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Eirenikon Park Residential 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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection of Eirenikon Park Residential Home (known locally as "Eirenikon Park") on 5 and 11 October 2016. Eirenikon Park is a care home which provides residential care for up to 13 older people. On the day of the inspection there were 12 people living at the service. There is also a domiciliary care agency operating from the service, which provides personal care to people in their own homes. At the time of the inspection, thirteen people were being provided with care in their own home.

The service had a registered manager in post. 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.

At the previous inspection on 18 January and 2 February 2016 we found issues in relation to the management of medicines at the residential service. Medicines in stock for one person were inaccurate. Records had not recorded where the medicine had been refused therefore, the level of stock was inaccurate. Some medicines which had belonged to a person who had died had not been returned to the pharmacist. The registered manager was not carrying out audits of medicines which would highlight where issues were occurring. This meant people's medicines were not being managed in accordance with medicine regulation and good practice guidance. At this inspection, some improvements had been made including the introduction of medicines audits, but some new issues relating to medicines management were identified.

Staff from both the residential and domiciliary service had received training relevant to their role and there was a system in place to remind them when it was due to be renewed or refreshed. However we found that many of the staff had lapsed in their refresher training in a number of subjects identified by the provider as mandatory, including medicines management. Staff were supported in their role by an ongoing programme of supervision, appraisal and competency checks.

Some staff were knowledgeable about the Mental Capacity Act and how this applied to their role. However where people had been considered to lack capacity to make certain decisions this had not been assessed or documented and there was no evidence of a best interest process. This meant that less restrictive alternatives to meeting their care needs may not have been considered. This applied to people who lived at Eirenikon Park and people who were supported in the community. Where people's liberty was restricted for those living in the residential service, applications for DoLS authorisations had been made to the Supervisory Body. People were involved in planning their care and staff sought their consent prior to providing them with assistance.

We found that morale amongst staff from both services was mixed. Staff told us that dynamics between some staff members was difficult. This meant that some members of staff were reluctant to work with each other and this caused problems for senior staff when planning rotas. The registered manager was aware of the issue and was taking action to address it. New staff were being actively recruited.

There had been a recent environmental health inspection of the kitchen which had rated it as one out of five in terms of food hygiene. A number of issues were highlighted by that inspection as requiring improvement, however the registered manager was in the process of addressing this and many of the concerns had been resolved by the time of our inspection.

We observed positive, compassionate and caring interactions between people and staff in both the residential and domiciliary service. Staff knew the people they cared for well and spoke about them with kindness, fondness and affection.

People told us they enjoyed the food. People told us meals were of sufficient quality and quantity and there were always alternatives on offer for them to choose from. We found that menu plans were not being used due to recent staff changes in the kitchen. This meant there was not a plan of what people would be having to eat and we could not see what meals choices were on offer, or had been on offer in recent weeks. The registered manager said this was going to be re-introduced.

People had their healthcare needs met. For example, people had their medicines as prescribed and on time in both the residential and domiciliary service. People were supported to see a range of health and social care professionals including social workers, district nurses and doctors. Changes to people's healthcare needs in both the residential and domiciliary service were promptly referred to external professionals when required.

People living at Eirenikon Park were kept mentally and socially engaged through a range of activities inside and outside the home. The service employed an activities coordinator who had developed a programme of activities to suit people's individual needs. This was regularly reviewed.

People were kept safe by suitable staffing levels. Relatives of people living at Eirenikon Park told us there were enough staff on duty and we observed unhurried interactions between people and staff. People who received care at home said the staff were on time and did not miss visits. This meant that people's needs were met in a timely manner. Recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people.

There was a safeguarding adult's policy in place and staff had undergone training. Staff confidently described how they would recognise and report any signs of abuse. The registered manager promoted an ethos of openness and honesty which demonstrated the requirements of the duty of candour. There was a policy in place on whistleblowing which supported staff to question and report poor practice.

People, staff and relatives were encouraged to give feedback through staff meetings and residents' meetings. This feedback was used to drive improvements within the service. There was a system in place for receiving and managing complaints. The registered manager operated an annual cycle of quality assurance to monitor the quality of both parts of the service. The registered manager undertook audits in areas such as medicines management and accidents and incidents to provide an overview of the quality of service.

