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Westhill Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Westhill Care Home provides accommodation and support for a maximum of nine adults with a learning disability and or autism. There are seven bedrooms in the main building and two in an annex. The annex has its own kitchen, laundry and lounge and accommodates people who benefit from a smaller environment with less people. At the time of this inspection there were seven people living at the home. People had varied communication needs and abilities. Two people were able to hold conversations. Some people were able to express themselves verbally using one or two words; others used body language to communicate their needs. People who lived at the home required differing levels of support from staff based on their individual needs. All needed emotional support and help to access the community in which they lived.

This was an unannounced inspection which took place on 20 September 2016.

During our inspection the registered manager, who is also the provider was present. 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.

There was a lack of structured quality assurance systems and processes. Breaches of regulations had not been identified by the provider. The views of people were not being sought on a regular basis or being used to drive improvements at the home. You can see what action we told the provider to take at the back of the full version of the report.

Assessments and best interest decisions, when people did not have the mental capacity to make particular decisions, did not feature in the provider's care planning systems. As a result, people's legal rights to consent were not always upheld. You can see what action we told the provider to take at the back of the full version of the report.

The provider was not proactive in looking at ways to formally support people to make decisions about their own care and welfare. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were managed safely and staff training in this area included observations of staff practice to ensure medicines were given appropriately. Guidance about medicines that did not need to be taken on a regular basis was not always available. We have made a recommendation about this in the main body of our report.

Checks on the environment and equipment had been completed to ensure it was safe for people to use. People were involved in fire drills so that they were aware of what to do if a fire occurred. Personal evacuation plans were not in place and we have made a recommendation about this in the main body of our report.

People appeared very happy and at ease in the presence of staff. Staff were aware of their responsibilities in relation to protecting people from harm and abuse. People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this.

Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. Staff recruitment records contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Training was provided during induction and then on an on-going basis.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People were supported to access healthcare services, to maintain good health and to eat and drink healthily.

Positive, caring relationships had been developed with people. We observed people choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared dedicated and committed.

People received personalised care that was responsive to their needs. During our inspection we observed that staff supported people promptly. Activities were offered both within and outside of the home which supported people to increase their independent living skills. People were also supported to maintain contact with people who were important to them.

Staff understood the importance of supporting people to raise concerns who could not verbalise their concerns. People spoke highly of the registered manager. Staff were motivated and told us that management at Westhill Care Home was good.

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.

There were enough staff on duty to support people and to meet their needs. Robust recruitment procedures were in place so staff who were employed were safe to support people.

Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Westhill Care Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). However, the staff had not followed in full the requirements of the Mental Capacity Act 2005. Therefore people's legal rights to consent were not always upheld.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People were supported to eat balanced diets that promoted good health. People's healthcare needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Formal systems were not always used to support people to express their views and to be actively involved in making decisions about their care and support.

People were treated with kindness and compassion by dedicated and committed staff.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community. Staff supported people to maintain their independence.

Systems were in place that supported people to raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People's views were not consistently sought and used to drive improvements at the service. Quality assurance systems were not in place to help ensure good standards were maintained.

People spoke highly of the registered manager. Staff were motivated and there was an open culture.

Westhill Care Home

Detailed findings

Background to this inspection

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

One inspector who had knowledge and experience of supporting people with learning and physical disabilities carried out this unannounced inspection which took place on 20 September 2016.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed information that we received from an external professional who provides a service to two people who live at Westhill Care Home. With their consent we have included their views in this report. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with three people who lived at Westhill Care Home. In order to ascertain if people were happy with the support they received we also spent time observing the care and support they received, how staff interacted with people and people's body language when they were going about their daily routines. We spoke with three care workers, the deputy manager and the registered manager. In addition, we also spoke with four relatives on the telephone.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for three people, and other records relating to the management of the home. These included four staff training, support and employment records, minutes of meetings with people and staff, findings from questionnaires, menus, incident reports and maintenance records.

Westhill Care Home was last inspected on 24 April 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. One relative said of their family member, "I never have to worry about him." A second relative said, "Oh I do feel he's safe."

The registered manager reported incidents to the local safeguarding team appropriately. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to describe the different types of abuse, what might indicate that abuse was taking place and the reporting procedures that should be followed. One member of staff explained, "Looking at behaviours, self-harm, checking finances twice a day. Making sure if a service user complains it's investigated. It's protection from abusers, making sure there is an investigation. Also reporting to CQC, social services and everyone involved in the persons care."

