Bupa Care Homes (ANS) Limited

Norewood Lodge Nursing Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 15 and 19 October 2015 and was unannounced.

Norewood Lodge Nursing Home is a care home providing accommodation for up to 48 people who require nursing and personal care. During our inspection there were 39 people living at the home. The home is set out over three floors and provides support to older people, younger people with health conditions and short stay accommodation.

There was a registered manager in post at the service. 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.

The systems for checking expiry dates and recording medicines were not always effective. Medicines were administered safely and people received their medicines when required.

We found people's rights were not fully protected as the correct procedures had not always been followed where people lacked capacity to make decisions for themselves.

The registered manager and provider had systems to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines. We found the audits were not always effective at identifying shortfalls in the service.

Where there were risks to people these were not always identified and measures were not in place to reduce the risk. After discussing this with the registered manager they ensured the risk assessments required were completed.

Staff had a good understanding about the assessed needs of people and how to keep people safe. However; care plans had not always been updated to reflect people's needs when they had changed or contain enough information on how staff should support people.

People and their relatives told us they felt safe at Norewood Lodge. Systems were in place to protect people from harm and abuse and staff knew how to follow them. We received mixed feedback from people and staff about staffing levels. During our inspection there were enough staff available to meet people's needs. The registered manager regularly audited call bell response time and investigated where call bells rang for longer than six minutes.

A recruitment procedure was in place and staff received pre-employment checks before starting work with the service. Staff received training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

People were complimentary of the food provided and had access to food and drinks throughout the day. Where people required specialised diets these were prepared appropriately.

People and their relatives told us they were happy with the care they or their relative received at Norewood Lodge. We observed staff were caring in their interactions with people.

People were confident they could raise concerns or complaints with the registered manager and they would be listened to. The provider had systems in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

The home offered a range of activities to meet people's individual needs and had strong links with the local community.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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

Some aspects of the service were not safe.

People's medicines were not always managed safely.

Not all risks to people were identified and recorded.

People were protected from the risk of abuse because staff were trained and understood how to report it.

People were protected from the risk of abuse because the provider followed safe recruitment procedures.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

People's rights were not always protected because the correct procedures were not always followed where people lacked capacity to make decisions for themselves.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's nutritional and hydration needs were met and their choices were taken into account.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good

The service was caring

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Staff knew the people they were supporting well and had developed good rapport with the people.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive.

People's care plans did not always include details of their current level of need.

Activities were arranged to make sure people had access to social and mental stimulation.

Summary of findings

People knew how to raise any concerns or complaints and were confident that they would be taken seriously.

People's views were sought by the provider and responded to.

Is the service well-led?

Some aspects of the service were not always well led.

The quality of the service provided to people was monitored and where there were shortfalls these were not always identified.

The manager promoted an open culture and was visible and accessible to people living in the home, their relatives and the staff.

People were supported and cared for by staff who felt supported by an approachable manager.

Requires improvement

Norewood Lodge Nursing 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 legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 October 2015 and was unannounced. We returned on 19 October 2015 to complete the inspection.

The inspection was completed by one inspector and a specialist advisor who was a nurse.

Before the inspection we reviewed previous inspection reports. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

During the inspection we spoke with six people and four relatives about their views on the quality of the care and support being provided. We also spoke with the registered manager and twelve staff including the chef, the maintenance person, the housekeeper and activity coordinator. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for six people. We looked at records about the management of the service. We also spoke with two visiting GPs during our visit and one healthcare professional by telephone following our visit.

Requires improvement

Is the service safe?

Our findings

There were systems in place to manage people's medicines. We found the systems did not always ensure medicines were safe for people receiving them. For example, where people were required to take their medicines via a percutaneous endoscopic gastrostomy tube (PEG) the route was not always recorded on the medication administration record. Whilst the staff we spoke with were aware of how to administer the medicines, new staff would not have this information available on the medicines administration record which meant people could be at risk of not taking their medicines correctly. We found where one person required their medicines to be crushed and administered through their PEG there was no record from the pharmacy to state it was acceptable to crush the medicines. We also found where medicines had been discontinued this was not recorded on the medication administration record.

Some people were prescribed creams and ointments which were kept in their rooms and applied by care staff. There was not always clear information in people's rooms so staff who administered the creams and ointments would know where to apply them. This meant new staff would not have information available on how to administer them correctly. Staff told us the nurses told them what creams to apply daily and the information was kept in people's folders in their rooms. People had charts in place to record the application of creams and ointments and we found some of these were inconsistently completed by staff.

