Care Quality Commission

Nottingham Community Housing Association

George Hythe House

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection that took place on 21 April 2015.

George Hythe House is a care home providing accommodation and support for up to 44 people aged 55 years or over with a range of physical and/or mental health needs including dementia. Accommodation is on two floors with a passenger lift for access. All bedrooms are ensuite and there is one double room. The home is divided into four 'houses', each with its own dining room. There is a large communal lounge on the ground floor, a second lounge on the first floor, and secluded gardens to the rear of the home.

George Hythe House was registered to a new provider, Nottingham Community Housing Association, in April 2015.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we witnessed an example of unsafe moving and handling technique in one of the lounges. This incident could have resulted in a serious injury to the person. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However we also saw examples of good practice in the home when staff actively kept people safe.

People using the service and relatives said their thought the home was safe and that people were well-supported and encouraged to be independent. People also had the support of a visiting advocacy service so they could talk with people who were independent of the service if they wanted to raise concerns.

There were enough staff on duty to keep people safe. Relatives and staff said they thought staffing levels had improved and there were now enough staff on duty to support people as well as to socialise with them. We observed that staff had to time to do activities with people and spend time talking with them.

People told us they thought the staff were well-trained and supported people effectively. Some staff training was out of date and in need of improvement. The registered manager was in the process of reviewing and improving staff training when we inspected.

We observed lunch being served and people had a choice of what they wanted to drink and eat. If people needed assistance with their meals staff provided this and encouraged people to take their time. The cook said people were regularly asked for their views about the meals and new items were added to the menu if people said they wanted them.

People told us the staff were caring and we observed this in practice. During our inspection we saw many occasions when staff responded to people in a caring manner, providing them with reassurance, and company. The main lounge was the centre of activity in the home and the atmosphere was homely and friendly. The staff we spoke with said they thought the home would pass the 'Mum's test', which means they'd be happy for their family members to live there.

Staff understood the importance of giving people choice and recognised that every person using the service was unique and liked to be supported in a way that was right for them. Relatives said the staff were caring and gave them to opportunity to be involved in their family member's care if they wanted to be.

During our inspection we saw many examples of staff responding to people's needs promptly and efficiently. If people needed food, drink, personal support, or company staff provided this. When we spoke with staff about the people using the service they told us interesting things about them and their lives. This showed they had got to know the people they supported and had built up relationships with them.

During our inspection a visiting entertainer played a keyboard and sang with people. This activity proved to be very popular. Staff went round everybody in the lounge encouraging them to take part and no-one was left out. Most people sang or danced but others seemed to enjoy just watching and clapping at the end of each song. The activity gave every person in the room, staff and the people using the service, a boost and the atmosphere was lively and fun.

People using the service and relatives told us they would have no hesitation in speaking out if they had any concerns. They said they would speak with staff or the registered manager if something was wrong and they were confident that it would be put right.

All the people we spoke with said they thought the home was well-run and the registered manager friendly and approachable. People using the service and relatives also had opportunities to share their views through questionnaires, feedback forms, and in person. A local independent advocacy service visited the home and supported people to speak out if they needed to. This helped to ensure everybody living at the home had the opportunity to have a say in how it was run.

There were arrangements in place to regularly assess and monitor the quality of the service and records showed that improvements had been made as a result of these audits.

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?

Requires improvement

The service was not consistently safe.

Moving and handling was not always done safely and improvements were needed to how risk was managed.

People felt safe in the home and staff knew what to do if they were concerned about their welfare.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Medicine was safely managed in the home and administered by trained staff.

Is the service effective?

Good

The service was effective.

Staff were mostly trained and supported to enable them to care for people safely and to an appropriate standard.

People's consent to care and treatment was sought in line with legislation and guidance. Some improvements were needed to people's DoLS (Deprivation of Liberty) records.

People had plenty to eat and drink and were supported to have a healthy diet.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as unique individuals.

People were encouraged to make choices and involved in decisions about their care.

Staff gave people reassurance when they needed it.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Staff provided a range of group and one to one activities for the people using the service.

