Bedford Borough Council

Puttenhoe

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**

Summary of findings

Overall summary

We carried out an unannounced inspection on 6 and 7 November 2017. During our last inspection in September 2015 we rated the service as good. During this inspection the rating changed to requires improvement. This was because people were not always administered medicines in a safe manner.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Puttenhoe is registered with the Care Quality Commission as a care home with nursing. It has 3 living communities for residents, Daffodil which supports up to 11 individuals requiring residential and respite care. Carnation which supports 12 individuals with dementia. Apple Blossom which supports up to 6 individuals on a short term bases after a hospital discharge, to enable them to return to their home safely. The location is registered for up to 29 people.

The home had 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.

Staff did not always administer medication in a safe manner and follow best practice guidelines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to access health and social care services when required but this was not always recorded within people's care documents.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff would gain people's consent before they provided any care or support to them.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

Staff had supervision, support and effective training that enabled them to support people well.

People were supported by caring and respectful staff who knew them well. Relatives we spoke with had described the staff as kind and caring. People were supported to go into the community and pursue their interests.

People's needs and the risks they faced had been identified, and care plans took account of their individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. Although the provider had quality monitoring processes in place to ensure that they were meeting the required standards of care but this was not always effective.
This is the first time the service has been rated Requires Improvement.

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

The service was not always safe.

The provider had not ensured proper and safe use of medicines.

There were systems, processes and practices in place to safeguard people from harm.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe and their freedom was respected.

There was sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were protected against the spread of potential infection.

When errors were made by the provider or staff, these were acted on and lessons learned and improvements were made.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation and standards.

Staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet.

Staff work together to deliver effective care, support and treatment?

People were supported to live healthier lives and had access to healthcare services and on-going healthcare support.

People's needs were met by the adaptation, design and decoration of the premises.

Consent to care and treatment was always sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

The service ensured that people are treated with kindness, respect and compassion, and that they are given emotional support when needed.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.

People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement

The service was not Well-led

There was not always a consistent approach to record keeping.

There was a clear vision and credible strategy in place to deliver high quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people using the service.

Governance framework ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed.

The people who used the service, the public and staff were engaged and involved in the service.

The service continuously learnt improved and ensured sustainability.

The service worked in partnership with other agencies.

Puttenhoe

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 checked 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 6 November 2017 and was unannounced.

Inspection site visit activity started on 6 November 2017 and ended on 7 November 2017. The inspection team consisted of one inspector from the Care Quality Commission 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information that had been sent to us from the local authority and members of the public.

During the inspection, we spoke with the registered manager, the deputy manager and operations manager about improvements which had been made since our last inspection. We also spoke with four care staff and five people who used the service. We spoke with one person's relative. We also spoke with visiting professionals which included, a doctor, two nurses and therapists. We looked at the care records of six people who used the service and the recruitment and training records for six staff employed by the service. We observed how staff interacted with people throughout the day including lunchtimes, and when people were supported to take medicines. We also spoke with six staff members which included care staff, domestic staff, activities, nursing and kitchen staff.

We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

The provider was unable to ensure that staff supported people to receive medicines in a safe and effective manner.

We carried out an observation of staff providing people with their lunchtime medicines. We observed that the member of staff did not always follow the instructions that had been set within the people's MAR charts (Medicine Administration Records). For example, for one person we observed that they had been prescribed medicines which should be taken as and when required (PRN). We saw that the member of staff did not ask the person if they were in pain and if they required the PRN medicines. The member of staff included it within the normal medicines and placed them onto the table stating, "Here you go." We reminded the member of staff that the medicine was PRN to which the member of staff stated, "Oh, but [person] always has it."

During this observation we later saw the same member of staff went into a person's room with their medicines in a pot. The person was eating and the member of staff said, "Would you like some paracetamol?" They then placed the medicines on the persons table. The person was struggling to respond so the member of staff said, "Not to worry I will come back later." They left the medicine on the persons table and returned to the medication trolley and signed the MAR chart although they had not observed the person taking the medicines. We also noted that on this occasion the medicine that was offered to the person (Paracetamol) was not PRN. This meant that it should have been given to the person as part of their normal medication routine. We observed throughout the medicine round that this member of staff did not wait and observe people taking their medication. They left the medicine on tables for people to take and signed the MAR charts. This was against the provider's medication policy which states that staff must witness the person taking the medicines before signing the MAR chart. This meant that people were not provided with medicines in a safe manner.

