manager implemented increases in staffing levels to meet people's changing needs so people were safe.

People were safe as checks were made on the suitability of new staff to work with vulnerable people. We looked at the recruitment of two recently appointed staff and saw the home had obtained Disclosure and Barring Service (DBS) checks on each person so the home knew if the staff had any criminal record or were barred from working with vulnerable people. Written references were obtained for each person including a reference from the person's most recent previous employer which enabled the registered manager to check how staff performed in their last job. We also saw records that each person was interviewed to check their suitability for the post. Each staff member had completed a medical questionnaire so the home could check staff were medically fit to work. Staff records showed the home's management addressed staff performance issues and these records included details of any action by the registered manager so that people received safe care. In discussion, the registered manager described how she had used disciplinary procedures where staff had not fulfilled their duties of ensuring people were safely cared for.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was effective as people's needs and wishes were respected, which was reflected in people's care plans.

Most of the people at the home had limited communication and were not always able to say how they would like to be supported. In these cases we saw there were records that individual people's family members were consulted. These included relatives being involved in care reviews and assessments of people's needs. Relatives said they felt fully consulted about their relative's care needs. Care plans reflected people's current individual needs, choices and preferences. For example, there was an Assessment for Functions of Daily Living, which was comprehensive in outlining the support people needed and what people could do independently. These also included details about the numbers of staff for specific procedures such as moving and handling and providing personal care. The care plans were reviewed and updated so that staff had information about changing needs.

Staff had the skills and knowledge to meet people's care needs, choices and preferences. Staff told us they referred to people's care plans which gave them guidance on how to support people effectively. Staff also said daily meetings were held so they could discuss any changes to people's care needs. Discussions with staff showed they had a good awareness of people's care needs and that staff were motivated to provide a good standard of care. Staff told us they supported people in the way people liked by, for instance, offering choices of how people would like to be helped.

Staff told us they had access to a range of relevant training courses. We saw records of staff training in dementia awareness, pressure ulcer care and prevention, the Mental Capacity Act 2005, and, behaviour which challenges. The registered manager planned and monitored training to make sure staff attended training courses considered essential for their work. Staff records showed that newly appointed staff received an induction. Staff also had access to national qualifications in care such as the National Vocational Qualification (NVQ) and the Diploma in Health and Social Care. A health and social care professional told us they worked with the staff identify training needs and that the registered manager facilitated training by external agencies such as the health service and social services. Relatives said how well staff treated their relatives who lived at the home and that staff were good at meeting care needs.

Staff told us they received regular supervision to discuss their work as well as performance appraisals. We saw records of staff supervision and staff appraisals. This meant the home's management had a system to check on staff performance and for providing support to staff in their work.

We observed the care and support people received during lunch and saw staff were attentive and assisted people in the way people preferred. Staff were patient in meeting people's needs.

People had the support and equipment they needed to be as independent as possible We saw that people had equipment such as wheelchairs, hoists, specialist baths and 'walk-in' showers so they could be independent. People were observed using specialist profiling beds and wheelchairs.

Care records showed staff involved health and social care professionals for advice and specialist input so that people received effective care. These included referrals to specialist input from community nurses so that people received appropriate care for any skin damage. We saw a care plan of the actions staff needed to take regarding the management of skin care where there was either skin damage or a risk of this developing. The care plan also referred to the equipment which was needed to provide effective care, such as, pressure relieving air mattresses and air cushions. Health and social services' professionals said the staff made timely referrals regarding mental health needs and regularly sought advice on the most effective support for people with specific needs. Relatives told us staff were prompt in referring people for medical assistance when this was needed.

We saw care plan records of how staff effectively supported people with their end of life care needs. These included guidance for staff to follow and the preferences of individual people and their relatives.

People were protected against the risks associated with inadequate or insufficient food and drinks. Staff carried out nutritional assessments on individual people and where needed a care plan was recorded for eating and drinking. Where appropriate, records were made so staff monitored

Are services effective?

(for example, treatment is effective)

what people ate and drank. The staff had a record of those people on special diets such as pureed food. The staff had referred two people for assessment and advice by a dietician so the staff had guidance on providing adequate food and drinks for those people. Staff monitored the weight of people and calculated a body mass index so action could be taken if people lost or gained significant weight. Relatives told us the food was of a good standard, that choices of food were provided, and, that drinks were always available. A relative said the home provided effective care and that their relative who lived at the home had gained weight since moving into the home which was a positive outcome for the person. We observed people were assisted and encouraged to eat and relatives said staff supported people to eat. Lunch looked appetising and was ample in portion size. We saw staff were aware of those people who were reluctant to eat and told us they carefully monitored what they ate.

