

Mr & Mrs P Post and Mr K G Post

Favorita House 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?

Good 

Summary of findings

Overall summary

This inspection was carried out on 26 and 27 January 2016 and was unannounced.

Favorita House provides accommodation for up to 16 older people who need support with their personal care. Accommodation is arranged over two floors. A stair lift is available to assist people to get to the upper floor. The service has 12 single bedrooms and 2 double bedrooms, which people can choose to share. There were 11 people living at the service at the time of our inspection.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with dignity and respect at all times. One person told us, "I am very happy here and would recommend the home to someone else. I'm satisfied with everything they are doing".

The manager provided leadership to the staff and had oversight of the service. Staff were motivated and felt supported by the manager. The staff team had a clear vision of the aims of the service. Staff told us the manager was approachable and they were confident to raise any concerns they had with them.

There were enough staff, who knew people well, to meet their needs at all times. The needs of the people had been considered when deciding how many staff were required on each shift. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Effective staff recruitment systems were not in operation and information about the character and identity of staff had not been obtained to make sure staff did not pose a risk to people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were not consistently supported to provide good quality care and support. Staff had not completed all the training they needed to provide safe and effective care to people. Some staff held recognised qualifications in care. Staff met regularly with the manager to discuss their role and practice and any concerns they had.

Staff knew the signs of possible abuse and were confident to raise concerns they had with the manager or the local authority safeguarding team. Plans were in place to keep people safe in an emergency.

People's needs had been assessed to identify the care they required. Care and support was planned with

people and reviewed to keep people safe and support them to be as independent as possible.

People received the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were supported by staff to receive the care they needed to keep them as safe and well as possible.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to check if people were at risk of being deprived of their liberty and apply to the supervisory body for a DoLS authorisation when necessary.

Processes were not in operation to assess if people were able to make decisions but this did not impact on people using the service. Consent to care had been obtained from people. People were supported to make decisions and choices and decisions were made in their best interests if they were not able to do this. The requirements of the Mental Capacity Act 2005 (MCA) had been met. We have made a recommendation to improve practice in relation to this.

People were supported to participate in a wide variety of activities that they enjoyed. Possible risks to them had been identified and were managed to keep them as safe as possible, without restricting them.

People told us they liked the food at Favorita House. They were offered a balanced diet that met their individual needs. A wide range of foods were on offer to people each day and they were provided with frequent drinks to make sure they were hydrated.

People and their representatives were confident to raise concerns and complaints they had about the service with the manager and provider and had received a satisfactory response.

The manager and deputy worked with people and staff and checked that the quality of the care was to the standard they required. Any shortfalls found were addressed quickly to prevent them from happening again. People and their representatives were asked about their experiences of the care and these were used to improve the service.

Systems were not in place to check staff management processes such as training and recruitment and the provider was not aware of the shortfalls we found during the inspection. Following our inspection he provider took immediate action to put systems in place to check all areas of the service.

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place. Appropriate equipment was provided to support the people to remain independent and keep them safe. Safety checks were completed regularly.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.

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

We made a recommendation to improve practice in relation to assessing people's capacity to make decisions.

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 not consistently safe.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed at all times.

Not all the required recruitment checks had been completed to make sure staff were of good character.

People were given the medicines they needed.

The service was clean.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff followed the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards. Staff offered everyone choices in all areas of their life.

Staff were not trained to provide all the care people needed.

People received food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Requires Improvement ●

Is the service caring?

The service was caring.

People said the staff were kind and caring to them.

People were given privacy and were treated with dignity and

Good ●

respect.

People were supported to remain independent.

Is the service responsive?

Good ●

The service was responsive.

Assessments were completed and reviewed regularly to identify changes in people's needs.

People and their families were involved in planning their care and received their care in the way they preferred.

People were involved in the running of the service. They enjoyed the wide variety of activities.

Action had been taken to resolve people's concerns to their satisfaction.

Is the service well-led?

Good ●

The service was not consistently well-led.

There was a clear set of aims at the service including supporting people to remain as independent as possible.

Staff were motivated and led by the manager. They had clear roles and were responsible and accountable for their actions.

Checks on all areas of the service had not been completed. People, their relatives and staff shared their experiences of the service.

Records about the care people received were accurate and up to date.

Favorita House 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 26 and 27 January 2016 and was unannounced. The inspection team consisted of two inspectors. Prior to the inspection we looked at previous inspection reports and notifications received by CQC which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected the service sooner than we had planned.

During our inspection we spoke with five people living at Favorita House, the registered manager, the registered provider, staff, and people's relatives. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to people. We looked at their medicines records and observed people receiving their medicines.