People told us they would have no hesitation in raising concerns if they had any.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had an open and friendly culture and people told us the registered manager was approachable and helpful.

People using the service and relatives had opportunities to share their views on the service.

The provider used audits to check people were getting good care and to make sure records were in place to demonstrate this.

George Hythe 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 21 April and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the home's statement of purpose and the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the home. We spoke with seven people using the service, five relatives, five care workers, the registered manager, and the deputy manager.

We observed support being provided and people taking part in group and one-to-one activities. We checked the provider's records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at the records belonging to six people using the service and observed some of the support they were receiving.

Requires improvement

Is the service safe?

Our findings

During our inspection we witnessed an example of unsafe moving and handling in one of the lounges. Two staff were hoisting a person from a wheelchair into an easy chair when a number of things went wrong. The staff failed to undo the person's wheelchair lap strap so their wheelchair lifted off the ground as they began to transfer. The sling was incorrectly adjusted and caught under the person's arms resulting in a 'drag lifting' effect with the person being pulled up from under their arms. In addition the person was initially placed incorrectly in the easy chair which led one staff member to pull them into position in a way that was unsafe.

Although the person was not harmed during this incident, and did not appear distressed, the unsafe techniques used could have resulted in a serious injury. We immediately brought it to the attention of the registered manager who took swift action to address the situation. She interviewed the members of staff concerned and took one off moving and handling duties pending re-training. She also agreed to check the moving and handling competence of all her staff to ensure there was no repeat of such an incident.

We looked at the person in question's care plan and risk assessment for moving and handling. Although records stated this person needed a hoist and two staff to assist them on 'most days' (their mobility was variable), there was no step-by-step guidance for staff to follow on how to assist them with transferring. As each person's hoisting needs are different having this type of personalised guidance in place would help to ensure this person was assisted safely in future. We discussed this with the registered manager who agreed to put a new care plan and risk assessment in place for them.

Records showed another person was at risk of weight loss. They had been referred to their GP for this in 2014. Since then they had continued to lose weight. Although staff and the cook were aware of this, and had been trying to encourage this person to eat more, no other action had been taken and no medical attention sought. We reported this to the registered manager who said she would take action to address this issue.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of unsafe care or treatment.

However we also saw examples of good practice in the home. We observed that another person was very active and constantly exploring their surroundings. Staff kept a discreet eye on this person and accompanied them when they were walking as they were unsteady on their feet. Staff took an interest in how the person was exploring the home and talked with them about its features. However when this person was seated, and taking part in an activity, staff did not intervene as they were judged to be safe at that time. This showed that staff only supervised this person when it was necessary and let them be independent when this was safe for them.

We checked this person's care plans and risk assessments. They instructed staff to accompany this person when they were walking and this was being done. They also stated that this person should have a sensor mat next to their bed so if they got up in the night staff could come and assist them. We checked this person's room and the sensor mat was in place.

We sampled other people's risk assessments. Records showed they were reviewed regularly and covered people's physical and mental health needs. When staff had needed advice from specialists on keeping people safe this had been obtained and the advice followed. The staff we spoke with understood which people were at risk and what from, and knew what actions to take to reduce that risk. One staff member told us, "[Person's name] loves to dance and we'd never stop her, but we do dance with her when she gets up because we don't want her to have a fall."

These examples showed that risks to people using the service were mostly well-managed so that people were protected from harm.

People using the service who were able to give their views told us they felt safe at the home. One person said, "I feel safe here because the staff are good." Another person commented, "I'm as safe as houses!"

Relatives also told us they thought people were safe at the home. One relative said, "We were worried about our [family member] at first because it was a big move for them

Requires improvement

Is the service safe?

coming here, but we needn't have worried. The staff are fantastic and if you have the slightest concern about anything they address it straight away. It always seems safe here."

We looked at how the home protected people from bullying, harassment, avoidable harm and abuse that may breach their human rights. The provider's safeguarding (protecting people from abuse) policy stated, 'all people have the right to live their lives free from violence and abuse'. All the staff we spoke with understood this and knew what to do if they had concerns about the welfare of any of the people using the service. Staff were trained to keep people safe and understood the signs of abuse and how to report any concerns they might have.

