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Hankham Lodge Residential Care 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Hankham Lodge Residential Care Home is registered to provide accommodation for up to 20 older people with care needs associated with age. The needs of people varied, some people were mainly independent others had low physical and health needs and others had a mild dementia and memory loss. The care home provided some respite care and can meet more complex care needs with the support of community nurses which has included end of life care. A small day care provision was also provided.

At the time of this inspection 19 people were living at the home.

Summary of findings

This inspection took place on 8 and 16 December 2015 and was unannounced.

The service had a registered manager in place who was although was on maternity leave continued to have an overview of the service provision. The registered manager was also one of the registered partners/owners of the service. 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 2008 and associated regulations about how the service is run.

People emphasised how happy they were to be living at Hankham Lodge Residential Care Home and liked the homely feel of the service. One person said "I feel like part of the family now and they know my family too." Another told "I don't think there's anywhere better."

Despite having positive feedback from people on the safety and management of the service. We found areas that could impact on people's safety and care.

The recruitment practice followed did not always ensure the required checks had been completed for all staff before they worked unsupervised. Possible safeguarding risks were not assessed openly in the home to ensure they could be monitored in a sensitive and confidential way.

The management arrangements had not ensured staff had maintained suitable documentation and systems to ensure effective and safe care was always delivered. Auditing and quality monitoring systems were not always effective and did not demonstrate people's views were taken into account and responded to.

Feedback received from people their relatives and visiting health professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home.

People told us they felt they were safe and well cared for at Hankham Lodge Residential Care Home. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the registered manager and owner of the service. On call arrangements were in place to provide suitable staffing and management cover.

People were complementary about the food and the choices available. People needed minimal support with eating and staff were positive in their approach to promoting people's independence.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home that supported a friendly and homely environment that both people and staff enjoyed.

We found a breach 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

The service was not consistently safe.

Recruitment practices did not ensure the required checks had been completed for all staff before they worked unsupervised.

Known possible safeguarding risks had not been managed appropriately. Staff however had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse.

People told us they were happy living in the home and they felt safe.

People had individual assessments of potential risks to their health. Staff responded to these risks to promote people's safety.

Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and how to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff ensured people had access to external healthcare professionals, such as the GP and community nurses as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them. Relatives were made to feel welcome in the service.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People told us they were able to make individual and everyday choices and staff responded to these choices.

People had the opportunity to engage in a variety of activity that staff supported them with either in groups or individually. People were also supported to enjoy daily life activities that they enjoyed.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The management arrangements had not ensured staff had maintained suitable documentation to ensure effective and safe care was always delivered.

Auditing and quality monitoring systems were not always effective and did not demonstrate people's views were taken into account and responded to.

The registered manager and other senior staff in the service was seen as approachable and fair.

Staff and people spoke positively about the management arrangements that promoted a homely and friendly home enjoyed by people and staff.

Hankham Lodge Residential 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 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 was an unannounced inspection on 8 and 16 December 2015. It was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

On this occasion we did not ask 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.

During the inspection seven people told us about the care they received and we spoke to three relatives. We spoke with five members of staff which included the chef. We also spoke with both the partners who owned the service one of which was also the registered manager. We also spoke to a commissioner of care from the local authority before the inspection.

One health care professional was visiting the service during the inspection process and was asked to share their view on the service. We also spoke with the hairdresser. Following the inspection a further two social care professionals were spoken with along with a local GP.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining area.

We reviewed a variety of documents which included four people's care plans, three staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home. We observed a midday meal.

We 'pathway tracked' three people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

Is the service safe?

Our findings

People said they felt safe and comfortable at Hankham Lodge Residential Care Home. People said they felt the premise was safe and secure and their property was safe in their rooms. One person said, "'I feel safe, the doors are all locked so no one can get in." People said the staff were quick to respond to any of their needs and answered the call bells quickly. One person said, "'. If they can't come up straightaway they let me know." Relatives had confidence that people were well cared for and safe in the service. One relative said about her mother "She's 100% safe here. I know when I leave her I don't have to worry."

Despite this positive feedback we found that the service was not always managed to ensure people's safety.