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Risk assessments and support plans were in place that considered any potential risks and strategies were in place to minimize the risk. Behaviour monitoring charts were used to record situations leading to incidents, possible triggers and outcomes. Staff understood the importance of allowing people to take risks whilst maintaining their safety. One person had been identified as being at high risk if out in the community by themselves. Staff were able to explain that if the person wanted to leave the home they would attempt to distract or go with them but walking a few steps behind. One said, "It's all about trying to meet them halfway." Throughout the inspection we observed that staff did not invade people's personal space but were still visible in order that people were reassured they were not alone. When people became anxious diversion tactics were used and as a result people appeared to calm. A relative told us, "When incidents happen the staff stay in control which really helps X (family member). He is coping so much better than he used to. I have every confidence in them."

Incidents and accidents were looked at on an individual basis in order that actions were taken to reduce, where possible reoccurrence. Staff understood the procedures that should be followed in the event of an incident or accident. One explained, "If a cut to the head assess the injury. Contact the manager, make comfy, try and stem blood and if necessary call for ambulance. Also complete accident form." Another said if there was an incident of aggression, "Try and calm the person, offer diversions to try and reduce the agitation. Look for signs such as pain and offer pain relief. Call for assistance if needed. If violence involves the public, phone the police. Afterwards complete behaviour chart and incident forms."

Checks on the environment and equipment had been completed to ensure it was safe for people. These included safety checks on small portable electrical items, gas supplies and fire safety equipment. An emergency contingency plan was in place for events that included floods, fire and power failure. Personal Emergency Evacuation Plans (PEEP) were not in place. None of the people who lived at the home had a physical disability that would require assessment and consideration when evacuating in the event of a fire. People were involved in the fire drills at the home. One member of staff explained, "This helps so they (people) don't panic if happens for real." However, their diverse and complex needs had the potential to

impact on the level of support they would require in the event of a fire.

It is recommended that the registered provider reviews the fire safety evacuation systems to ensure they are sufficient for everyone.

Appropriate arrangements were in place in relation to the recording, storage and administration of medicine. In addition to medication administration record (MAR) sheets people had individual medicine profiles which included a photograph of the individual and details of what each medicine was. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Staff responsible for administering medications were trained and were able to describe how they ordered people's medicines, how unwanted or out of date medicines were disposed of and the actions they should take in the event of a medicine error. We did note that PRN (as and when required) protocols were not in place for all people who had this medicine. The member of staff on duty responsible for medicines was able to explain when PRN medicines should be given. However, detailed information was not available in all instances to inform staff (including agency) how to give this medicine safely.

It is recommended that the registered person reviews and ensures medicines guidance is available for all medicines including PRN medicines.

On the day of our inspection, there were sufficient staff on duty to meet people's needs safely. A relative told us, "Staff consistency really helps X (family member). They have a fairly settled staff group. X is really so much better because of this." Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. Staffing levels were based on people's individual needs. Their dependency levels were assessed and agreed with the relevant local authority who funded people's placements and staffing allocated according to their needs.

The provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Requires Improvement

Is the service effective?

Our findings

People's legal rights to consent were not always upheld. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made DoLS applications for people when needed and a number had been authorised. As part of this process mental capacity assessments had been completed and best interest meetings held and recorded. These had been arranged and completed by the authority responsible for authorising the DoLS applications.

When exploring this further we found that mental capacity assessments had not been completed for any person who lived at the home for any aspect of their life. Formally assessing capacity and undertaking best interest meetings and decisions did not feature in the assessment and care planning processes at the home. The registered manager confirmed this and told us that informal, assessments were at times undertaken but that no formal capacity assessments had been recorded. This was not consistent with the law.

People were not supported by staff who fully understood how to promote their legal rights. Staff said that they had received MCA and DoLS awareness training (and records confirmed this). However, discussions with staff and examination of records confirmed that staff knowledge and practice was not sufficient to ensure all aspects of the MCA 2005 and people's rights were protected. When asking staff about their understanding of this and their responsibilities one said, "This can be a grey area. Social services come and MCA." When asked about DoLS a person said they did not know what this was. When asked about MCA and best interest decisions and meetings another member of staff said they did not know what these were.