The registered manager told us people using the service had extra support from a local independent advocacy service. Staff from this service were visiting the home making themselves available to anyone who wanted to talk or had concerns. The registered manager also said that if a person appeared unhappy about something, but did not wish to talk with her staff, she would ring the advocacy service and ask them to visit the person to help find out what was wrong. This would help to ensure that people had someone independent of the service to talk with if they wanted this.

During our visit we observed there were sufficient numbers of suitable staff on duty to keep people safe and meet their needs. The rota showed the staffing levels we found were consistent with the home's usual staffing levels. A relative said, "There always seems to be plenty of staff around. If I thought there wasn't I'd go and tell the manager."

The majority of staff we spoke with said they were happy with the numbers of staff on duty. One staff member said, "The staffing levels are good here, it's a safe level." Two staff members said staffing levels had increased in the time they'd worked at the home. One staff member told us, "Yes there are enough staff. There never used to be. It's a big improvement and means we can give the residents lots of help."

One staff member said they thought more staff were needed in the mornings and at weekends because they felt they were 'rushed' at those times and as a result staff 'don't have time to sit and talk to the residents'. We shared this comment with the registered manager who said she would look at staffing in the mornings and at weekends to make sure it was sufficient and safe.

Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with the people using the service. We checked two staff recruitment files and both had the appropriate documentation in place.

Medicine was safely managed in the home. Records showed that all the people using the service had care plans in place for their medicines. These included information on how they liked to take their medicines, what they were for, and any side-effects they and the staff needed to look out for. If there were concerns about a person's medicines they were referred to their GP for a review.

Medicines were kept securely and only administered by people trained and assessed as being able to do this safely. We looked at medication administration records (MAR) for three people using the service. These showed that medicines had been given on time and staff had signed to confirm this. We observed some people being given their medicines and staff did this safely, allowing people to take their time and have their medicines in the way they wanted them.

Good

Is the service effective?

Our findings

People told us they thought the staff were well-trained. One person said, "They know exactly how to look after me. They are great." A relative said, "We're very impressed with how the staff care for our [family member]. They do a very difficult job and they do it well." We observed that, with the exception of the moving and handling incident described under 'Safe', staff were skilled and competent when they supported people.

When we inspected the registered manager was in the process of reviewing and improving staff training. She had introduced a new three-day staff induction to help ensure staff had the basic skills they needed when they first began working in the home. This replaced the previous 'e-learning' (computer-based learning) induction. The registered manager said this was an improvement as it included competence checks which helped to ensure staff could put what they'd learnt into practice.

The training matrix showed that not all staff had done the training the provider required them to do and that some training appeared to be out of date. For example out of the 28 staff listed, only 21 had completed dementia training, 19 health and safety, and 20 infection control.

The registered manager said she had already identified these issues and was in the process of implementing a new training schedule for staff. We saw evidence that end of life training was booked for May 2015, and diet and nutrition training for June 2015. This showed that the registered manager was taking action to ensure staff had the training they needed.

Staff told us they were mostly satisfied with the training they'd received and said they had had more since the new provider took over. One staff member said they would like some up to date fire safety training and we passed this request on to the registered manager.

We looked at how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was applied in the home. The MCA is legislation that protects people who are not able to consent to care and support. It ensures people do not have their freedom and liberty unlawfully restricted.

The legislation states that if people lack mental capacity to consent to their care and treatment, mental capacity assessments and best interest decisions should be formally completed and DoLS authorisations put in place for those who have restrictions placed on their freedom and liberty.

At the time of our inspection five people using the service had DoLS authorisations in place. We looked at one in detail to see how staff were supporting the person in question. Records showed they had used the least restrictive methods available (distraction, swopping staff, and changing the environment) to reassure the person if they became agitated, and had avoided using medicine which was there as a last resort. This was positive.

However some of the staff we spoke with were unsure whether or not they'd had MCA and DoLS training or what their responsibilities were under this legislation. The registered manager said she recognised there was some confusion on this subject amongst the staff team. She showed us she had ordered some leaflets on the MCA and DoLS to help the staff understand how it applied to their job roles. She also said further MCA and DoLS training would be provided to staff.