The registered manager had arrangements in place for the disposal of domestic waste and a contract in place for the removal of clinical waste. The provider had systems in place to monitor the safety of the premises, some of which included fire checks, water temperatures, legionnaire's checks and PAT (portable appliance) testing.

We identified breaches in regulations. You can see what action we told the provider to take at the back of

the full version of the report.

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

Aspects of the service were not always safe.

Documentation relating to people's medicines at the residential service was not always correctly completed, fridge temperatures were not always recorded and medicines were not always safely stored.

People were supported by staff who had undergone training on safeguarding adults and who knew what action to take if they witnessed or suspected abuse.

People were supported by staff who had undergone checks to ensure they had the correct characteristics to work with vulnerable people.

Is the service effective?

Requires Improvement

Some aspects of the service were not always effective.

People were supported by staff who had received training in order to carry out their role effectively, however a number of staff had lapsed in training identified by the provider as mandatory.

Some staff did not have an understanding of their responsibilities under the
Mental Capacity Act 2005. However, they had a good understanding of consent and supporting independence and applications had been submitted for deprivation of liberty safeguards authorisations.

There had been a recent food hygiene inspection which had rated the kitchen as one out of five with a number of issues requiring improvement. However the registered manager was addressing these.

People's health needs were met. People were supported to see a range of health and social care professionals as required.

Is the service caring?

Good

The service was caring.

People were supported by staff who treated them with respect, kindness and compassion.

People were proactively supported to express their views, and were supported by staff who knew them well.

People were supported by staff who respected their dignity and maintained their privacy.

Is the service responsive?

Good

The service was responsive.

People's care records were comprehensive, personalised documents which detailed their background, likes, dislikes and goals.

People's care plans, risk assessments and daily notes were personalised and contained guidance for staff around meeting their needs or reducing risks.

People took part in a range of personalised activities inside the home and in the community.

There was a system in place for receiving, investigating and managing complaints.

Is the service well-led?

Requires Improvement

Aspects of the service were not well led.

Morale amongst staff was mixed, with a number of staff changes.

Issues with staffing had impacted on the how the service was led, for example, staff had lapsed in mandatory training and the standards within the kitchen had fallen. Although both issues were being addressed.

People's view on the service was requested. Feedback on the service was sought through a variety of forums such as residents' meetings, staff meetings and used to drive continuous improvements.

Eirenikon Park Residential 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 5 and 11 October 2016 and was unannounced.

This inspection was undertaken by one adult social care inspector and one pharmacy inspector, who attended on day one of the inspection. .

During the inspection we looked around the premises, spoke with five people who lived at the home, three relatives, the manager and seven members of staff. After the inspection we also contacted three health and social care professionals who had contact with people living at Eirenikon Park. Throughout the inspection we observed how staff interacted with people, including lunchtime experience.

When we inspected the domiciliary care service we visited two people in their own homes and spoke with two relatives, we looked at people's care records, including documentation which was stored in people's homes.

We looked at six records relating to people's individual care needs in total, reviewed three staff recruitment files and training records for all staff. We looked at a range of policies and procedures and records associated with the management of both the domiciliary and residential service, including quality audits.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection on 18 January and 1 February 2016 we found that people's medicines were not always safely managed at the residential service. In one instance records relating to medicines which required more strict controls had not recorded where the medicine had been refused and therefore the level of stock was inaccurate. The inaccuracy was due to staff not recording the correct balance when medicine had been refused by the person. The registered manager was not aware of this as they were not carrying out medicine audits which would have alerted them to the issue. Some medicines which had been prescribed for a person who had died had not been returned to the pharmacist. This meant people's medicines were not being managed in accordance with medicine regulation and good practice guidance. This had been identified as a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that some improvements had been made, for example audits were now taking place every seven to ten days which were seen to have identified any gaps on cream charts or Medicine Administration Records (MAR) charts. Where this had been identified there had been communication with the staff involved.

There were arrangements in place for the administration of medicines. It was clear from the Medication Administration Records (MAR) people received their prescribed medicines at the appropriate times. When people were prescribed creams, they had been dated upon opening. This meant staff were advised when the cream would no longer be safe to use and required disposal.

Although we found improvements, some further issues were identified. For example medicines that were handwritten onto the Medication Administration Record (MAR) chart were not signed or dated which meant the service did not have a robust record of who had written them and when. This issue was highlighted to the senior staff member in charge of medicines and the registered manager and both agreed this would be addressed.