People's rights to consent were not assessed and the MCA Code of Conduct was not followed. This was a breach of Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Within 24 hours of our inspection the registered manager had reviewed the procedures in place so that consideration of a person's ability to consent featured in the assessment and care planning processes in place.

Despite the above we observed that staff checked with people that they were happy with support being provided on a regular basis. Staff sought people's agreement before supporting them and then waited for a response before acting on their wishes. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

Staff received support to understand their roles and responsibilities through training, supervision and an

annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. We did note and the registered manager confirmed that two staff had not received their annual appraisal. Despite this, all staff that we spoke with said that they were fully supported. One member of staff said, "I feel like the whole team have helped me very much since I worked here."

All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Two staff who had commenced employed since 1 April 2016 had completed an induction that was not the Care Certificate and we noted that the provider's policy also referred to old standards. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. We were informed that any new staff would have to complete the Care Certificate. Staff confirmed that during their induction they had read people's care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with a member of the management team who reviewed their progress and offered support. For example, one member of staff said, "They provide support and training from the start. Learning is constant."

Staff were trained to support people effectively. Training included: first aid, fire safety, food hygiene, infection control and moving and handling. A training programme was in place that included courses that were relevant to the needs of people who lived at Westhill Care Home. These included autism awareness, behaviour and conflict management and physical interventions. Staff confirmed that they were provided with training that enabled them to support people appropriately. One member of staff said of the behaviour and conflict management course they had attended, "This was very good. It helped me understand their needs. I must be their eyes and ears to make a safe environment. To be observant of dangers and to look after myself as well. We must do minimum handling when people are in danger. We must always be on the right side of the law and on the person's side as well."

People had enough to eat and drink throughout the day. A relative said, "They provide a varied diet and lots of fresh fruit and products." Another relative said, "Food is very good." One member of staff told us, "We have on-going discussion everyday about choice. Weekends we usually go and have a meal out at the pub. We usually also have a take away once a week. We try and ensure meals and choices are the same as if people lived independently. We plan around healthy options too. For example, Monday is a good day to have the take away meal as people do a lot of exercise activities so balances out the meal calorie contents."

At lunch time people and staff all sat and ate together which helped create a relaxed and inclusive atmosphere. People had varied abilities and their involvement in meals differed according to their wishes and needs. Three people went to a local supermarket each week and helped staff purchase shopping; another person helped put food items into cupboards whilst another did not actively participate but stood and observed staff when they prepared a meal.

People's likes and dislikes as well as information on whether they had specific needs were also recorded. This enabled the staff to provide people with food they liked and for those who could not tell them verbally what they wanted, with food they were known to enjoy.

People told us that they were happy with the support they received from staff. An external health care professional told us, "I can happily confirm that all the health needs of the two clients I reviewed are all being met. They had have their annual health checks done with health action plans in place and all medication reviewed."

People were supported to access healthcare services and to maintain good health. One relative told us,

"They arranged for X (family member) to have the flu jab. It's not just the mental wellbeing they look after but the physical as well." People told us that they were happy with the support they received to maintain good health. They told us that staff supported them to visit their GP, dentists and opticians. Records showed people were supported to attend annual healthcare reviews at their local surgeries and specialist appointments where required, for example psychiatrists and learning disability behaviour support clinics. People had health action plans in place which supported them to stay healthy and described help they could get.

Requires Improvement

Is the service caring?

Our findings

People were not always supported to express their views and to be involved in making decisions about their care and support. People were routinely involved in the annual review of their care packages but apart from this and sitting in at staff meetings formal opportunities were not available for them to express their views. Each person was allocated a key worker who had responsibility for overseeing a person's general needs such as toiletries and sufficient clothing. The registered manager confirmed that the key worker role did not include formal meetings between people to discuss and plan their care. Residents meetings did not take place as the registered manager said that many people who lived at the home would not be able to contribute to these. This was not in line with the Service User Guide which stated residents meeting would take place every two months. There was very little evidence that other ways of communicating had been explored. Staff told us that two people were able to read and one could understand some words. The registered manager confirmed that people did not receive a copy of their care plan as, "Some would not keep it. Any paperwork doesn't mean anything, they would just chuck away." The registered manager went on to say that if family members requested they were given copies. The registered manager had not explored ways of providing care plans and other information in a format more meaningful to people.