The home has four small dining rooms. During our inspection we saw lunch being served in one of these. People had a choice of juice or water to drink while they were waiting for their food to arrive. Staff served the meals from a hot trolley and people were offered gravy from a gravy boat. If people needed assistance with their meals staff provided this and encouraged people to take their time eating.

We talked with staff about the food served. One staff member said, "There's a choice of menus and the food is quite good. If a resident doesn't like what's on the menu they can have something else. The catering manager comes out and talks to the residents and changes the menus if that's what's wanted." Another staff member told us snacks were available between meals for those who wanted them.

We spoke with the cook who told us about the range of diets catered for which included fortified (enriched with extra nutrients), vegetarian and diabetic. Records showed that menus were discussed at residents meetings and some relatives who ate at the home also provided feedback on the quality of the food. The cook said new

Good

Is the service effective?

items were added to the menu if people said they wanted them. There was a choice of items at every meal plus a range of standard alternatives, for example omelettes and baked potatoes.

We looked at records for two people who needed particular support with their nutrition and hydration. Both were weighed monthly and had food and fluid charts in place so staff could monitor their dietary and fluid intake.

Records showed that people had access to a range of health care professionals including GPs, a specialist dementia team, SALT (swallowing and language therapists), district nurses, chiropodists, opticians, and dentists.

People's health care needs were identified and care plans were mostly in place to assist staff in meeting them in conjunction with health care professionals where necessary.

One person's care plan identified that their diabetes was controlled by diet and medication. However there was no information about what this meant for the person or how the staff could assist them to manage this condition. We discussed this with the registered manager who agreed to re-write the care plan to make it more informative and effective.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person using the service said, "The staff are good, very good. It's not only that they help it's also that if you've got any troubles you can go to them." A relative commented, "The staff are lovely with our [family member] and have gone out of their way to get to know them."

We observed staff being caring. During our inspection one person approached us and told us they were sad and didn't know what to do. We went with them to a staff member who said to the person "I know just what you need" and gave them a big hug. The person began to smile and laugh and appeared much happier. The staff member then got them a drink, helped them into a cardigan, and sat with them talking and listening. The person was reassured by the staff member who knew what to do to comfort them.

We spent time in the main lounge observing how staff supported people. One person using the service told us, "This is a very nice room and you can sit where you like." We saw that the main lounge was the centre of activity in the home and the atmosphere was lively and friendly. Staff continually interacted with people and included them in the life of the home.

The staff we spoke with said they thought the home would pass the 'Mum's test', which means they'd be happy for their family members to live there. One staff member commented, "Yes I'd be happy for my loved one to live here. I try to imagine that I'm working with my Mum anyway. The home has improved over the years." Two relatives told us they thought the staff were always friendly and caring and they felt they looked after their family member well.

We also observed that when people using the service became anxious staff were quick to reassure them. Two people expressed anxiety about things that were bothering them and on both occasions staff knew what to do to reassure them.

All the staff we spoke with understood the importance of giving people choice about all aspects of their daily lives. One staff member said, "We can give people lots of choices. For example, Would you like to get up now or later? Would you like a wash or not? What would you like to wear? What food and drinks would you like? Do you want to stay in your room, come to the dining room, go to the lounge?"

Another staff member told us that every person using the service was unique and liked to be supported in a way that was right for them and staff understood that. They told us, "Some people like to use talc, some don't. Some like deodorant, some don't. Some say, don't put soap on my face. They are all different." During our inspection we observed in practice staff treating people as individuals and not making assumptions about what they did or didn't want. People were also asked for their views and choices before any support was provided.

Relatives told us they were involved in their family member's care. One relative said, "We had a meeting with the manager to review our [family member's] care. The manager went through the whole system with us – care plans, risk assessments, everything. It was very reassuring to find out how much thought goes into our [family member's] care. What we saw – it was all good."

The staff we spoke with were able to describe how they preserved people's privacy and dignity. However this was not always done in practice. During the moving and handling incident described under 'Safe' the person clothing was disarranged and staff did not immediately rectify this. They also had an inappropriate conversation over this person's head which could have been upsetting and confusing for the person using the service.

