Diamond Care (2000) Limited

Carisbrooke

Inspection report

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Ratings

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

Overall summary

We undertook this unannounced inspection on the 25 February 2015. At the last inspection on 29 November and 9 December 2013 the registered provider was compliant in the areas we assessed.

Carisbrooke provides accommodation and personal care for up to 12 people with a learning disability. It is situated in a residential setting and close to local facilities. At the time of the inspection there were 11 people living in the home.

The service has a registered manager. 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.

Although the majority of people had detailed care records in place, we found one person who used the service did not have an assessment and plan of care. This meant that staff may not have guidance in how to meet the person's needs and there was a risk important care could be missed.

Summary of findings

This issue meant the registered provider was not meeting the requirements of the law regarding assessing and planning care for people. You can see what action we told the registered provider to take at the back of the full version of the report.

There was a programme in place to monitor the quality of the service provided to people. We found the programme was limited in its scope and some areas of this could be improved, to make sure all aspects of the management and administration systems were thoroughly reviewed.

There were sufficient numbers of staff to look after people and provide them with the individual support and care that they needed. Extra staff were provided for people's one to one time to support their community visits. Pre-employment checks were completed on staff before they were judged to be suitable to work at the care home.

There were policies and procedures in place to guide staff and training for them in how to keep people safe from the risk of harm and abuse. In discussions, staff were clear about how they protected people from the risk of abuse.

People who used the service were encouraged to make their own decisions. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

There was a process in place to ensure people's health care needs were assessed and action was carried out to meet people's individual needs. This included the management of their behaviours using the least restrictive options. People received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.

People accessed a range of community facilities and also completed activities within the service. They were encouraged to follow hobbies, social interests and to take holidays. People were also supported to maintain relationships with their relatives and make friends with each other. They told us, "We are all friends here" and "I liked the singers, I played the tambourine."

People's nutritional needs were met. Staff monitored people's food and fluid intake and took action when there were any concerns. People were encouraged to have a healthy diet and to eat well.

We observed people being treated with dignity and respect and enjoying interaction with staff. Staff knew how to communicate with people and involve them in how they were supported and cared for. People were encouraged to be independent where they were able to be. People who used the service told us, "They look after us well" and "I've been here a long time and some staff have been here nearly as long as me. They know me and look after me."

Staff were supported and the standard and quality of their work was kept under review. New staff received induction training to ensure they understood their roles and responsibilities. Staff training and development needs were identified and met.

A complaints process was in place which was accessible to people, relatives and others who used or visited the service. Staff were enabled to make suggestions to improve the quality of people's care.

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?
The service was safe.

The registered provider had systems in place to manage risk, including safeguarding matters. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

There were effective systems in place to provide people with their medication when needed and in a safe manner.

Good

Is the service effective?
The service was effective.

People's capacity to make decisions about their care and treatment was assessed.

Staff were supervised by management and provided with training opportunities to ensure they developed the skills and knowledge required to support people.

The meals provided to people who used the service were balanced and met their nutritional needs. People's health care needs were assessed and met. They had access to a range of health care professionals for advice and treatment.

Good

Is the service caring?
The service was caring.

People identified as having communication difficulties, were supported to express their views and make decisions about their care, treatment and support.

Staff had developed positive caring relationships with people who used the service. People had their privacy and dignity respected.

Good

Is the service responsive?
The service was not always responsive.

Not every person who used the service had an assessment and plan of care to guide staff in how to meet their needs, wishes and preferences.

People were supported and encouraged to say if anything was not right about the service, and there were systems in place for them or their relative to make a formal complaint.

Requires improvement

Summary of findings

People were supported to maintain links with their family and have relationships with people in and out of the home. They were encouraged to participate in activities of their choosing, although we found the range of activities provided for people who did not attend day services required some improvements.

Is the service well-led?

Requires improvement

The service was not always well led.

There was a system in place to monitor the quality of the service provided to people but this was limited and required review to support service development in the future.