The design and adaptations in the home promoted people's privacy and dignity. Each person had their own bedroom, all of which, except eight, had an en suite toilet and one bedroom had a shower unit. There were a number of communal areas such as dining areas, lounges and a conservatory, which people and their relatives were observed using. Signage and notices were used to help people living with dementia orientate themselves, such as a notice board with the day and date and a notice board with activities for the week. We saw that bedrooms were decorated to a good standard and that people had personalised their rooms with their own belongings. Relatives told us people were able to bring their own possessions to their rooms.

Are services caring?

Our findings

The service was caring because staff understood people's individual needs and treated them with kindness and compassion.

Each person and their relatives we spoke with commented on the kindness and compassion of the staff and management in the home. Two relatives used the word "love" to describe how staff treated their relative who lived in the home. Another relative said of the home, "I think it's great. It is so caring." Another relative said skilled the staff were in supporting people who lived with dementia.

We observed staff treated people with warmth, humour, friendliness and dignity. Staff with people in a calm and reassuring manner. Staff supported people where they needed but allowed people to maintain their independence such as when eating their food.

Positive and caring relationships were developed with people as staff expressed a caring attitude to people and referred to the importance of ensuring people were treated with respect and dignity. Staff were aware of people's care needs and said they asked people how they preferred to be helped. Staff told us people were treated as individuals and support was provided on the basis of individual needs. This included choice of a range of activities as well as religious and cultural events. One person we spoke to said how staff supported them to attend religious services.

People's privacy was promoted because staff handled information about them in line with the home's confidentiality policy. Staff told us they were aware of the importance of confidentiality to protect people's right to privacy.

Care records showed that staff had guidance in how to treat people so that positive behaviour was promoted. This included guidance on dealing with disinhibited behaviour so that people's dignity was promoted. A health and social care professional told us how the staff were skilled in dealing with people's behaviour so that people's dignity was promoted.

Care plans were in place so that those people at the end of their life received support to have a comfortable and dignified death.

The registered manager took steps to listen to people and to those that mattered to them. Relatives told us they were consulted about the care of their relative who lived at the home. We saw records to confirm this. Relatives said they felt able to raise any concerns they had and that these were always resolved quickly. The home facilitated 'relatives' meetings,' which relatives confirmed they attended and found useful to discuss any issues about the home. We saw minutes for one of these meetings where end of life care, planned activities and any other matters relatives wished to discuss were included.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive as people's changing needs and preferences were taken account of so that people received personalised care.

People's relatives were supported to express their views at the regular relatives' meetings. Minutes of these meetings showed that relatives were provided with information about any changes to care in the home, such as the plans to introduce personal histories for people so that staff had a knowledge of people's background. The relatives' meetings also included a section where relatives could express any views. Relatives confirmed they took part in these meetings and found them useful to discuss relevant issues about the home. We also saw there was a 'suggestions box' in the hall and relatives' meetings records showed relatives were reminded that they could use this facility to make any comments known.

Relatives told us they received a brochure pack with details about the home's care and facilities. We saw a regular newsletter for people and their relatives was produced, which included information about activities and key events at the home.

People and/or their relatives were involved in the assessment of individual people's needs, and in care planning to meet those needs. We saw relatives had confirmed their agreement to their respective relative's care plan although we noted one person's assessment and care plan did not include any evidence that the person or their relative was consulted. Relatives told us they were consulted about their relative's care. Most people at the home were living with dementia and were unable to consent to their care and treatment. Care records showed people's mental capacity was considered but we found this was not done for one person subject to a DoLS authorisation and for another person refeered for a possible DoLS authorisation. We also saw that, whilst some care plans referred to the 'best interests' of people, specific care and treatment procedures where people did not have capacity were not always recorded as being carried out in the 'best interests' of people.

Health and social care professionals told us staff made appropriate referrals regarding people's mental health needs and this included consideration of those who may need their freedom restricted to keep the person safe by the use of a DoLS authorisation.