Recruitment records did not demonstrate thorough recruitment practice was followed at all times. The recruitment was co-ordinated by the management team and included an application form, confirmation of identity and some references. However we found one staff member was working in the home without any references and records recording staff's past employment history were not complete. The management team could not demonstrate that they had assured themselves that staff were suitable to work with people who could be at risk. This matter was raised with the management team who advised full employment history was discussed at interview but was not recorded. These areas were identified for improvement. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

We found that a safeguarding risk which was known to senior staff in the service had not been shared with all staff. This would have ensured any risks could be monitored in a sensitive, confidential and appropriate way. It is essential that all staff are aware of issues that may impact on people's safety in the service to ensure any risk is responded to appropriately... This was identified to the registered manager as an area for improvement. Staff had received training and updates on safeguarding adults on a regular basis. Staff were able to describe different types of abuse that they may come across and referred to people's individual rights. They talked about the steps they would take to respond to an allegation or suspicion of abuse. Staff knew how to raise concerns with the police or the social services directly as necessary. The registered manager confirmed an updated safeguarding procedure was being provided and would be readily available to all staff for reference in the near future and would contain all relevant contact details.

People said they got their medicines when they needed them and had the option to make decisions about what medicines they needed and to take them themselves if able. One person said, "I look after my own tablets, one morning and one at night. The staff organise the repeats and I just let them know what I need." Staff were professional in their approach checking that each person wanted to receive their medicine and that they took it. Staff also asked people if they had any pain or discomfort and responded to the feedback received. All medicines were administered on an individual basis. The medicine storage arrangements were appropriate. These included a drugs trolley and suitable medicines storage cupboards and secure storage within the fridge. Checks were maintained on what medicines were received into the service and what was returned to the pharmacy. Medicine administration was undertaken in a safe and person centred way. Staff who had undertaken additional training to administer medicines and their competency was checked on a regular basis. Staff completed the medicines administration records (MAR) chart once the medicine had been administered safely.

There were systems in place to deal with an emergency. There was guidance for staff on what action to take in the event of a fire or other emergencies that affected the home with relevant contact numbers for staff to contact. Each person had personal evacuation and emergency plan in place and these were kept centrally for easy access in the event of a fire. An on call arrangement was in place that ensured senior staff were available to provide advice and guidance if required.

People told us they thought there was sufficient staff working in the home to meet all their needs during the night as well as the day. One person said, "They come quickly enough, yes – in fact they come running." They told us they knew the staff and liked the fact that the work force was consistent and knew them well.

Staff told us there was enough staff to meet people's needs and minimum staffing levels were always maintained, this included three staff during the day and one waking staff at night. Staff told us additional staff were provided when

Requires improvement

Is the service safe?

individual needs were high. For example, when people were receiving end of life care. The management team assess the staffing levels and told us they remained flexible to any changing needs and took account of risks associated with emergencies in the service.

Systems were in place for staff to assess risks associated with people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and people's health. These included risk of falls, skin damage, nutritional risks and moving and handling. For example, we found sensor mats were used to reduce the risk of people falling when standing unaided.

Good

Is the service effective?

Our findings

People told us the staff were well trained and were considerate in their approach, people had confidence that they had the skills to care for them. One person said, "Oh yes I think they're well trained. The staff here are superior to other places." Another said, "I'm very happy with the way they look after me." People said they were not restricted in any way and they were free to carry on their life as they wanted to. One person said, "The staff consider you – not just do this or do that. I've not been stopped at all."

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines in the office for staff to follow. This Act protects people who lack capacity to make certain decisions because of illness or disability. Staff had an understanding of mental capacity and informed us how they asked for consent from people about daily care needs.

Staff respected people's rights to make choices and respected them. For example, One person who capacity had made a decision that staff did not think were wise but supported them to maintain their own rights. One person said, "The staff consider you, not just do this or do that. I've not been stopped at all." Staff told us people living in the home had capacity to make decisions about everyday care and events. The registered manager knew to seek further advice from social services if they had any concerns about people's capacity in making any decision or if they were having their liberty restricted in any way. This meant staff were aware of people's rights and people did not have unnecessary restrictions put upon their liberty.

People received care from staff who had appropriate knowledge and skills. The registered manager co-ordinated the staff training and maintained records to evidence the training programme in place for staff. Staff told us they received training and support which provided them with the necessary skills and knowledge to meet the needs of people living in Hankham Lodge Residential Care Home. A range of essential training was completed and we saw staff put this training into practice. For example staff knew when to use protective clothing like gloves and aprons appropriately and were seen to assist people with mobility problems appropriately.

There was an established induction programme for new staff. Staff told us the induction programme included a shadowing period alongside an allocated senior staff member. Training was based on Skills for Care and we were told the new 'care certificate framework' was being implemented. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Training was varied and included internal training and training provided by the local authority. Staff told us they could ask for training on areas of interest and were often asked if they wanted to undertake further training. This included recognised health and social care courses and courses of interest provided by local authority. For example staff told us about a course they had booked on care associated with Diabetes. One staff said "This really interests me as we have a couple of people with this condition."