The culture of the organisation was open and inclusive. People who used the service and staff were provided with opportunities to express their views about how the service was managed.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

Carisbrooke

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 registered 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.

The inspection took place on 25 February 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

During the inspection we observed how staff interacted with people who used the service. We spoke with four people who used the service and four people's relatives. We spoke with the registered manager and three care support workers. We also received information from health and social care professionals who were involved with the service.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to the 11 people who used the service such as their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of records relating to the management and running of the service. These included three staff recruitment files, training records, the staff rota, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance of equipment records.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and we saw people responded positively with the staff they had contact with and were comfortable in the company of the other people who used the service. One person said, "Yes I feel safe" and another person told us, "Always safe, the staff make sure."

Relatives told us they considered their family member's safety was well protected and supported. Comments included, "100% safe, no worries about that" and "Carisbrooke has always been a safe and happy place for (Name), we are so glad he moved there." They also told us they considered there were enough staff available to meet people's needs. One person told us, "Always enough staff on when I visit; the staff have time to sit and chat and also do activities." Another person said, "Staffing numbers don't seem to be an issue. Most of the staff have been there a very long time; it's very reassuring as (Name) doesn't like too many changes."

Many of the staff had worked at the service for a long time and knew the needs of the people who used the service well. They understood the support people needed and told us where people were unable to tell them verbally about concerns; they would be able to recognise signs of potential abuse by changes in their behaviour.

The registered provider's safeguarding adults and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm. Staff had received safeguarding training and had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. Discussions with the registered manager and staff confirmed that restraint was not used at the service. Records seen confirmed this and showed that low level interventions and distraction techniques were effective in diffusing incidents of behaviour that were challenging.

There were systems in place to protect people's monies deposited in the home for safe-keeping. This included individual records, two signatures when monies were deposited or withdrawn and regular audits. The registered manager confirmed they were the appointee for some of the people who used the service, but they were in the process of transferring this responsibility to the relevant placing authority.

People were unable to manage and administer their own medicines without support from staff. Staff who were designated to run the shift were responsible for administering any medicines. We saw there were records of staff training and competency assessments for those staff undertaking medicines administration. We observed a member of staff administering the lunchtime medicines. They were patient in their approach and provided support to people, where needed, to take their medicines. We checked the medicines being administered against people's records, which confirmed that they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines for occasional administration to reduce distress and anxiety, guidance was in place for staff to make decisions when these medicines should be administered. Staff told us this was very rarely administered, and only as a last resort.

The registered manager confirmed staffing levels had been assessed according to people's needs. This included the provision of staff to meet the requirements of additionally funded hours, for one to one support to access the community. During our inspection we saw there were enough staff to support people to carry on with their usual routines, such as going to day services. At the time of the inspection eight people attended day services. Staff also had time to interact with people in a patient and social manner. We saw there was a sufficient number of staff to support people with their individual needs in a calm and unhurried way.

Examination of three staff files confirmed a thorough recruitment and selection process was in place to check that staff had the right skills and experience. Staff confirmed they had attended an interview and that all relevant checks, including a disclosure and barring service (DBS) check and appropriate references, had been obtained to ensure they were suitable to work with people who used the service, before they were allowed to start work.

Environmental risk assessments, fire safety records and maintenance certificates for the premises were in place to keep people safe. The fire alarm log book showed regular testing of alarms and emergency lighting systems were in

Good

Is the service safe?

place, and certificates confirmed that routine servicing and inspection of equipment was being carried out by external contractors. Monthly tests of water temperatures were carried out by staff and records showed action was taken if there were any issues identified.

Good

Is the service effective?

Our findings

People commented positively on the staff and how they provide them with care and support. Their comments included, “Staff are here to help me”, “I like them”, “They look after us well” and “I’ve been here a long time and some staff have been here nearly as long as me. They know me and look after me.”

People we spoke with told us that the food was good and that they were given enough to eat and could ask for more if they wanted it. One person said, “I like the food. I like roast pork best.” Another person said, “My favourite meal is pasta.”