Staff told us they responded to people's individual needs and we observed staff doing this during the SOFI observation at lunch. Care records reflected people's individual preferences and interests. We saw staff had responded to people's changing needs by regularly reviewing and updating people's care plans. A health and social care professional told us staff responded to people's changing needs, and, where needed, had increased staffing levels so that people had a designated staff member to monitor and care for them.

People were provided with a range of activities that were tailored to meet people's preferences. The home employed two activities coordinators from Monday to Friday. The manager told us care staff provided activities at the weekends and that occasionally the activities coordinators would work at weekends. Activities included visiting entertainers and trips out. Relatives and people told us these included trips to a local pub and to a wildlife park. We saw people using the lounge and dining areas where they spoke with other people and with staff so people did not feel isolated.

People were enabled to maintain relationships with family and friends. We observed people received visits from family members who told us they felt able to visit at any reasonable time.

Relatives told us they were kept informed of any developments regarding the welfare of their relative at the home. Relatives also said they felt able to raise any issues they might have. Relatives were aware of the home's complaints procedure and said they would approach the registered manager if they had any concerns or complaints. Any complaints or concerns were responded to. We saw records of complaints made to the home along with a record of how these were investigated and a written response to the complainant of the findings of the investigation.

Are services well-led?

Our findings

The service was well-led as it promoted a positive, open and inclusive culture that was centred on people's needs. The service had a registered manager in day to day control of the home.

Health and social care professionals told us they considered the home was well led. Reference was made by these professionals to the registered manager having the right experience and skills for managing the service.

Staff learnt from any incidents, complaints or concerns. Health and social care professionals told us how the staff worked well with them to meet people's needs. This included staff raising appropriate concerns or issues about people's safety and welfare as well as seeking advice. A health and social care professional told us staff raised any safeguarding issues with them and learnt from investigations or reviews carried out with them. We saw accident reports for incidents involving people and how the registered manager made changes to reduce the chance of a reoccurrence. We also saw the registered manager monitored accidents in the home on a monthly basis so that any trends could be detected and action taken to improve safety for people and staff.

The home was well led as staff promoted a culture based on people's needs and preferences. Staff told us that dignity and respect for people was central to their work. Staff said they felt able to raise any issues with the home's management at the regular staff meetings. Staff also said they knew how to raise any issues about people's welfare and safety.

The registered manager demonstrated good management and leadership by having a motivated and well trained staff team. The registered manager ensured there were sufficient numbers of staff by discussing staffing levels at the monthly staff meetings and at the monthly management meetings. A health and social care professional told us how the registered manager had increased staffing levels for specific people when this was considered necessary at a joint review of care needs. The home's management used a recording and monironing chart to check staff attended training and training updates for courses considered essential for their work. Staff competencies were reviewed at staff appraisal meetings. The registered manager told us the performance of night staff was checked by unannounced visits by the registered manager. Staff said they received "good" training, were able to attend courses for their professional development and could suggest courses that would improve their skills. Staff described the staff team as being cohesive and supportive.

The registered manager and staff team were open and inclusive to suggestions for improvement as relatives were able to express their views about the service when they were given a satisfaction survey to complete. We saw this was comprehensive and included questions about a variety of aspects of the home's care, environment and activities. The results of these were summarised into a rating for the home. A health and social care professional described the staff and management of the home as open to new ways of working and commented the staff were, "accommodating to taking on new ideas."

The home's management team worked in effective partnership with other agencies. Health and social care professionals said they worked very much in partnership with the staff to meet people's needs. This was also demonstrated in the care records which confirmed joint working with other health and social care providers.

The registered manager demonstrated good management and leadership as there were systems in place to monitor its performance and any risks. We saw records of regular health and safety checks and health and safety audits. The registered manager also completed a monthly monitoring form for the provider, which included details about complaints, accidents and care issues such as any significant weight loss for people. This meant the provider had information about the people who lived in the home so that any changes or improvements could be made. Emergency evacuation plans were in place so that people could be escorted from the home in an emergency.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 (a) and (b). The registered person had not made suitable arrangements for acting in accordance with the consent of service users in relation to their care and treatment including the guidance regarding the use of the Mental Capacity Act 2005.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 (a) and (b). The registered person had not made suitable arrangements for acting in accordance with the consent of service users in relation to their care and treatment including the guidance regarding the use of the Mental Capacity Act 2005.