Systems were in place to support and develop staff. Staff told us that they felt very well supported by the registered manager and the management team. Staff told us they received supervision and were able to raise any issue or concern at any time. Supervision sessions were held regularly and gave staff the opportunity to discuss individual training needs and development.

People were supported to maintain good health and received on-going healthcare support. People were supported to keep their original GP following admission to the home if possible. People said that they could see the GP when they wanted to and were supported in attending hospital appointments. One person said, "If I need a doctor they call the surgery straightaway." Relatives also confirmed contact with GP was regular and effective. Records confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. Staff told us dentists, opticians and chiropodists visited the home if people were unable to travel for appointments and people told us about the regular visits by the chiropodist.

During the inspection a community nurse was attending to one person. She confirmed they liaised closely with the staff around the care needed that included regular contact and discussion around people's health care and management. A visiting GP confirmed effective communication was maintained with staff that benefited the care of people in the service.

Good

Is the service effective?

Most people ate in the dining room at small dining tables that were attractively presented with table clothes and condiments. The mealtime was a pleasant social experience for people in a relaxed and homely environment. Staff chatted pleasantly with people about the food and choices available. A few people had chosen to eat in their own rooms and where people wanted to this was respected. People mostly ate independently and staff were discreet in any support they provided that included encouragement to eat independently.

All feedback about the food from people, relatives and staff was very positive about the food and choices available. People told us the food was 'very good'. We observed the midday meal the food was well presented and well received by people. People said, One person told us, ""We always get nice food" and "The food, that's exceptional. The freshness of it."

The chef and staff were well aware of people's dietary needs and preferences. These were reflected within the menus and food provided and demonstrated that people's needs were responded to appropriately. All staff had an understanding of specific diets that included diabetic diets. People were able to have drinks whenever they wanted and had jugs of water within easy reach along with fresh fruit

Staff monitored people for signs of poor nutrition and this included completing regular weights and checking peoples clothing for signs of poor fitting. Nutritional risk assessments were used to identify people at risk and those people at risk or difficulty with swallowing were referred to the GP for further medical review.

Good

Is the service caring?

Our findings

People were treated with compassion and great caring in their day-to-day care by staff who knew them well. People and relatives spoke very highly of the care and support provided by staff at Hankham Lodge Residential Care Home. Comments included, "The care is good I've only got to mention anything and it's dealt with. I feel at ease with all of them," "The staff do things in a nice way," "The staff are wonderful you can't fault them" and "The staff are very considerate." One relative said, "The staff are just lovely. Mum always seems happy with her care." Visiting professionals were also positive about the caring approach of staff and how they put people they cared for at the centre of the service provided. One professional said, "The staff seem to give 110% they are really lovely and kind. They even do things for the residents in their own time."

Throughout the inspection process staff were kind and attentive to people and used positive encouragement. Staff always approached people with a friendly and happy way.

When staff spoke with people it was meaningful and staff made it an important interaction with staff taking a genuine interest in what people were saying. Staff gave people time to chat and shared a joke with them. People were given space and time to do things for themselves with staff in the background ready to assist if required. Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them. Care and support was provided with good humour and staff and people enjoyed each other's company.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people's choices, personal histories and interests. For example, one person had preferences on who looked after them and this was responded to. This was important in enabling appropriate support and care was agreed to. Another person told us staff knew that a person was 'not their usual self'/feeling unwell, without the person having to tell them. They told us this was very reassuring. Another person said staff always covered each other's absences so agency staff were never used and people liked being cared for by staff they knew and who knew them.

People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. People's rooms were individual and contained items that made the room as homely as possible. This included items of furniture, pictures and photographs. People said they liked their rooms and were able to change them if they wished. People talked about the service as their own home and used it as such. People talked positively about the homeliness of Hankham Lodge Residential Care Home. As did the staff, relatives and visiting professionals.

People told us there was respect for their dignity and they were never made to feel uncomfortable when receiving personal care. Comments included "They help you to have a bath. It's all done respectfully," "I do have accidents. I hate it, but the staff are lovely when it happens," and "They give me a shower, it's no problem, in fact we have a good laugh." Staff understood it was important to encourage people to maintain their independence and people told us they wanted to be as independent as possible for as long as possible and staff supported them to do this. One person said, "I wash and dress myself they're happy to help you be independent."