We also saw there were a couple of entries in one person's daily notes which were disrespectful as they described the person as 'very snappy' and said they were in a 'Bad mood all day.'

We discussed these issues with the registered manager who agreed to address them and provide further staff training where necessary.

Good

Is the service responsive?

Our findings

During our inspection we saw many examples of staff responding to people's needs promptly and efficiently. If people needed food, drink, personal support, or company staff provided this. A relative told us, "The staff are on the ball. They're always looking around checking people are OK and seeing what they want. They don't miss a thing."

When two people told a passing staff member they were bored she suggested a few activities to them. They chose to have a manicure and the staff member provided this, talking with them while she did their nails for them. The two people appeared to enjoy this. Another person came into the main lounge and when a staff member saw them they immediately jumped and got a newspaper for them. A staff member told us, "[Person's name] always like the paper as soon as they come down in the morning." This showed that staff knew people's likes and dislikes.

We sampled people's care records. The registered manager told us that following recommendations from the local authority these were in the process of being improved and personalised. People's life stories were included to help staff get to know the people they supported.

When we spoke with staff about the people using the service they told us interesting things about them and their lives. For example one staff member knew the occupation of one of the people they had particular responsibility for supporting. They told us how they used this knowledge to encourage this person to develop hobbies and interests. Another staff member told us about the life time achievements of another person using the service. They said, "(Person's name) is amazing and I am proud to work with them."

The care plans we saw contained many examples of people's individual needs being identified and met. For example, two people using the service preferred staff of a particular gender when receiving personal care and staff accommodated this. Another person, who needed a profiling bed (a bed that can be raised or lowered), wanted a double one and staff had got this for them.

One person's care plan for 'mental ability' was in need of improvement. It stated the person could become agitated and tearful at times and ask to go home. However the care plan did not state how staff could best reassure this person when this happened. We asked staff about this and they knew what action to take. They said they would try a number of things including giving verbal reassurance, taking the person for a walk in the garden, or having a cup of tea and a biscuit with them. However these suggestions were not in the person's care plan which meant that if staff who were unfamiliar with this person were supporting them they might not know how to respond if this person became distressed. We discussed this with the registered manager who agreed to re-write the care plan to include the extra information.

During the inspection the people using the service took part in a range of individual and group activities. These included walks outside of the home, manicures, and socialising with staff. A small group of people played board games and did puzzles at a table in the main lounge. Some people attended a day centre in a building on the same site.

In the morning a visiting entertainer played a keyboard and sang with people. This activity proved to be very popular and had an invigorating effect of people. One person, whose mood had previously seemed quite low, began laughing and smiling when a member of staff danced with them. Another person using the service kicked off they shoes and got up to dance. A staff member went to dance with them, because they were a little unsteady on their feet. This person was an accomplished dancer and staff and people using the service applauded them which made the person smile.

During this activity staff went round everybody in the lounge encouraging people to take part and no-one was left out. Most people sang or danced but others seemed to enjoy just watching and clapping at the end of each song. The activity appeared to give every person in the room, staff and people using the service, a boost and the atmosphere was lively and fun.

We talked to relatives and staff about activities in the home. All commented on how successful activities were and all said they thought there should be more. Two people said they thought there should be more activities in the afternoon, as at present they were mainly held in the mornings when not everybody was up and about. One staff member said, "I'm proud of the service we offer but I would like us to improve on activities and outings." We passed this information on to the registered manager for review and action.

Good

Is the service responsive?

People using the service and their relatives told us they would have no hesitation in speaking out if they had any concerns. One person said, “If I had a problem I’d go to these [pointed to two staff members].” A relative commented, “It’s the sort of place where if you think there’s something wrong you just say straight away. The staff are very quick to put things right.” Staff told us they would always report any complaints to management.

The provider’s complaints procedure gave clear information on how people could complain about the service if they wanted to. People were invited to talk with staff, or complete a user-friendly form. The provider also had a free telephone number that complainants could use. The complaints procedure also included information on how to contact the Ombudsman, should a complainant not be resolved to a person’s satisfaction. Information on advocacy services was also provided if people needed support to make a complaint.