The systems for checking medicines were not always effective which meant people were at risk of receiving medicines that were out of date. Creams and ointments were labelled with the date they were opened and we found two creams that had been opened were past their recommended expiry date. We also found homely remedy medicine stock was not consistently checked and one box was out of date. Homely remedies are non prescription medicines that are available over the counter at pharmacies. They can be used in the short term for the management of minor health conditions.

We discussed these concerns with the registered manager and they told us the information relating to PEG administration of medicines was recorded in people's medicines files. They said they would ensure this information was also recorded on people's medication administration record. They ensured the pharmacy had been contacted regarding the crushed medicines. The registered manager reassured us they had a stable and consistent staff team. They also said they would make the information regarding the creams available for staff and ensure staff were completing accurate records. The registered manager also assured us they would ensure robust checks were put in place to prevent further issues relating to medicines being out of date.

People told us they were happy with their medicines and they received their medicines when required. Comments included; "I get my tablets on time" and "I am happy with my medicines". The nurses received competency and training to ensure they administered medicines safely. The registered manager told us some of the nurses had not received their annual updated competency and training as they were waiting for an updated training package to be delivered. They had a date arranged for this in January 2016.

We observed nurses administering medicines; this was completed in an unrushed manner with the staff member telling the person what they were taking. We observed one person telling a carer they were in pain, the carer handed this information over to the nurse and the person was offered pain relief.

Where there were risks to people these were not always identified and measures put in place to reduce the risk. For example, one person did not have bed rails covers on their bed which meant they could be at risk of entrapment. The nurse on duty told us this was the resident's choice. Whilst there was a risk assessment relating to the bed rails being in place, there was no assessment to demonstrate that risks associated with not having bedrail covers had been discussed and agreed by the person. There was also no care plan to make sure risks to this person were minimised.

Another person had been assessed by a Speech and Language Therapist (SALT) as requiring to have their drinks thickened to assist them with their swallowing because they were at risk of choking. We observed staff supporting the person with drinks that were not thickened and were told the person refused thickened drinks. This was recorded in the person's care records and they stated the person had capacity to make decisions. However, there were no risk assessment detailing the risks to the person and how to manage the risk or evidence this had been referred to the SALT.

Requires improvement

Is the service safe?

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection risk assessments were completed for these incidents and staff had arranged for a GP to visit to provide them with advice on how to support the person with their swallowing.

Where people were at risk of falling or required support to mobilise risks assessments were in place and information provided included information on how to reduce the risks. Relatives told us they were aware of these assessments and kept up to date with any changes.

People and their relatives told us they or their relatives felt safe at Norewood Lodge. One person told us; "Oh yes, I feel safe here". Other comments included; "I feel very safe here" and "If someone wanted to come here and they were having doubts I would tell them not to worry". Comments from relatives included; "I can walk away knowing my family member is safe" and "My family member is absolutely safe there".

People were supported by staff who knew how to recognise and report abuse. Staff had received safeguarding training and were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through changes in people's behaviour such as becoming withdrawn or refusing to eat and physical signs such as bruising. They said they would report this to the nurse or the registered manager and they were confident it would be dealt with. Comments included; "I would report this to the nurse straight away and I am confident it would be managed" and "Anything like this happens and we tell the manager and they take action straight away." Most of the staff were aware of the whistle blowing policy and the option to take concerns to agencies outside of Norewood Lodge if they felt they were not being dealt with. However one staff member did say they would not report this outside of the organisation. We discussed this with the registered manager who told us they would raise this with all staff to ensure they were all aware of the procedure.

We received mixed comments from people about there being enough staff available, some of the people told us they sometimes had to wait for staff support. Comments included; "I ring my bell and they come, if it's a busy time you can get frustrated but it's not their fault people want to get up at the same time" and "They can't always come straight away there are a lot of people living here, but they do come". Other comments included; "You ring the bell and they come, they are absolutely marvellous" and "You call the staff and they come within minutes". Relatives thought there were enough staff available commenting; "I think there are enough" and "I've not noticed a shortage of staff". The registered manager audited the call bell response time monthly and they told us any bell that was not answered within six minutes was investigated. Feedback had been received from people raising the response to call bells as an area for improvement. The registered manager had audited the call bells in response to this and had identified a time where call bells were high and adjusted staff break times to fit in with this.

Staff told us they were busy, but there were enough staff available to keep people safe and meet people's needs. Comments included; "Staffing is ok, we don't stop" and "Staffing is pretty good, you can always do with an extra staff member". Another staff member told us staffing was good at the time of our inspection and shifts that need covering were picked up by permanent staff. The home had a stable staff team and had not used agency staff in the previous two years. During our inspection we observed staff were busy and people's needs were met.