Relatives told us they thought the staff were well trained and were able to meet their family member’s needs. One person told us, “Staff are professional in their approach and know what they are doing.” Another person said, “They arrange all the routine appointments for things like the dentist, optician and chiropodist; if there are any emergencies or changes they always let us know.”

People who used the service were supported to maintain good health and had access to healthcare services for routine checks, advice and treatment. People told us they were supported to see a doctor when they needed to. We saw from care records that staff sought advice from a range of external professionals such as dieticians, dentists and members of the community learning disability team. We found some people who used the service had a separate record entitled ‘My Health Book’ which had not been updated or maintained for some time. However, the main care records showed people’s health needs were planned, monitored and their changing needs responded to. The registered manager confirmed they needed to obtain a new record format for the health action plans, which would assist staff in supporting and recording people’s health needs effectively.

People’s care files also contained an, ‘At a glance record’ which gave an overview of the person’s health and how they communicated their needs and wishes. The person could take these documents with them to hospital or other health appointments to show healthcare professionals how to provide them with effective support.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and described how they supported people to make their own decisions. We saw people had their capacity to make decisions assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. One relative we spoke with confirmed they had attended best interest meetings in the past, about their family member living at the service, and the decision made was the right one and their family member was very, very happy and settled at Carisbrooke. During the inspection we observed people were supported to make decisions about what to eat, drink, where to sit, what to do and what TV programmes to watch.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had a good understanding of DoLS legislation and had completed nine referrals to the local authority in accordance with new guidance to ensure that any restrictions on people were lawful. They had received confirmation that the applications had been received, but they had not yet received a decision from the supervising body about these. The registered manager had obtained some guidance about DoLS for people who used the service in an easy read format, using large lettering and pictures. This meant that people were given information about restrictions on their freedom in a way that they could understand.

People were supported by staff who had been given training and development to carry out their role. We observed staff supporting people and they looked confident in carrying out tasks such as assisting a person who needed support to eat and drink. We spoke with staff and they told us they received the training they needed to enable them to do their job safely. The registered manager confirmed there was an induction programme based on nationally recognised standards. We saw the registered provider considered training in areas such as: fire safety, moving and handling, safeguarding, first aid, health and safety, infection control, medication and food hygiene as essential. Staff had completed additional training which included: epilepsy and preventing pressure sores. This meant staff received the training needed to provide good quality care. Records showed the majority of staff had gained a nationally recognised qualification in care. One member of staff told us, “Any training we need is provided, we get regular training updates and refresher courses.”

Good

Is the service effective?

Staff told us they enjoyed working in the service and some had worked there for a number years. They told us they had regular support and supervision with the registered manager, where they were able to discuss their personal development and the need for any extra training. Staff were supportive of each other and during the inspection we observed they worked well together. A member of staff said, "It's a nice place to work. It's a good team here."

We observed how people were supported at lunchtime. People had a choice of meals and were able to eat their meal where they wanted. All three people chose to eat in the dining room. One person told us, "I always have a sandwich for lunch." People had free access to hot and cold drinks whenever they wished. Staff explained how some people could not communicate verbally but they knew from their behaviours and non-verbal communication if they wanted a drink or something to eat. We observed staff meeting people's nutritional needs and requests during the inspection.

People's dietary needs were assessed and monitored so that they received a balanced and nutritious diet. Nutritional assessments were in place which identified what food and drink people needed to keep them well and what they liked to eat. Staff were knowledgeable about people's dietary needs, including specialist diets such as fortified diets. Where specific risks were identified, we saw that referrals had been made to specialists for advice. For example, one person had experienced weight loss, and was referred to the dietician. Following guidance from the dietician the person's weight had increased slightly and this was monitored closely.

Pictorial menus for the week were displayed in the dining room. People told us, and records showed that they chose their own meals and used healthy eating information and support from staff to do so.