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

People we spoke with and their relatives did think that Puttenhoe was a safe place to live. One person said, "I feel safe in here, that's never been a problem." While a second person said, "I'm certain that we are all alright here, the staff go to a lot of trouble to make sure we are." A third person said, "Yes its safe here, I would speak up if I was worried about anything. I'm not worried at all I'm looked after very well." A fourth person told us about the night checks staff carried out. They said, "I know that staff are here overnight, I hear them check on me even if I don't call them."

The provider had effective systems, processes and practices in place to safeguard people from abuse. They had a safeguarding policy in place and had worked closely with the local authority and external agencies to safeguard people from harm. For example people who were at risk of falls were referred to the correct agencies by the provider to ensure they received the support and equipment needed to stay safe. Staff were aware of internal and external agencies such as the local authority safeguarding teams, who they could go

to and raise any concerns they had about the people they supported and we saw that information was also available within the home. Staff spoke to us about how they supported people to stay safe and recognised when a person was at risk of harm. One member of staff said, "We are here to protect people, if there was anything I would speak to [registered manager]."

Risks to people were assessed through risk assessments and their safety was monitored and managed by staff in order to stay safe. We saw from people's care documents that personalised risk assessments had been completed for each person who lived at the home and were reviewed regularly. Each assessment identified the risks people faced, the steps in place, and the equipment available to minimise the risk. For example which hoist and sling to use when transferring certain individuals and the action staff should take to ensure the transfer was safe. Risk assessments that were in place included for risks related to medicines, falls, and if a person went away from the home.

We observed people being assisted to move around the home safely and where required appropriate equipment was used. One person said, "I have fallen since I've been here; I fell in the shower or toilet. I'm not so worried now; I have a walking frame and a wheelchair if I'm bad. Staff keep a close eye on me and tell me not to walk unaided." A second person said, "I was given a walking frame at the hospital, the staff remind me to use it, I don't like it but it gives me security."

The service ensured that there was sufficient numbers of suitable staff to support people to stay safe and to meet their needs. The provider carried out assessments on people before they moved into the home to ensure they had sufficient staff to support their needs. People we spoke with felt that there was enough staff to support them safely and we observed throughout the day that there was sufficient staff available on all three units. One person said, "It seems busier than it used to be, staff are more rushed, but they still don't keep you waiting." The registered manager told us that they had recently recruited more staff and we saw from rotas provided that there were sufficient staff on duty to support people safely. Staff we spoke with also confirmed that they were able to support people in a safe manner because there was sufficient staff allocated to support people's needs. One member of staff said, "Yes there is enough staff. We move around the units and support each other especially if we have few people in the hospital unit which is rarely full." While a second member of staff said, "We tend to have enough staff, you can't help it if someone is sick but [registered manager] will try and find a replacement." We did see that on the day of our inspection agency staff were also on duty. One person told us, "They sometimes have agency staff, they wear white. I'm not as keen on them as they don't know my ways like the regulars." The registered manager told us, "We try not to use agency if we can help it, but if we do then we try and keep it to the same people."

Staff followed the provider's infection control procedures and practices to ensure people were protected from the risk of infection when they were provided with personal care and support. Everyone we spoke with told us that staff wore gloves and aprons when required, and followed appropriate hand washing procedures.

People who lived at the home and visitors were protected from infection and the home was kept clean and fresh. One person said, "I'm not sure who does the cleaning but my room is always done when I come back from the lounge." While another person said, "They keep my room clean for me." We saw that cleaning staff followed a cleaning plan which meant that each person's room was cleaned regularly with more thorough 'deep cleans' were scheduled to ensure that each person's room was kept thoroughly clean and protected from infection. We observed the home to be clean with no odours or evidence of dirt or risks of infection. Cleaning materials were available to staff and we saw that sanitising gels were also available throughout the home. Cleaning staff told us, "We keep the home clean, we have a resident of the day which means that they get their room deep cleaned and every time a room is vacated we will make sure it's thoroughly cleaned."