The registered manager told us staffing levels were determined according to people's needs using a tool that assessed people individually and calculated the staffing hours required to support them. They said this information was transferred into the staffing rota. The registered manager said they were able to increase staffing to meet people's changing needs if required. They said the home was not at full occupancy and when the number of people living at the home increased the staffing would be increased to reflect this change.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. We looked at staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Requires improvement

Is the service effective?

Our findings

People did not always receive effective care because the correct procedures were not always being followed where people lacked capacity to make decisions for themselves. We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent.

Where people did not have capacity to make decisions for themselves the principles of the MCA were not always followed. For example, one person's daily notes stated they became anxious when being hoisted and staff confirmed this. The person's care plan stated they 'lacked capacity' and were 'unable to make decisions regarding their care and day by day living'. The care plan included information on how the person was supported to use the hoist, however it did not contain information relating to the person's dislike of this or that the decision to use the hoist was in the person's best interest. We also found relatives were signing consent forms on behalf of people where they did not have the legal right to do so. This meant people were at risk of receiving care and treatment which was not in their best interests.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

We spoke with the registered manager who told us they would review their processes for assessing people's capacity in line with the Mental Capacity Act 2005. The deputy manager told us they had just attended training on the MCA and DoLS and they planned on cascaded the knowledge they had gained to the staff team. They also said following the training they were looking at reducing restrictions around bed rails and had ordered new beds to support this process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS and the registered manager was in the process of making further applications to the local authority.

People told us they were happy with the food provided. Comments included; "The food is very good and you get a choice," "The food is first class" and "The food is out of this world". People also told us if they didn't like what was on the menu they were offered another choice. One person said; "They know I don't like mashed potato and they always give me an alternative". Another commented, "They offer alternatives if you don't like what's on the menu". Most of the relatives we spoke with commented positively about the food provided. One relative comented their family member did not like a particular food and recently had this served to them. We discussed this with the registered manager who told us they would ensure the person's records were updated and staff were aware of this.

There were two hot meal options on the menu daily and the menus were seasonal. We spoke with the cook who told us if someone wanted something different on the day they would offer different choices. People were offered both options at mealtimes to enable them to make a choice. The cook demonstrated knowledge of people's likes and dislikes and dietary needs and they had a list of these available in the kitchen. Drinks and snacks were available 24 hours and people had jugs of water available in their rooms. People who were at risk of malnutrition were regularly assessed and monitored by staff and the cook had access to information where people had lost weight in order to provide more calorific meals. Guidelines were in place to ensure people received a diet in line with their needs and staff were following these.

There was a calm and relaxed atmosphere in the dining room during lunchtime. People had access to drinks of their choice including an alcoholic beverage. We observed one person who required staff support with their meal and ate in their bedroom. The staff member informed the person what the meal was and supported them in an unhurried and relaxed manner.

People and their relatives felt that staff were well trained, knew people well and had a good understanding of how to meet people's individual needs. One person commented, "Yes, the staff are trained". One relative told us, "The staff have the right training". Where people had communication needs we were told by two relatives that staff understood their family members needs and interacted with them well.

Staff received a range of training to meet people's needs and keep them safe, they described the training as, "Brilliant, " "Effective" and "Good". Staff felt they had

Requires improvement

Is the service effective?

enough training to keep people safe and meet their needs. Training included how to support people to receive nutrition via a percutaneous endoscopic gastrostomy tube (PEG). This meant staff received training to ensure they were able to meet the individual needs of people. One staff member told us they were being supported to complete a level three qualification relating to their role and they thought this was "Great". We looked at the staffing rota and there was always a registered nurse on duty to make sure people's clinical needs were monitored and met. Staff told us there were regular handover meetings at the start of each shift, which kept them up to date with people's needs.

Staff received an induction when they joined the service and records we saw confirmed this. They said the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member told us "They gave me the extra support I needed and I developed better into the role". Staff received one to one supervision to receive support and guidance about their work. One staff member told us supervision was a "Two way process and quite productive".

People told us they had access to the GP regularly where required. One person told us, "Staff get the doctor if I am unwell". Staff monitored people's changing health needs and people were supported to see health professionals where required such as their GP, chiropodist and Occupational Therapist. A local GP visited the home weekly and relatives told us they kept up to date with any changes to their family member's health. One relative told us, "I am contacted whenever the GP comes out". Another relative told us staff supported their family member with a hospital appointment and the staff were, "Absolutely fantastic".