We checked to see the environment had been designed to promote people's wellbeing and ensure their safety. Bedrooms had been personalised and staff had involved people when choosing colour schemes and decoration. There were two bedrooms on the ground floor and access to the first floor facilities was via stairs or the stair lift. People who occupied the bedrooms on the second floor were independently mobile as access was via stairs. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. The registered manager was aware of what improvements there needed to be in the service. During the inspection a section of wall in the dining room was being re plastered following water damage due to a roof leak. We were also shown a section of wall in the ground floor shower room which required repair. The registered manager confirmed repairs to the roof had been carried out and the repairs to the bathroom wall would be completed next. The registered manager acknowledged that the environment was in need of some more upgrading and this had been identified in this year's maintenance programme.

Good

Is the service caring?

Our findings

People told us that staff were kind to them. One person told us, "They are very kind", "Staff help me, they are nice" and "We are all friends here." People also told us staff respected their privacy.

Relatives we spoke with echoed people's views and told us, "Staff are excellent and very caring, they involve me in everything." Other comments we received included, "Staff are all very, very nice", "(Name) is so happy there", "This is his home, in every sense and the other residents and staff are part of his family now" and "So caring and kind, (Name) is really well looked after."

Relatives told us the staff supported their family member to maintain relationships with them and to visit when possible. They said they were kept informed about important issues that affected their family member and were invited to review meetings to discuss the care provided to them. One person told us how they had read their family member's care plan and been consulted about their care. Another person told us how they were made to feel welcome when they visited, they said, "We are offered coffee as soon as we walk in."

Staff spoke in detail about the needs of people, and had a good knowledge about their background, current needs, what they could do for themselves, and where they needed help and encouragement. The continuity of staff had led to the development of good relationships with people who used the service. Our observations of the interaction between staff and people who used the service confirmed this.

We saw people looked well cared for and were well groomed. Staff understood how people's privacy and dignity was promoted and respected, and why this was important. A member of staff said they always knocked on people's doors before entering their room and said who they were. Another member of staff said they always explained to people what support they needed and how they were going to provide this. This was confirmed by people who used the service. One person told us, "They wait until I tell them to come in."

The atmosphere within the home was relaxed and comfortable. We saw the relationships between people and the staff who supported them were warm and friendly. We heard staff speaking to people in a kind tone of voice. We saw staff were patient and understanding when supporting people. We heard staff commenting on people's appearance in a positive way and people looked pleased at the comments made. One member of staff said to one person, "That's a nice top, the colour really suits you."

In discussions, staff were clear about how they promoted people's independence. One person described how staff supported them to walk to the stairs and then to use the stair lift. We observed staff supported one person to complete their daily exercise programme using exercise equipment, which had been provided by the community physiotherapist, to encourage and maintain the person's mobility.

We saw there were communication plans in place for people who were not able to communicate their needs verbally. The plans gave staff guidance on how to interpret the person's needs through their body language and any sounds they made. One person's communication plan detailed, "If I make whooping noises this usually means I'm happy and in a playful mood and you will see by my face and infectious laugh when I'm happy." Staff we spoke with understood the person's body language and knew how to support them when they showed signs of anxiety or distress.

Some people who used the service shared their bedroom. Discussions with staff confirmed these arrangements had been in place for many years and people were happy with this. Staff described how some people had developed a close relationship with the person they shared their room with, for example, in the evening they chose to retire to bed together. All shared rooms had privacy screens in place.

The registered manager told us that people had been supported to access an advocate in the past, although there was no-one currently using one.

The majority of people have used the service for many years. We discussed end of life planning for people with the registered manager. They confirmed they had obtained limited information about funeral arrangements from relatives and representatives for some of the people who used the service. We directed the registered manager to an end of life assessment and planning record, entitled, 'What If - Celebrating My life,' which had been developed by the community learning disability team (CTLD) at the local authority. It was produced in pictorial format and may be

Good

Is the service caring?

useful when working with people and their families to gain a more detailed picture of the support and arrangements people may choose at this time. The registered manager confirmed he would follow this up.

Requires improvement

Is the service responsive?