Refresher training was out of date for many of the staff team for medicines management and although the registered manager had sourced a provider for the training, it was yet to be booked. We were assured by the registered manager that only staff with up to date training would manage people's medicines.

We also found the code to the key cupboard which stored keys to the storage box for medicines requiring strict controls had never been changed, despite numerous changes to the staffing team. In addition all the staff had access to the keys, meaning that medicines might not be stored securely. This was being addressed at the time of the inspection with a new system being introduced.

We found the medicines fridge was not locked and that minimum and maximum medicine fridge temperatures were not being recorded. Staff were not aware of when the temperature was last set or of how to do this. This meant that medicines which required cold storage to maintain their efficacy may not have been suitably stored. This was highlighted at the time of the inspection and we were assured it would be

managed and recorded from then on.

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

Where staff were responsible for administering people's medicines in their own home, this was managed safely. Auditing of medicines had been extended to ensure safe practice was maintained.

People told us they felt safe living at the service. Comments included; "I feel safe here" and, "There are enough staff to keep us safe". People using the domiciliary service also felt safe. One person told us; "I have complete trust in the agency. I feel very safe".

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to review to advise them of what to do if they witnessed or suspected any incident of abuse or discriminatory practice. Staff comments included; "I'd report anything straight away to a manager or to the safeguarding team" and, "I'd always report anything. We are working with human beings here. They deserve that respect". Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously by the registered manager.

Most staff worked in the residential service and also supported people in the community. Some staff said they worked well as a team and supported each other, whereas others said that dynamics were difficult which made planning rotas problematic for senior staff. This was being addressed by the registered manager who had made changes to staffing and some disciplinary action had been taken.

People told us they felt there were enough staff on duty to keep them safe at the residential service. We observed staff interacting with people in an unhurried way. Requests for assistance were answered promptly. Staff spent time chatting to people as they passed them in the lounge or corridors. One relative said; "There are always enough staff on duty when we visit". People who used the domiciliary service confirmed that there were enough staff, and that they never felt rushed. People confirmed that staff stayed for their allocated time, and sometimes stayed longer if required. One staff member told us about a situation where they had stayed beyond their allocated time with a person who had a sore leg, to ensure they were seen by district nurses. One person said; "They never miss a visit. They arrive on time and they are consistent with who they send".

People were protected by safe staff recruitment practices. Records evidenced that staff underwent the necessary checks prior to commencing their employment to confirm they had the correct characteristics and were suitable to work with vulnerable people.

Staff who supported people in their homes told us they felt safe when carrying out their role. There was a lone worker policy in place and good managerial support should they require it. Staff were given identity badges to wear and made sure they introduced themselves to new people. There was a procedure in place to respond to unanswered calls. Staff told us; "If I went to someone's house and they were not in as expected I'd report it immediately".

People's care records contained risk assessments relating to falls, malnutrition and moving and handling. There were also environmental risk assessments for people being supported in their own homes. The risk assessments detailed the nature of the risk, the existing control measures in place, preventative measures staff could take to further reduce the risk and who was responsible. Risk assessments were regularly

reviewed and updated and carried through into the care plans.

People living at Eirenikon Park had PEEPS (personal emergency evacuation plans) in place to provide guidance on what support they would need should an evacuation be required. The service also had contingency plans in place to deal with emergency situations such as fire or flood. Staff had been trained to understand what their role was in the event of a fire.

People were protected by effective infection control procedures at the residential service. The service was visibly clean and free from adverse odours. Staff had received training on infection control and were provided with personal protective equipment (PPE), such as gloves and aprons. Bathrooms had paper towels, and soap available for people, visitors and staff. Staff providing care to people in their own homes also had a supply of suitable protective clothing to wear. There was a policy on infection control in place to guide staff.

There were arrangements in place for the disposal of domestic waste and a contract in place for the removal of clinical waste. The provider had systems in place to monitor the safety of the premises, such as fire checks, water temperatures and legionnaire's checks.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive possible. Staff had undergone MCA training, however many of them had lapsed with their refresher updates.

We found that people's capacity was not being assessed or recorded as required. Where people were likely to have reduced ability to make decisions, records made generalised statements about their ability to choose aspects of their care. With the absence of the MCA assessment it was not possible to review how these decisions had been reached. There was also no evidence of a best interest process, to ensure that decisions reached were the least restrictive available.