Visiting health professionals told us they felt the home communicated with them well and delivered a delivered a good continuity of care. They went on to say they felt the staff were knowledgeable and knew the people living at Norewood Lodge well.

Good

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were caring. One person told us, “The staff are very nice”. Other comments included; “The staff are very pleasant and helpful,” “I trust the staff” and “They are absolutely marvellous”. Comments from relatives included; “The staff are wonderful” and “They are very attentive, nothing but supportive”. We observed staff interacting with people in a friendly and relaxed way. During our inspection we saw people laughing and joking with staff and engaging in positive conversations. Staff were using people’s preferred names and talking to people about things that were important to them.

People and their relatives thought staff knew people well. One person said; “Most of the staff know me well and any new staff ask me what they can do for me”. Another person who had recently moved into the service commented, “Staff are asking me the right questions, they are getting to know me”. One relative told us, “They know my family member and their complexities very well”. They went on to say that staff must have invested time in getting to know their family member as they had picked up on the things that were important to them such as their love of cats. Staff told us they spent time with people getting to know them and were able to describe people’s likes and dislikes. One staff member said when referring to one person, “It’s nice to build relationships, they have a friend as well as a carer”. Another commented, “You can get to know people if there is a quiet period, it’s important to know them as a person”.

One relative told us how the registered manager and staff had helped them to arrange a birthday party for their family member in the home. They told us the registered manager and staff were really helpful and they had a “Wonderful event”.

People told us they were treated with dignity and respect. Comments included; “They respect your wishes” and “When they support me with personal care they always do it in a respectful way and talk me through what they are doing”. People also told us that their preference around the gender of carers was always respected. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. During our inspection we observed staff seeking consent before they supported people and they knocked on people’s bedroom doors and waited for a response before entering.

Each person who lived at the home had a single occupancy room where they were able to see personal or professional visitors in private. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One relative described the staff as, “Friendly and welcoming”. Health professionals told us the staff were welcoming and helpful. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

People and their relatives contributed to the assessment and planning of their care where they were able to. One person told us, “I’m involved in making decisions and staff ask me if I am happy”. One relative told us; “I am involved in care planning, I spoke to the staff about what is required to support my family member and they listen”.

Requires improvement

Is the service responsive?

Our findings

Each person had a care plan that was personal to them. However the care plans did not always reflect the person's current needs or contain enough information for a new member of staff to support them. For example, one person had it recorded in their care plan that they refused personal care. The care plan did not include information on how staff should support them with this. We discussed this with staff and they were able to describe how they managed to support the person with their personal care. Another person was supported to have their fluid and nutrition via a percutaneous endoscopic gastrostomy tube (PEG). A written regime was recorded in the person's care plan to support them with this. We observed the regime was not being followed, when we discussed this with the nurse it became apparent the regime had been changed by the dietician, however this was not recorded in the person's care plan. Whilst staff were aware of the needs of people the information would not be available for a new member of staff to support the person. We discussed this with the manager and they confirmed they had a consistent and stable staff team and hadn't used agency staff in the past two years. They also said they would ensure the care plans would be reviewed to contain up to date information.

Care plans contained records of people's daily living routines and described their personal likes and dislikes. They included information about what the person was able to do for themselves and where they needed support. People told us staff supported them to maintain their independence.

People and their relatives contributed to the assessment and planning of their care where they were able to. People and relatives told us they were happy the care plans reflected their needs. They also said they were kept up to date with any changes. One person commented; "The nurses sit with me monthly and ask if I am happy with my care" and another said when asked about their care plan, "They always ask me if I am happy".

People told us they had the opportunity to take part in the activities within the home if they wanted to. Comments included; "I try to join in with the activities, the staff are very good" and "I join in with quite a few of the activities, the staff work very hard". Relatives were happy with the activities on offer. We observed the activity coordinators facilitating group and individualised one to one activities.

One of the activity coordinators told us they were providing an individual activity to support a person with their communication. They used subjects that the person was interested in to encourage them to talk and this had been successful. The activity coordinator was also supporting people to engage in socialising, using people's interests to encourage them to participate.

The home had local links with the community such as the Parkinson's society, library and had arranged for a historian to visit and talk about the local area. They also arranged for a local school to join in with a 'paint pals' project. This involved local school children linking with people and developing friendships through painting and writing postcards. Other community links included the Methodist church who had created a mural in the garden and people had been supported to take part in the local Portishead in bloom event. The registered manager also told us they had arranged for local MPs to visit the home and talk to people.