The complaints procedure also stated that only people with an ‘individual placement agreement’ could complain to the local authority about the service. This was incorrect as anyone using the service can complain to the local authority, they do not have to have an individual placement agreement to do this. We advised the registered manager of this and she agreed to update the complaints procedure accordingly.

Records showed there had been no complaints about the service since it was registered.

Good

Is the service well-led?

Our findings

All the people we spoke with said they thought the home was well-led and homely. One relative told us, “As soon as we walked in we knew it was the right home for our [family member]. We liked the feel of the place. We looked at 19 homes before we found this one.” Another relative commented, “It’s nice and friendly here, it’s one of the better care homes.”

We saw that staff had installed a ‘memory box’ outside each person’s room. Memory boxes contain items such as photos, medals, and small ornaments to help people reflect on the past and recall people and events. They can also tell a story of a person’s life. During our inspection we saw people using the service and relatives looking at the various memory boxes and discussing their contents.

One relative said, "I love the memory boxes outside people’s bedrooms. You go round and look at them and see all the interesting things people have done in their lives.” The registered manager told us the memory boxes had proved popular and could help some people identify their own rooms. She said the use of them was entirely optional and if people didn’t want one that was their choice.

We looked at how people using the service and relatives were involved in how it was run. The provider used a feedback form called ‘Praise or Grumble’ to invite people to comment on the service. This was intended for people using the service, relatives and friends, stakeholders, and visiting professionals. The form explained what would happen to the feedback, for example ‘Praise’ would be passed on the relevant person or team, and ‘Grumbles’ and ‘Suggestions’ would be discussed at staff meetings for action.

The registered manager also told us the provider issued annual questionnaires to people using the service and relatives and the first of these had just been sent out.

When we inspected a local independent advocacy service had begun working in the home supporting people using the service to share their views. Their first meeting was advertised in the foyer. The registered manager said the advocacy group had expertise in supporting people with mental health needs and would help to ensure that everybody living at the home would have the opportunity to have a say in how it was run.

The registered manager told us that a local training/work placement service had developed links with George Hythe and young people had completed work placements in the home. She said this arrangement had been productive for both services as the young people had enjoyed working in the home and learnt new skills, and the people using the service had welcomed and built up relationships with them. The young people had also done fund raising with the aim of buying a minibus for the people using the service. The registered manager said she believed the arrangement had brought people both in and out of the home together and had helped to foster a community spirit.

Relatives told us the registered manager was friendly and approachable. One relative said, “The manager is easy to contact and she is always saying to us ‘Come and see me anytime if you need to’.” Another relative commented, “It’s well-managed here and the manager is very easy to talk to and always willing to listen.”

The registered manager and her deputy worked some flexible hours to ensure they had an overview of how the service ran on different days and at different times. They were also on call, along with another senior member of staff, 24/7 so staff could contact them for support at any time.

We looked at how staff were supported to do their jobs. The provider’s supervision policy stated that staff supervision should take place every six week for full-time staff, and every 12 weeks for part-time staff. The registered manager said she was in the process of implementing this to help ensure staff had formal support if they needed it.

Most of the staff we spoke with said they felt supported in their roles, but a few felt they needed more support. One staff member said, “Yes I do feel supported. We have supervision about three monthly and meetings every other month. I do feel listened to. I feel like action is taken if issues are raised.” But another commented that although there were ‘proud of the care’ they felt they would like more support from management. We discussed this with the registered manager who said she would address this with a view to ensuring that all staff felt they had the support they needed to do their jobs effectively.

There were arrangements in place to regularly assess and monitor the quality of the service. These were part of the

Good

Is the service well-led?

provider's quality assurance process which the registered manager was following. The registered manager said initial audits had identified a need for further staff training in health and safety and this was being provided.

Relatives and staff told us they thought the service had improved since the new provider had taken over. One relative said, "The décor is much better - it's so homely now." A staff member commented, "We seem to have more resources now and more time to spend with the residents. The home looks better and feels better."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from the risk of unsafe care or treatment.**