We saw some care records stated relatives had agreed to elements of the care plan. Nobody can consent to care on an adult's behalf unless they have the correct legal authority to do so. This is called a lasting power of attorney (LPA). If there is no LPA in place and the person lacks capacity to consent to their care themselves, a best interest decision must be recorded instead.

People can only be deprived of their liberty in order to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had sought authorisations under DoLS when required, but without capacity assessments or a best interest process, it was not possible to know whether these requests were proportionate or appropriate. These issues were highlighted to the registered manager who said that this would be addressed and that processes and records would be reviewed and changes made.

Most staff worked across both the residential and domiciliary service and therefore their lack of understanding impacted on people who used both services. The following breach applied to both.

Not assessing people in line with the MCA and failing to ensure people's needs were being met in their best interest is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's consent was clearly obtained by staff prior to them undertaking a task, for example, staff asked people if they wanted support with eating or with moving around the home

People were supported by staff who had undergone training to undertake their role. The manager had a system in place to ensure staff were trained in all areas identified by the provider as being mandatory and to remind them when training was due to be renewed or refreshed. However we found that many of the

existing staff team had lapsed in their mandatory refresher training in several subjects, including health and safety and medicines management. It was difficult to quickly see who needed to renew their training using the existing system. This was being addressed and a new database was being put together to record staff training, however this had only started the day prior to our inspection and was only partly completed. By the second day of our inspection, many staff had completed or had begun to complete their outstanding training, however a date for medicines management training had yet to be arranged.

New staff underwent a thorough induction process and were supported to undertake the Care Certificate. The Care Certificate is a national induction tool which is best practice to help ensure new staff are trained to the desired standards expected within the health and social care sector. There was ongoing regular supervision for staff on a one to one basis as well as annual appraisals and competency checks. One staff member told us; "My induction was good. I got to know people and their routines. There were shadow shifts and also getting familiarised with the policies and procedures".

People we spoke with living at Eirenikon Park told us they enjoyed the food. Comments included; "The food is good" and "I like the food. We had rice pudding today which I love". We observed the lunchtime experience. The food looked appetising and plentiful and people commented that they enjoyed it. The atmosphere during lunch was pleasant. Most people chose to eat at the dining table. Staff were available to assist people and when people requested support this was provided promptly. Where people had special diets this was recorded in their care plan and the information was also kept in a file in the kitchen for the cook.

Due to recent staff changes there was no menu plan in place and therefore it was not possible to review what people had been eating and whether alternatives had been on offer. The registered manager said that menu plans were going to be re-introduced with people's involvement. Some staff commented that some meal options were unpopular amongst people and that they had fed this back to staff. We saw that people were able to provide feedback at residents' meetings. People who were cared for in their own homes were supported by staff to ensure they had access to adequate food and drinks if they required assistance with this.

There had been a recent food hygiene inspection of the kitchen at Eirenikon Park by Environmental Health. A number of concerns had been highlighted to the registered manager and a rating of one out of a possible five had been awarded. Some of the issues raised related to staff training on food hygiene, fridge temperatures, deep cleaning and stock rotation. By the time of our inspection many of these issues had been addressed and new flooring and a sink and had been purchased and installed. Fridge temperatures were seen to be in range and food dates were recorded. This issue was to be followed up by Environmental health.

People had their healthcare needs met. Records of people who used both services indicated they saw a range of health and social care professionals including GPs, speech and language therapists, social workers and district nurses, as required and staff supported people to attend appointments where necessary.

The residential service was spacious. throughout. The service was arranged over one floor therefore people did not require support to access upper floors. There was an ongoing maintenance plan and as rooms became vacant they were being redecorated. People's personal space was comfortable and furnished with personal furniture items, pictures and ornaments.

Good

Is the service caring?

Our findings

People said the staff were caring. Comments from people living at Eirenikon Park including; "I am very happy. I came here for respite, but said I'm staying" and, "I like the staff, they are so helpful".

Comments from people receiving support in their own homes included; "I'm very happy with the care I receive, they are like my family"; "They won't leave me until I am comfortable" and, "They are very caring. If I am upset, they wipe my tears".

People and relatives commented about the homely environment at Eirenikon Park. One person said; "It's small and homely. I have a nice warm bed at night and the food is lovely". A relative told us; "It's like home from home. Their caring nature is one of their greatest strengths".