People were not routinely supported to be involved in making choices about their care. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the lack of formal processes to involve people in decision making staff understood the different ways in which people communicated and responded with consideration. For example, when one person was heard making specific sounds a member of staff was able to explain what these meant and we observed they quickly and sensitively responded.

People were treated with kindness and compassion in their day to day care. A relative said, "I find the staff very helpful and friendly." Positive, caring relationships had been developed with people. We saw frequent, positive engagement with people and staff. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions.

The atmosphere was very calm and relaxed. We observed people choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

Staff understood the importance of respecting people's privacy and dignity and of promoting independence. One member of staff said, "As soon as you start work here you are told expectations, how to speak to residents. Make sure curtains and doors are closed. Give choices such as clothes. Also support to make choices happen. So if someone wants a particular activity, help research and plan it, make sure they are respected." A second member of staff said, "Always try and give respect. X likes to sit in a particular chair so we respect that. X likes to potter in the garden so we don't stop him. X likes to stay in his room so we

monitor but give him his space." The principles of respect, dignity, choice, privacy and independence were reinforced the code of conduct that staff were given when they first starting work at the home and reinforced in the homes Statement of Purpose.

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's appearance and their personal hygiene needs had been supported. One relative told us, "X (family member) always looks happy and clean. They take care to make sure he is dressed nicely." A second relative said, "We are especially pleased about the help they give to make sure X (family member) looks after his personal cleanliness. This has much improved from when he was not living here." A separate lounge was available in the home for people to spend time with relatives in private if they wished. Relatives confirmed they were always made welcome. One said, "They don't mind what time you turn up. They always offer you a cup of tea." An all-male staff group was employed at the home which complimented the gender of people who lived there.

Good

Is the service responsive?

Our findings

People received a responsive service that met their individual needs. One relative told us, "I know my X (relative) and their needs. They have been through a lot of trauma in the past. Westhill understand this. They provide staff who understand my X (relative) and know how to motivate them. They have a good balance." A second relative said, "They (staff) give lots of time, care and attention. X (family member) behaviours have become more settled and they are content and more responsive. They have arranged a number of activities and little routines in the home especially for them."

The people who lived at Westhill Care Home had very diverse and complex needs. Some people required support with behaviours that could be viewed as challenging and included verbal and physical aggression towards themselves and others. Detailed and comprehensive behavioural support plans and guidelines were in place that had been compiled by both the staff and external professionals including specialist behaviour support teams. As a result of staff following these incidents of aggression had reduced which demonstrated a responsive service. Throughout the inspection the home was quiet. The television was on but the volume was not excessive and the radio played calm music in the kitchen. Staff spoke very calmly and patiently to people and staffs' movements were not startling or rushed. All of this helped create a very relaxed atmosphere and it was apparent that this benefited the people who lived at the home. When people did appear to be anxious staff reacted calmly and people's anxiety levels reduced before incidents occurred.

One person with very limited verbal communication entered the lounge and indicated they wanted a drink. Immediately a member of staff reacted to this request and supported the person to have a glass of water.

People were supported to access and maintain links with their local community. Food shopping was undertaken on a weekly basis using a local supermarket and people who lived at the home helped with this. Activities offered were flexible and included both in-house and external events. Each person had an individual activity planner that included social activities, sessions to increase independent living skills and to meet educational needs. People attended courses at college based on their individual needs and preferences. Courses included life skills and gardening. Skills gained at college were continued within the home. For example, a person who had been taught gardening at college now did this at home. As a result of the support given one person now helped with the vacuuming and another helped set the tables for dinner.

Activities included swimming, cycling, and visits to pubs and restaurants. People appeared happy with the choice and range of activities. During our inspection people left the home at various times to undertake activities and attend events. The home had its own transport which helped people access activities and the wider community.

People were supported with their relationships and spiritual needs. One person did not participate in certain events at the home due to their beliefs. Staff understood this and ensured their wishes were respected. Alternative activities were offered to the person at times when certain festivities took place.

Records and discussions with staff confirmed that other people were supported to maintain contact with

people who were important to them based on their individual needs. One person visited their family at times such as Mother's Day and Christmas, other people's relatives visited the home weekly, fortnightly or monthly and other people were supported to have contact via the telephone.