From our discussion with the management team and senior staff we saw that they all worked together to ensure they learnt from errors that were made and strived to ensure improvements were made. For example, we saw that following our previous inspection the manager had acted on feedback received and had created an improvement plan to monitor identified improvements. The Regional manager worked with all home managers to share best practice and we saw that on the first day of our inspection a manager from a sister home attended the home to support the registered manager with the inspection. This manager was open to feedback we provided throughout the day and supported the registered manager to make improvements.

Good

Is the service effective?

Our findings

People's needs and choices had been assessed and care, treatment and support was delivered in line with current legislation and standards.

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their assessed needs. People we spoke with also confirmed this. One person said, "The staff are very good and look after me well. They make me feel as though I'm important." There was clear evidence through the use of care planning, needs assessments and reviews that the care provided was person centred and reflected people's needs, choices and preferences. This also further provided evidence that the support being provided appropriately met the requirements under the standards set by the CQC and current legislation.

During our visit we also saw that regular updates were made to peoples care documents and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and staff handovers.

The service regularly assessed staff to ensure they were competent in their role and that they had the skills, knowledge and experience to deliver effective care and support to people using the service. Where staff did not achieve the expected competency levels then action would be taken to further support them. One person said, "I think they must have training, a senior carer shows the new ones what to do." While another person said, "I know there were issues with staff training in the past, but that's all improved now." We saw from the records provided that staff had been provided with the training and skills to support people effectively.

Staff we spoke with felt supported by the provider to gain further qualifications and training. They told us that they could ask for additional training and support when it was required. One member of staff said, "I have been here for [number of years], I wouldn't be here if I didn't feel supported." For example, we saw that on the day of our inspection one member of staff was being supported to gain further training from an external service with support from the provider.

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff competency was checked after training courses to ensure they understood the subject and observations were also carried out to ensure staff were following best practice. Staff also received a full induction when they joined the service, as well as regular supervisions and appraisals. Staff we spoke with told us that they had received supervision and appraisals. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt that the manager listened to their views and concerns.

People were supported to eat and drink enough to maintain a balanced diet. Care records showed that staff supported people where possible to maintain a healthy weight. Staff recorded what people ate and

encouraged them to maintain a balanced healthy diet. One person said, "The foods very good, I like the choices." While a second person said, "The foods good, I often have soup. The chef came to see me as I wasn't eating much. I often have an omelette now she knows what I like." A visiting relative also said, "The foods very good, [relative] always eats well. As [relative] gets confused I was worried about them making choices but the staff seem to manage that and it all gets eaten." We also observed that within the hospital discharge unit residents were encouraged to prepare food and drink themselves. One person said, "I make my own breakfast and hot drinks throughout the day. I have a main hot meal from the trolley."

Staff within the service worked with other services to ensure they delivered care which was effective. We saw that within the hospital discharge unit, staff worked with people and supporting agencies to enable people to return to their homes. We observed on the first day of our inspection that an occupational therapist came to the home to carrying out an assessment on a person. We spoke with the therapist who told us that staff were quick at referring people to them and worked well to support people to ensure the support they received was effective. People we spoke to within the unit also supported this, they told us that staff enabled them to return home because they were quick to arrange assessments and equipment which would aid them when they returned home. The visiting GP told us that the home was quick at calling them if there were any changes in a person's health. They told us that they come out to the home if there was a concern or refer them to the early help team.

From the care documents we looked at, it was evidenced that people's day-to-day needs were being met and staff were recording the care that was being provided. Information about health care, medicines and the treatment was available within people's care documents. These were kept up to date and regularly reviewed with the visiting healthcare professionals.

We meet with professionals throughout the day, which included a visiting GP and district nurses, the local authority 'early help' staff, occupational therapists and visual specialists. All people told us that the home and the provider worked across different organisations and worked together to deliver effective care, support and treatment. One person said, "[Staff] call the doctor if I'm poorly, they come quickly." A second person said, "The nurse has been in today to redress my leg ulcer." A third person said, "I go to my hospital appointments, either with a family member or a carer [member of staff]." A relative also said, "A specialist came in to see [relative] about her sight from a team to see if they could provide help." This showed us that people were supported to live healthier lives and have good access to healthcare services.

The provider ensured that people's needs were being met through the adaptation, design and decoration of the building. The home was currently going through a refurbishment and adaptations were being made. We were shown an area that was to be converted to an information technology area where people could use internet technology to communicate with relatives. We also observed memory aids in the corridor for those living with dementia. We saw that the door to the home were now automatic and allowed for easy access. The home also had a lift and outdoor garden area, which was accessible to people in wheelchairs, and we observed people going into the garden area with little support from staff.