Our findings

People told us that they were happy living at Carisbrooke. One person told us, “We are all friends here." Another person told us, “Yes, I love it here." People talked of choices in activities and holidays they were able to take part in. One person said, “I like cooking and badminton. I go on Monday mornings to do cards, I do all sorts”, “I go to Devon sometimes or Tenerife”, “I’ve been on an aeroplane with Dean (registered manager), and “I go out every week with my brother. I like football, Dean takes me to Sheffield Wednesday games”, “Don’t do much at the moment. Like to go out when the weather is better” and “I liked the singers, I played the tambourine.”

Relatives were very complimentary about the care provided to their family member and were pleased about the activities and holidays they participated in. Their comments included, “(Name) gets the best treatment”, “Always been well looked after”, “They are out and about a lot at the day centre and in town. They also get a lot of entertainers such as singers, which everyone loves”, “I called in the other evening and staff were playing dominoes with the residents, they do activities like that” and “(Name) likes to do baking, they do this each week at the day centre but they also do some with the staff at the home.”

Despite the positive comments from people who used the service and their relatives about the quality of care support and activities, we found the overall quality of the care records was inconsistent. Although detailed and personalised care plans had been put in place to support the majority of people’s needs, we found some records had not been reviewed regularly or updated when the person’s needs changed. For example, one person’s needs around their epilepsy were described in detail and clearly identified the action staff needed to take to support the person when they were having a seizure and how to support them afterwards. But we found their moving and handling risk assessment had not been reviewed since 2012.

We found one person who had been visiting the service regularly for the last 10 months for respite care did not have any plans of care to guide staff in how to meet their needs. An assessment by the local authority had been provided on the day of inspection. The registered manager confirmed they had completed a pre-admission assessment but this record could not be found. When we spoke with staff they could describe the person’s needs and the support they provided. However, a lack of care plan meant there was a risk they may not receive all the support they needed and in the way they preferred.

The concerns we identified were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The action we have asked the registered provider to take can be found at the back of this report.

The majority of care plans contained a range of assessments that evaluated the risks to people in their home, accessing places of interest in the community and managing their healthcare needs. These assessments gave staff direction as to what action to take to minimise risk. These focused on the support people needed so that activities were carried out safely and sensibly. Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. For example, one person had been assessed as being at risk of falling and there was guidance in place informing staff of how to minimise this risk. Staff were aware of this risk and the action they should take, such as ensuring the pressure mat was in place and in working order, supervising the person when mobilising and ensuring they used their walking frame. We saw the person was supported by staff to mobilise with their walking frame during our inspection.

Staff maintained records to evidence the care provided each day, although we found some of these were minimal in content and did not fully describe the support people had received, their mood and how they had spent their day. We found one record which identified staff had not provided appropriate care when supporting a person with their continence. The registered manager confirmed this concern would be followed up and addressed.

Some people who demonstrated behaviours which challenged the service, themselves and others, had care plans to direct staff on the support they required. These behaviour plans were detailed and personalised, they identified triggers for people’s behaviours and directed staff on how to manage these effectively using the least restrictive option.

We asked staff how they were made aware of changes in people’s needs. They told us that there were a number of

Requires improvement

Is the service responsive?

ways in which information was shared. For example, handover meetings were held at the beginning of every shift where the incoming shift was updated on any relevant information. Staff also said they were kept up to date about people's needs by senior staff and by reading care plans.

The majority of people who used the service attended regular day services where they participated in a range of recreational, therapeutic and sensory activities. We saw people had personalised support plans to help them access community facilities and to participate in activities and occupations. However, for the three people who no longer attended day services there was little evidence of their participation in regular activities. There was no structured activity programme in place for people who did not attend day services during the week or for people at weekends. For example, the activity records for one person showed they spent most of the time 'relaxing.' During the inspection we observed they spent their time in the entrance hall watching passers-by or watching TV in the lounge. People were entertained by singers during the inspection; they told us afterwards how much they had enjoyed this activity.

We recommend that the service seek advice and guidance from a reputable source, about the provision of activities and social stimulation for people living with a learning disability.