Staff treated people as individuals and responded to individual wishes. Staff supported people to maintain their personal appearance attending to their nails and assisting with make-up and clothes. Some people had a named member of staff to do their laundry which they appreciated. People were called by their preferred name and this was recorded within individual care records. The service had a regular hairdresser who attended people who wanted to have an appointment. People were also able to have alternative arrangements if they wanted.

Staff understood that maintaining regular contact with family and friends was important to people. Visitors told us they were made to feel very welcome and were offered refreshments regularly during their visits. One relative said, "When you walk in, you feel embraced it's warm and homely."

People always received consultations with professionals in private and visitors were supported to see people where they wanted to. For example, people were assisted to their rooms when visitors came or used the conservatory which afforded further privacy.

Good

Is the service responsive?

Our findings

People told us the care and support they received was focussed on their individual need and reflected their choices and preferences. Everyone was treated as an individual and all support was personalised to their needs and wishes and they did not feel restricted by staff. People's comments included, "The staff consider you, it's not just do this or do that," "If you want anything, they'll always get it for you, help you in any way they can," and "I don't have a bath or a shower. I prefer to have a good wash, it's what I want." One person told us how they were happy to manage their own medicines and the staff supported them with this process and ensured their choice on this matter was respected. People told us they were not bored and joined in with activities as they wanted.

As staff knew people very well, and vice versa, a personalised approach to care was maintained. Staff were focussed on providing care and support in an individual way that allowed people to have interesting life's that they controlled. Staff were versatile in their approach and responded to people according to how they were feeling. One person told us staff supported them through bereavement and another person said, "We can laugh. And if I'm sad, they listen."

Before admission people had a full needs assessment completed. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The assessment process included information about people's likes and dislikes, beliefs important to them and how they would like their care provided. This information was then used to formulate individual care plans which were reviewed on a regular basis. Staff demonstrated a good knowledge of what was important to people. For example, when one person was struggling to remember some details of a story she was telling. A member of staff knew that she had a book in her room with the story in it, so went to get the book. The person was very pleased to see it, enjoyed reading it again and was able to tell the story she had started.

Records also included life histories that give an insight into people's background and history encouraging staff to see people who have a past and future. People's rooms reflected their past lives and things that interested them. Contents of people's rooms were used to initiate conversations and memories. For example people took pride in showing pictures of family members.

Hankham Lodge Residential Care Home used a keyworker system. People were asked if they had preference on who was the allocated worker. The keyworker system allowed staff to take a particular interest in people and meeting their physical and emotional needs. This approach which includes working with relatives and friends helps people form trusting links.

Staff facilitated people to be involved in any activity that would interest them. For example, one person was known to enjoy regular contact with staff and a musical. "I don't join the activities, I have my telly. But there's always somebody about to have a chat. The worst time is the weekend, but they bring up a DVD, they know I like musicals." One person was a member of a community singing group and went out to rehearsals and to perform. This was a very important part of this person's life and was looking forward to going to rehearsal that evening.

The service had a busy activity and entertainment programme. Details of a weekly programme were displayed within the service and people were reminded of any activity available. Activities tended to be in the afternoon when staff had more time. On the day of the inspection there was a crafts activity, making Christmas cards. People who were involved in this activity enjoyed the interaction. People told us they had plenty to do either with staff or on their own.

People told us, "I mainly stay in my room. I enjoy watching TV and reading," "I don't go out for activities. I mainly watch TV and have the radio on all night," "I take part in any quiz or musical bingo. ," and "If there's anything to do I join in. I get a newspaper every day. You always find something to do."

People said that they would have no problem in raising any concern or complaint at Hankham Lodge Residential Care Home and expected that they would receive a positive response. Most people said that they would raise any concerns with the deputy manager who was the acting manager. There was a complaints procedure in place which was accessible to people. We found a copy of a complaints procedure in people's rooms. People's comments included, "I'm happy to speak to them but I haven't needed to. There's a piece of paper on the back of the door about how

Good

Is the service responsive?

to tell them," "If I don't agree with something I have a go at them. If it was anything serious I suppose I'd go to the deputy manager or the owner. They are both approachable," and "I'd tell them if anything was wrong. Course I'd get a good response." Records confirmed that any written complaint was investigated and resolved in accordance with the home's procedure. We found dissatisfactions raised were also responded to quickly. For example one person was unhappy with how rooms had been allocated. This concern was responded to and resolved.

Requires improvement

Is the service well-led?