People using both the residential service and the domiciliary service were cared for by staff who were compassionate and kind and who spoke about them with fondness and affection. One staff member, who supported people at home, said of one person; "She likes a giggle, we all end up having a good laugh with her. It's lovely". Other comments from staff included; "The best thing about working here is seeing people smile"; "I love the conversations I have with people, that's the best part of the job for me" and "I love my job. I love being able to help and do things for people".

People were made to feel valued and important. Staff comments included; "I always make sure I pay people compliments if they have been to the hairdresser. It helps to make them feel special" and, "If people have problems we sit and listen. We provide comfort and reassurance". People's birthdays were celebrated with gifts, cards and a cake and they were able to choose a special celebratory birthday meal. One person enjoyed completing crossword books. A staff member had purchased them a bumper pack of crossword books with large print for their birthday. When a person first started using the domiciliary service, the registered manager would visit them in person to ask how they wanted their care to be provided.

Staff knew the people they cared for well and were able to tell us about their backgrounds, histories, likes and dislikes as well as how they preferred to be cared for. The registered manager told us that being a small service helped staff to get to know people and their needs and meant they could offer continuity and personalised care. One staff member said; "We are small, so we do get attached to people".

One person who had come to live at Eirenikon Park had brought their cat from home. The person would become anxious about the cat's whereabouts throughout the day, particularly if it went outside. The person's care plan reminded staff to reassure the person and keep them informed that their pet was being fed and looked after by staff and that it was safe. Another person liked to have a photograph of a relative with them throughout the day in the lounge. The person's care plan guided staff to ensure the photograph was kept safe and returned to the person's bedroom at the end of the day.

People's religious and spiritual needs were detailed in their care plans. At the time of the inspection a church service was being held and several people were joining in and singing hymns.

One person who received support at home told us staff had taken the time to visit them in hospital when they were unwell. The person said; "They are very caring. When I was unwell they even visited me in hospital. I feel truly blessed by this agency".

People told us staff were supportive. One person said; "If I'm feeling down they offer encouragement". One staff member told us they had supported someone to stand for the first time in years. The staff member told us; "They were absolutely ecstatic".

Staff used people's preferred name when they addressed them and this was reflected in their care records. Staff respected people's privacy and helped to maintain their dignity. For example, staff knocked and waited to be invited to enter before going into people's bedrooms. People's confidential information was securely stored.

Good

Is the service responsive?

Our findings

People's care records in both the residential and domiciliary service were detailed, comprehensive documents which provided staff with guidance on how to meet their needs. There was information about their background, history, likes and dislikes as well as their spiritual and religious needs. People's care records contained a section entitled; "My life so far" which contained details of how they had lived their lives, for example where they had worked and if they had children. One staff member said; "It's interesting to read about people's backgrounds". There was also a section entitled; "How I see me now", which detailed people's strengths and aspirations for the future.

Care records were organised and easy to navigate with a quick reference guide at the front detailing any allergies, dietary preferences and key contacts. The records were detailed. One person's care plan stated that felt they were unable to independently adjust their clothing to regulate their body temperature throughout the day, but had a tendency to have cold hands and feet. The care plan directed staff to ensure the person had a blanket to hand and to help them to choose clothing to keep them warm.

People had access to a range of activities within the service in order to keep them socially and mentally engaged. The service employed an activities coordinator who was committed to developing a programme of personalised activities inside and outside of the home. There were group activities on offer including pamper sessions where people had their nails painted, reminiscence sessions and board games. One person said; "There is always something going on if you want it. They bring us a daily paper too". There were opportunities for one to one time, where staff would sit and chat to people or take them for a walk in the gardens. Staff supported people to go into the local village for coffee or lunch. Some people were able to do this independently which was encouraged and promoted by staff.

There were visitors into the service, including petting animals, children from the local school who would come to sing, a male choir, church services, a person who facilitated armchair aerobics and a singer who came dressed in 1940's style clothing to sing wartime classics.

People were supported to maintain relationships with people who mattered to them. There were no restrictions on visiting times and relatives were able to take people out. Staff kept relatives informed of changes as required. One relative told us; "They are very good at keeping us informed of any changes".

People who were supported at home told us staff were generally on time and that if they were a little late, they always apologised. Staff confirmed that they were usually able to keep to their appointment times and that missed appointments were very rare.