Individualised support plans were in place that provided information for staff on how to deliver people's care. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. We observed that staff supported people in line with their recorded wishes and the contents of their support plans.

People were listened to and their comments acted upon. Staff spent time with people on an informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place. Staff understood the importance of supporting people who could not verbalise their concerns to raise them.

Pictorial information of what to do in the event of needing to make a complaint was available. For people who could not access written or pictorial procedures staff told us that they observed their interactions and body language and would report any concerns to a member of the management team. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern.

The home had not received any formal complaints in over 12 months and therefore there were no records for us to examine. The registered manager said that he made efforts to resolve issues whilst they were informal and this had resulted in no formal complaints.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance audits were not completed to help ensure quality standards were maintained and legislation complied with. This was not in line with the provider's policy. The provider had a 'Quality Assurance Policy & Improvement Policy' that detailed actions that should be taken to measure, monitor and improve the service provided. Actions included a self-assessment, report and action plan, survey reports, quality improvement plans and targets. None of these had taken place.

The shortfalls we identified at this inspection had not been identified by the registered manager as audits and robust checks had not been completed. When giving feedback to the registered manager about our inspection findings they were not aware of their responsibilities to complete mental capacity assessments. Also they did not know that some people did not have protocols in place for PRN medicines and they had not recognised the lack of formal support to involve people in decision making.

The registered manager told us that the quality of service was monitored through satisfaction surveys that were sent to people, relatives, staff and professionals and people's care package reviews. However, surveys had not been sent on a regular basis and this was not in line with the provider policy. Surveys were last completed by people who lived at the home in 2013. In addition, residents meetings did not take place and again this was not in line with the provider's policy. The registered manager was able to give examples of changes that had taken place at the home as a result of staff views but not as a result of people and their representatives. The registered manager explained, "We changed the carpet. It was starting to wear. Staff commented and it was done. We changed the car. We had a bigger one and changed to smaller as more staff could drive this."

The registered manager confirmed that a regular, formal review and analysis of accidents and incidents did not take place. Therefore, systems were not in place that could identify trends and drive improvements at service level.

We found that some records were not accurate, up to date or stored securely. Minutes of staff meetings were not available on request and one person's latest care review minutes could not be located. The terminology used by a member of staff in behavioural incident records was not an accurate reflection of the action taken in response to incidents.

The above evidence demonstrated that effective systems were not in place to monitor and make improvements to the quality of service people received or to assess and take action to mitigate risks. It also demonstrated that accurate and up to date records were not maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Within 24 hours of our inspection we were supplied with the minutes of staff meetings and a person's review records.

We did note that surveys were sent to relatives during December 2015. Four were completed and returned.

All praised the home and the services provided. Comments included, 'Excellent, approachable, friendly staff' and 'Thank you for the good care taken to ensure X wellbeing.'

Despite the lack of quality assurance processes there was a positive culture at Westhill Care Home that was open and welcoming. People spoke highly of the management team. One relative said, "The owners are very polite and friendly." A second relative said, "It's an efficient, a well run establishment." A member of staff said, "One thing I'm really happy about here is the team, they are so supportive. They have helped me. It's the working spirit, team work. Always told its ok to ask questions, that's the way to learn." Staff were motivated and told us that management at the home was good. They told us that they felt supported by the registered manager and that they received supervision, appraisal and training that helped them to fulfil their roles and responsibilities. One member of staff said of the registered manager, "He's good, supportive, listens and addresses any concerns. I have learnt a lot from him. He has high standards."

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these by observing practice and during staff supervisions and staff meetings. A member of staff explained how the provider recognised the contribution staff made. They said, "From time to time he gives us a bonus, and vouchers as a thank you for doing a good job."

There were clear whistle blowing procedures in place which we were informed were discussed with staff during induction. Discussions with staff confirmed this. Staff were able to explain what these were when asked. They understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously.

The registered manager had introduced a Duty of Candour policy and procedure in line with changes in legislation and responsibility. This places a responsibility on providers to be open when incidents occur, communicate with people and where necessary give an apology. They had also informed CQC of certain events that had occurred. This was in line with their registration requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not routinely supported to be involved in make choices about their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights to consent were not assessed and the MCA Code of Conduct was not followed. This was a breach of Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to monitor and make improvements to the quality of service people received or to assess and take action to mitigate risks. Accurate and up to date records were not always maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.