Our findings

People told us they were happy living at Hankham Lodge Residential Care Home and felt the home was well managed. People said they were listened to and could talk to the staff about anything. The registered manager was on maternity leave however she maintained an over view of the service and co-ordinated the training programme. People liked the relaxed and friendly atmosphere in the home and said they had excellent relationships with the staff and management. A visiting professional was also positive about the management of the home saying the staff were well organised and supportive of people and their relatives.

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. The registered manager reviewed the policies and procedures and completed a number of the quality audits. The deputy manager had been allocated the responsibilities for day to day management of care within the service whilst the manager was on maternity leave. The other partner/owner of the service also had a management role in the service that covered finances and maintenance. Identified roles within the service had not ensured records were complete and available to inform best practice or systems were in place to ensure the safety of people at all times.

We found some care documentation was not fully completed and some was not completed in a consistent way. For example, one person with specific care needs relating to pressure area care and requiring specific equipment did not have this recorded within the plan of care. In addition there was no system to check the equipment was working effectively and had been set at the correct therapeutic level. This meant that staff may not know the correct setting and the correct setting may not be maintained if regular checks are not maintained. This person also had needs associated with the management of ongoing constipation that were not recorded within a plan of care. In addition we found people who were attending the service for day care had not been formally assessed. There was no procedure in place to manage and ensure the safety and well-being of people attending the home for this service. This meant any associated risks with may not been identified and appropriately responded to. These areas were identified for improvement to the registered manager and owner of the service.

We found the Organisational policies and procedures and supporting audit systems did not ensure safe and best practice was followed in all areas. For example, although the passenger lift and the lifting equipment in bathrooms had been serviced regularly, there was no evidence they had been thoroughly checked to ensure they were safe. This meant that people may be at risk from injury when using this equipment. Following the inspection the owner followed this matter up as a priority ensuring suitable checks were undertaken and planned for in the future. At the time of the inspection the policies and procedures used by the staff were not current or up to date. This was raised with the registered manager who confirmed an up to date copy would be made available to all staff for them to reference.

The provider sought feedback from people and those who mattered to them in order to enhance their service. This was facilitated through satisfaction surveys and regular contact with people and their relatives. Feedback received through the satisfaction surveys were mostly very positive and the registered manager told us that any negative feedback was dealt with immediately directly with people. However this was not recorded and did not demonstrate that information gathered was used to improve the service. Meetings were not used on a regular basis to gain people's views and one person said, "'It's time we had a residents' meeting because we've never had one. To give them ideas for different things."

Systems to ensure accurate records to inform effective and safe care along with effective auditing and quality assurance were not fully in place. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All feedback from people their relatives and visiting professionals was positive about the atmosphere and culture of the service. They all commented on the homely and friendly atmosphere that was supported by the way the service was managed and staffed. People felt that staff worked well together they enjoyed their work and there was a 'good team rapport'. People's comments included,

Requires improvement

Is the service well-led?

"The staff are always laughing and they never argue with each other. It gives a good atmosphere. I think it's well run. The staff put themselves out. If one's ill, the others cover, they don't have agencies," "They seem to have got it off alright. There's a wonderful atmosphere between them," and "You only need to look around to see how happy people are."

Staff were very positive about working at Hankham Lodge Residential Care Home and told us how much they enjoyed their work and they felt supported and encouraged in their roles. Staff talked about how they were treated correctly by the management and had regular supervision. Most of the staff had worked in the service for a number of years and told us they had remained because it was a 'homely and friendly' place to work. Staff felt they were listened to and that their views were taken into account. Staff said they had only to ask for anything and the owner always provided it without question. The team spirit and willingness to work together for the benefit of people was strong throughout the whole team.

Information on the aims and objectives of the service care and people's rights were recorded within the 'resident's guide' which was available to people, staff and visitors. The ethos and goal of the service was to promote quality care in a homely setting with care delivered in an efficient and friendly manner by a well-trained and motivated staff. Feedback received indicated that this was achieved. One person said "It's a wonderful place, the general atmosphere. I rate it very highly." And a relative said, "It's a lovely cosy place. When you walk in you feel embraced, it's warm and homely." The culture in the home was open and both staff and people able to say openly what they thought about services and care provided.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations. The registered manager was aware of the need to establish a system to ensure staff in her absence were aware of what notifications were required. As well as responding appropriately to notifiable safety incidents that may occur in the service and to promote an open and transparent response to people and relatives.

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 17 HSCA (RA) Regulations 2014 Good governance The registered provider had not ensured comprehensive records were kept. Systems and processes were not always effective in enabling the provider to identify where quality and safety were being compromised. Regulation 17 (1) (2) (a)(b)(c)