Where people were receiving care at home, any changes to their health care needs were recorded in their notes and action was taken as necessary. A staff member told us; "If we see any changes we record it in their file, report it to the manager and seek medical advice if necessary. We also ensure families are kept informed".

There was a system in place for receiving, investigating and managing complaints, supported by a policy. People and relatives said they felt confident to raise a complaint and felt that it would be dealt with to their satisfaction. One relative said; "I have no complaints whatsoever".

Requires Improvement

Is the service well-led?

Our findings

The service was managed by a registered manager who was employed to oversee the running of both the residential home and care of people in their own homes.

We found that morale amongst staff was mixed .Staff told us there were issues within the existing staff team which were affecting morale. Some staff were reluctant to work with others and this caused issues for senior staff members when organising the rotas. Comments from staff included; "There is a lot of negativity and time wasted on complaining" and "Morale is not great at the moment".

The registered manager confirmed there had been problems in recruiting and retaining staff and that a number of staff had been through disciplinary proceedings. Changes to staffing had caused some problems in the running of the service, for example, the registered manager said mandatory refresher training had lapsed as staff had been unable to complete it. Also changes to kitchen staff had meant there was no menu plan, so people had to be advised what they were eating on the day. The registered manager felt that things were improving and the staff team was stabilising. The staff team had increased due to a new advertising campaign. At the time of the inspection, staff were beginning to complete the training that was out of date and staff were being actively recruited so that there were staff to cover unforeseen circumstances.

The registered manager had appointed three existing staff members to undertake specialist training to become trainee managers. They were to have their own duties, for example, one was to oversee the domiciliary service. The registered manager and staff felt that this would help with the effective leadership of the service. The registered manager was delegating responsibilities to the assistant managers in order to share responsibilities and the workload. This new system was in its early stages and yet to be an embedded part of practice, however staff told us it was a positive change.

There were regular staff meetings which were well attended. Staff told us they felt able to raise suggestions or concerns at these meetings. Comments from staff included; "I always speak my mind at the meetings. I feel comfortable to do that" and, "I can always share concerns at the staff meetings or share ideas. We made a suggestion of having music afternoons and that was put into place".

People, relatives and visitors spoke highly of the registered manager. People and families felt comfortable approaching the registered manager with any concerns. They felt any issues raised would be listened to and acted on. There were regular residents' meetings where people were encouraged to have their say. We saw that any issues raised were addressed by the registered manager.

Staff also spoke highly of the registered manager telling us they were supportive, kind and respectful. Comments included; "I can go to them with anything. They always try to work the best they can"; "I feel valued"; "They are supportive, caring people" and "I love my bosses and I love my job". Staff told us the registered manager was supportive. Comments included; "The manager is hands on. If you need them, even if it's 3am they answer the phone" and "This is the most supportive and caring agency I've ever seen".

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. A recent notification in respect of a safeguarding issue had not been submitted in a timely fashion. The registered manager said they knew this had taken longer than it should and had put systems in place to address this.

The registered manager operated in a way which was open and transparent, which demonstrated the requirements of the duty of candour (DoC). The DoC places a legal obligation on registered persons to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor practice. Staff told us they felt confident any concerns raised with the registered manager would be addressed appropriately.

The service operated a cycle of quality assurance. People and their families were asked to complete questionnaires to give their feedback on the service. Action was taken in respect of any concerns and feedback given. Results of the most recent quality assurance questionnaires were positive. Comments included; "Carers are the best at all times and in all weather"; "I know I can contact the home with any issues" and "They are always smiling which helps keep my spirits up".

There was some auditing taking place to monitor the quality of the service. We saw evidence that auditing of medicines management was undertaken every seven to ten days and accidents and incidents were recorded and audited monthly to identify any themes and look for ways to reduce the likelihood of a reoccurrence. There were a range of up to date policies which were accessible to staff and provided guidance and important information. These were regularly reviewed and updated by the registered manager. The registered manager told us that training records were also audited and that this had identified the gaps in the staff's refresher training.

The registered manager had systems in place to ensure the building and equipment were safely maintained. Essential checks, such as fire safety and gas safety checks took place and action was taken to address any issues raised.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Not assessing people in line with the MCA and failing to ensure people's needs were being met in their best interest is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not being managed in accordance with medicine regulation and good practice guidance. This had been identified as a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.