People who used the service were supported to go on holidays of their choice and they told us how much they enjoyed these. There were photo boards in the dining room displaying photographs of people enjoying their holiday to Tenerife last year. During the inspection people liked showing us their photographs and talking about their holiday experiences.

We saw the service had a complaints policy and procedure which detailed who to contact and timescales to respond and investigate any complaints. The procedure displayed in the entrance hall was out of date which we mentioned to the registered manager to address. Records showed there had been no complaints received since the last inspection.

Requires improvement

Is the service well-led?

Our findings

People knew the name of the registered manager and said they liked him. Comments included, "We all know Dean, he is nice", "I like the manager he is my favourite, he spends time with me" and "He is alright."

Relatives we spoke with confirmed they could discuss all aspects of their relative's care and the service with the registered manager and they were approachable. One person said, "I'm happy with the management of the home, I sometimes call the manager for a chat about things, everyone is very accommodating."

The registered manager was experienced and had managed the service for many years. During our inspection visit we saw the registered manager took time to speak to staff and people who used the service and assisted with care duties. The registered manager told us they were supported by a senior manager and sent them a weekly report which detailed any complaints, incidents, accidents, changes affecting people who used the service, staffing issues and maintenance work.

We saw from a review of records that the registered manager carried out a quarterly quality and safety audit. These audits included checks of care plans, equipment, complaints, medication, infection control audits and monitoring of the environment. We found the format of this audit tool to be limited and minimal in content. We discussed with the registered manager the need to improve and develop the audit programme which would help identify and drive service improvement. Following the inspection visit the registered manager confirmed they had contacted representatives from the local authority and another service in the area for support. Through this networking they had arranged visits to review the established quality monitoring systems in place, to gain ideas to implement and support improvements at Carisbrooke.

The registered manager had developed a comprehensive works programme which identified planned improvement and essential works to the environment during 2013 to 2014. Records showed significant improvement work had taken place such as replacement of windows, redecoration and refurbishment. Staff told us the registered manager was responsive to requests for new furnishings and décor to support the personalisation of people's rooms. We did identify some areas which required attention such as the flooring in the laundry; which the maintenance programme had identified for replacement later in the year.

We sampled a range of key policies and procedures such as medicines, safeguarding vulnerable adults, consent, health/ safety and infection control. We found some required review to reflect current good practice. We discussed this with the registered manager who confirmed they would request updated procedures from head office.

Weekly meetings were held where people were enabled to make suggestions about holidays, menus and recreational activities. It was also an opportunity to discuss any concerns they may have. We found the meeting records didn't specifically identify what individuals had said or suggested, but gave a précis of discussions and decisions made. More detailed records would better evidence how people's personal wishes and choices had been met.

In recent months the registered manager had recruited a deputy to assist in the management of the service. This was a new position and the manager planned to delegate and share some of the management responsibilities such as audits, staff supervision and service user reviews.

Social and health care professionals told us they worked well with the staff at the service and there was open communication with the registered manager. One social care professional told us, "The residents at this service are generally very settled and happy, many of them have lived together for a long time. The manager and staff provide a good service."

Staff said they enjoyed their work, there was good communication within the team and they worked well together. Staff felt supported. They said the home was well organised and the registered manager was approachable, supportive and very much involved in the daily running of the service. One member of staff commented, "The manager is very good, everything he does is in the residents best interests."

The registered manager informed us that one of the biggest achievements had been managing the service in recent years with the limited budget in place. They told us a recent increase in funding payments would make positive budget changes to support the continued environmental upgrades and improvements needed.

Requires improvement

Is the service well-led?

We looked at the results of the annual satisfaction survey carried out in 2014. The survey had been sent to relatives and stakeholders. The majority of responses had been received from relatives and all comments were positive.

These included, “This home is one in a million” and “Staff and management are so dedicated.” Records also showed surveys had been issued to people who used the service and their comments about the service had been positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 9 HSCA (RA) Regulations 2014 Person-centred care People who use services were not protected against the risks of receiving care that is inappropriate or unsafe. This was because assessments of people's needs and planning of care to meet those needs had not been carried out for every person who used the service.