The manager told us that people were free to decorate their rooms as they wished and staff would support with adaptations. For example we observed that one person using the service enjoyed DIY activities. When we visited the person in their room we saw that they had added additional rails and had created a small work area for them to carry out wood work. The manager said, "[Person] enjoys making things so the handy man will supply tools for him so he can keep his interests going." We saw that items made by this person were on display throughout the home.

Staff we spoke with demonstrated an understanding of how they would use the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS) training when providing care to people. The Mental Capacity Act 2005 (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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf were in their best interest.

Staff told us that they always asked for people's consent before providing any care or support and explained how they communicated with people who were unable to communicate verbally with them. We observed staff throughout the day gaining consent from people and acting on their wishes. One member of staff said, "I will ask for consent every time I support people, and I will make sure they are ready." People using the service also confirmed that staff asked for consent before supporting them. One person said, "They take notice of what I want and I let them know if I don't agree with anything." A second person said, "I don't really give my consent, it's not needed we just get on with it." A relative who had been involved with decisions about their relative also said, "I have been involved, seen the paperwork and it has been reviewed regularly."

Good

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion. The atmosphere was calm and friendly. Staff chatted with people in a friendly way and it was clear that good relationships had been fostered. People were called by name and we also did observe some familiarity and the use of, "darling or love," when staff spoke to people. One person said, "Staff are very good; they are going to a lot of trouble to get to know me as I haven't been here long." A second person said, "Although I'd prefer to live in my own home, I'm very happy here." While a third said, "They are very friendly, the young ones will do anything to help me." People and their families were given emotional support when needed and were supported to contact additional agencies for further assistance. Throughout the day we observed staff being patient and supportive of people living in the home.

We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff. Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family. We saw staff spending time with people and giving them choices on how to spend their day where it was possible. We also observed staff communicating with those living with dementia in a kind and patient way.

People were supported to express their views and be actively involved in making decisions about their care, support and treatment. People we spoke with also confirmed that the home acted in accordance with their wishes. Where possible people had been involved in the development of their care and support plans. We saw evidence of this in records we reviewed. One person said, "The carers make me feel as though I'm important to them." Staff we spoke to overall had a good knowledge of individual's needs and personal stories of people they supported. One member of staff said, "I've worked here a long time; I love to make the residents happy. I love getting to know them." Family members we spoke with also had positive comments to make about recent improvements since the new registered manager came into post. One relative said, "The staff seem more motivated now, there were problems but the staff are really trying now and they want to improve."

People's privacy, dignity and independence was respected and promoted by the service. We observed throughout the inspection that people's privacy was respected and dignity maintained. Staff knocked on doors and made sure people had privacy when being supported with any personal care needs. Staff spoke with people in a calm manner and encouraged independence where it was possible. People we spoke with also confirmed this. One person said, "They always shut the door when I'm having a wash. I have been asked if I mind a male or female carer as I need a lot of help. I don't mind." While a second person said, "[Staff] usually knock but I always [like to] keep my door open."

We saw that people had received visits from family and were encouraged to maintain contact with relatives. Throughout the day there were a number of relatives who visited the home and provided positive feedback for our inspection.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People who used the service had a variety of support needs and these had been assessed prior to being supported by the staff at the home.

We were told that the registered manager worked with people and their families and was responsive to changes in their support and care needs. Staff appeared to know the residents and their needs well. We saw staff demonstrate they had a clear knowledge of those who they were caring for, especially during lunchtime where there was a detailed knowledge demonstrated of individual's needs.

People we spoke with felt they had freedom to make choices about their care and support during the day. For example, timings of getting up and going to bed. One person said, "I always get up at 8 o'clock, I ring the call bell and they help me wash and dress, this is my choice. I stay up to watch the news at night, that's no problem." While another person said, "Staff help me into the bath if I feel like it, I can always ask."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. People we spoke with also confirmed this. One person said, "We went through [name of person's] care plans on admission." While a second person said, "I have seen my care plan and it was reviewed." There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We also saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We noted that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and staff handovers.