People were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the manager. One person said; "I would tell staff and they would report it, I am happy it would be dealt with" another said "If I'm not happy I speak to the manager and something gets done". There had been six complaints in 2015, all of these had been investigated and responded to in line with the providers policy.

People had the choice to become part of the residents committee to enable them to involved in decision making relating to the home. They had drawn up a residents charter that identified the areas they would like to be involved in. These included supporting the local community by fundraising and being involved in the activity programme. During our inspection we saw evidence of these outcomes being met. Resident committee meetings were held monthly to enable people to decide what they would like to discuss at the residents meetings.

People told us they attended residents meetings and felt they were listed to and their comments were valued. Meetings were held every monthly for people to raise concerns and receive information relating to the service. A meeting had been held in July 2015 and people had raised suggestions relating to the food provided. We saw in the meeting in August 2015 the suggestions had been implemented. The meetings were also used to discuss new

Requires improvement

Is the service responsive?

staff, staffing levels and provide information such as a list of local taxi firms. The home also created a newsletter informing people and relatives about events arranged by the home.

Surveys were undertaken to receive feedback on the service annually. The survey included people's and relatives views on staff, their bedrooms, food, communal rooms, the building and grounds and activities. Feedback from the May 2015 survey identified the homes strengths as the quality of care, staff at the home and treating people as individuals. Areas of improvement were identified as promptness of staff attending people's needs and respectfulness of staff attending the needs of residents. The registered manager had developed an action plan in response to the areas of improvement. These included them auditing the call bell response time and arranging for staff to attend training that included dignity and respect. They had also introduced 'care in progress' signs on people's bedroom doors to alert staff that this was being completed. During our inspection we observed the signs being used by staff. Forms were also on display in the reception area of the home for people and relatives to give their 'suggestions' at any time.

Requires improvement

Is the service well-led?

Our findings

There were a range of audit systems in place, however they were not always effective in identifying shortfalls in the service. For example, they had not identified the concerns relating to medicines, the Mental Capacity Act 2005, lack of risks assessments and where information was lacking from care plans. Whilst the registered manager responded to the shortfalls we identified and put actions in place to remedy them during our inspection, the systems in place had not identified them. This meant people were at increased risk of not receiving care to meet their needs. We discussed this with the registered manager who told us they thought this could be a training issue for the staff. They said the staff reviewing and updating the records had not identified our concerns and they would address this by delivering training for the staff.

Regular audits had taken place for medicines, care plans, DoLS, nutrition, call bells, dignity, respect and involvement and infection control. These audits had identified some of the shortfalls in the service and there was an action plan in place to remedy this. For example, a care plan audit had identified more meaningful descriptions were required when staff were completing people's records. All accidents and incidents which occurred in the home were recorded and analysed. The audits identified actions required for improvements and noted when they had been completed. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

There was a registered manager in post at Norewood Lodge Nursing Home. The registered manager was a registered nurse and they kept their skills and knowledge up to date by on-going training. Staff told us the registered manager was approachable and accessible and they felt confident in raising concerns with them. The registered manager told us they had a commitment to openness and promoted an open door policy where staff could approach them with concerns. They said they regularly walked the floor spent observing staff and giving them feedback to support their development and promote best practice. One staff member told us "You can talk to the manager at any time, they listen to all the staff." Other comments included; "The manager is very good and approachable," "The manager values us" and "The manager is great, no problems, their door is always open." The provider completed monthly visits to assess the quality of care and developed an action plan where shortfalls were identified.

Staff meetings were held every two months which were used to address any issues and communicate messages to staff. Items discussed included customer satisfaction, incidents, safeguarding, training and new staff members joining the team. One staff member told us they found the meetings were, "Interesting." Another staff member said, "They are used to give us the details of any changes and where we need to improve, we can raise concerns and we are listened to." Staff completed an annual survey and the registered manager completed an action plan based on the feedback. For example, the most recent staff survey had identified some staff felt unable to learn and develop. In response to this the registered manager had arranged for staff in all the roles to have the opportunity to undertake a vocational qualification relating to their role.

The registered manager read the provider's monthly manager's briefings to keep themselves up to date with policies and legislation. They had recently attended a five day management training course arranged by the National Skills Academy. The attended local provider forums and found these useful to discuss any issues with other providers. The also attended managers meeting within the organisation and stated there was a good support network within the organisation.

We spoke with the registered manager about the values and vision for the service. They told us their vision was to, "Create a home from home". Staff told us the visions of the service were to; "Make people feel important" and "Treat this as people's home and for them to be safe, well looked after and happy".

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Not all risks to people were identified and assessed to reduce the risk. Regulation 12 (2) (b).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Effective processes were not in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3).**