During our visit we observed activities taking place during the inspection which included one to one support, board games on units and also a group painting activity. People seemed to enjoy the activities on offer. One person said. "I go out with my family whenever I can." A second said, "I use the hairdresser regularly, she's good and not too costly." A third person said, "I do the quizzes." A Fourth said, "I have done bingo it's a laugh." We observed during the group activity that people were jovial and enjoyed the company of other people. When someone had not come down for the activity they asked after them.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires. This ensured people's concerns and complaints were listened to and responded to and feedback received was used to improve the quality of care and support people received.

We saw that complaints had been investigated by the manager in accordance with the home's complaints policy. People we spoke with knew who they needed to talk to if they had any issues or concerns. One person said, "I haven't ever had to complain but I would speak to the senior." A second person said, "I'd tell them downstairs in the office, I haven't had to but I would if I needed to." People told us that they found the complaints process easy to follow and were happy with the way the complaint was handled. One person said, "I've had a word in the past with the manager, things were sorted." No one we spoke with felt that after

making a complaint their visiting had been restricted or that they had been asked to leave the home.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw that medication was available as and when required to support them with their pain and regular reviews were carried out with their doctors to assist with their comfort. Staff had received training on the use of syringe drivers. A syringe driver may be given, to help control pain or sickness and can help reduce symptoms by delivering a steady flow of injected medication continuously under the skin. The home had ensured that peoples end of life plans reflected their preferences and choices and these were kept under review. DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) were completed and review by the person and their doctor. Information was available to families around funeral arrangements and we saw that where people had funeral plans in place these were also located within their care files.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy and also the regional manager. We saw that the manager had introduced more robust quality assurance systems and was completing a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We did however find that staff did not always show consistency in completing documentation which was not picked up within the audits. For example, we saw that documentation relating to visits by community nurses was not always recorded within peoples care records. We discussed this with the registered manager who assured us they would take further action to improve their audits and action plans. We also spoke with the manager about our concerns around the medication round we had observed. The manager confirmed that they would be carrying out further competency checks on the staff concerned and until these had been completed they would not be providing people with medicines.

From discussions with the registered manager we found that they had a clear vision which was to support people to receive high quality care and support. We saw that the culture in the home promoted person centred care which was open, inclusive and empowering for the people using the service. People we spoke with and their families said that they had seen improvements in the home since the new manager had taken up their role. One person said, "I was very concerned and I felt I was always moaning but I feel happier with the care now." While a relative said, "Overall there's been such an improvement; I get phone calls if there's been any problems. Communication is now very good."

There was a relaxed atmosphere in the home; staff were observed to be communicating well with each other and the people at the home. Some staff had been there for many years and knew each other and the home well. One member of staff said, "I've been here a long time, it's a good place and I can talk to the seniors." On the day of the inspection the registered manager and their deputy were on duty. We were told that they had regular presence in the home. One person using the service said, "The manager is always about and says, hello, I haven't ever had to complain but I'd go to them." A second person said, "I don't know the manager but I've seen them walking around."

The manager had understood their responsibility to report to us any issues they were required to report to us. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

People who used the service were involved in the improvements made within the service. We saw that people were kept informed through regular meetings and newsletters. They were encouraged to provide feedback on the service and felt that they were listened to. One relative said, "There has been issues in the past but I have met with the manager and senior staff and things have improved." This relative went on further to explain, that they spent a lot of time working, "lots of niggles," out with the senior team and a representative from the provider. They explained that things had improved.

The registered manager was supported by the provider to make improvement to the home to ensure people

received care and support in line with their assessed needs. Staff were motivated to improve the service, One member of staff said, "I am supported and know what to do if I'm concerned about anything, the manager is approachable and I wouldn't have a problem speaking up." Staff were supported to question practice and were aware of the provider's whistleblowing policy. One member of staff said, "I wouldn't be here for so long if I didn't feel I could speak out. The manager listens when we have suggestions and we are all working towards keeping people happy."

The service worked in partnership with other agencies such as the local authority, discharge planning teams and local hospitals and GP's to ensure that people's care was effective, responsive and met the expectations of people and their families. Partner agencies we spoke with throughout the day of our inspection were extremely positive about the service and how they worked with people and assisted them to adjust into either living permanently within the home or supporting them to regain their confidence to return back to the own homes. One person told us how the provider had assisted them so that they could return home. They said, "[Staff] have got lots of people coming in to help me get back home, I have had three visits today already."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not provided with care and treatment in a safe manner.