We last inspected Favorita House in May 2014. At that time we found that the registered provider and manager were complying with the regulations.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at Favorita House. One person said, "I couldn't ask for better care". Another person told us, "I feel safe. At night there are always people about. I press the buzzer and staff come".

People received consistent care, when they needed it, from staff who knew them well. Consideration had been given to peoples' needs and the skills of the staff when deciding how many staff to deploy at different times of the day. Catering staff were employed. All the staff we spoke with said they were not rushed and had time to spend with people.

Staff shifts were planned in advance and staff knew when they would be working. Cover for staff sickness and holidays was provided by other team members. An on call system was in place and management cover was provided at the weekends and in the evenings, so staff had support when they needed it. The staff team was consistent and staff turnover was low.

A call bell system was fitted in peoples' bedrooms. People told us staff came quickly when they used the bell. Staff regularly checked on people they knew would not call for assistance as they 'didn't want to be a bother', to offer them support if it was required. Staff were present in communal areas with people and worked as a team to make sure they were safe. People told us that staff checked on them during the night. One person said, "It gives me confidence knowing that staff are checking that I am alright".

Staff recruitment systems were in place but were not being followed to protect people from staff who were not safe to work in a care service. Information had not been obtained about all staff's employment history, including gaps in employment so that this could be checked to make sure that staff were honest, trustworthy and reliable. Information about staff's conduct in their last employment had been obtained.

Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate's physical and mental health had been requested and checked. Checks on the identity of staff had not been completed. There was a risk that new staff would pose a risk to people living at Favorita House as all the required checks on staff had not been completed.

The provider had failed to establish and operate effective recruitment procedures to ensure that staff were of good character and check their identity. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were policies and processes in place to keep people safe, these were known and understood by staff. People told us if they were concerned about anything they would talk to the manager or provider. Staff knew the signs of possible abuse, such as changes in peoples' behaviour. They were confident to raise any concerns with the manager, deputy manager or the local authority safeguarding team. Staff told us they

were confident the manager would deal with any concerns they raised.

Risks to people had been assessed and guidance was provided to staff about how to keep them safe while maintaining their independence. Moving and handling risk assessments had been completed and guidance was provided to staff about how to move people safely. People were encouraged and supported to remain as independent as they could.

Risks to people's skin, such as the development of pressure ulcers, had been assessed. Action had been taken to minimise the risks and no one had sore skin at the time of our inspection. Special equipment, such as cushions and mattresses were provided to keep people's skin healthy, we observed these being used. Staff checked the mattresses to make sure they were on the right setting and people got the maximum benefit from them.

Accidents and incidents involving people were recorded. The manager reviewed accidents to check if the care people received could be changed or advice sought to keep them safe. People had been referred to health care professionals for support and advice when they had fallen. The support and advice was used to plan the care they received. Action taken to keep people safe was balanced to make sure that it was not restrictive.

Staff were informed of changes in the way risks to people were managed during the handover at the beginning of each shift. Changes in the support people were offered were also recorded in their records so staff could catch up on changes following leave or days off.

Plans were in place to evacuate people in the event of an emergency and staff knew what action to take to keep people safe. Staff were confident to contact the manager for support in an emergency.

The building was secure and the identity of people was checked before they entered. Internal doors were not locked and people moved freely around the service and were not restricted. Fire and environmental risk assessments had been completed and action taken to keep people safe.

There was enough space and furniture to allow people to spend time with each other or alone when they wanted to. Furniture was of a domestic nature and the service was comfortable and homely. People were able to bring personal items with them into the service and these were on display in their bedrooms. One person told us, "My room gets cold sometime. I told [the provider] and they fitted this heater for me, staff turn it on when I ask them and it warms my room up".

Processes were in operation to protect people from the risks of unsafe management of medicines, including systems for ordering, checking, disposal and administration of prescribed medicines. Medicines were stored securely and were well organised. People received their medicines at the time advised by their doctor. Staff's medicines administration skills were assessed annually to make sure they continued to use safe practices.

Some people were prescribed medicines 'when required' (PRN), such as pain relief. Guidance had not been provided to staff about how to manage each person's PRN medicines. This did not impact on people as most people were able to tell staff when they needed their medicine. Staff knew the signs that other people required their PRN medicines and gave them when needed. This was an area for improvement.

Guidance was provided to staff about when and where people's creams should be applied. Creams were used correctly and people got the maximum benefit from them. Staff had a good understanding of safe

medicine management. They were knowledgeable and able to explain the action they would take to manage medicines safely.

Is the service effective?

Our findings

People were able to make choices about all areas of their lives, such as when they got up, when they went to bed and what they wore. One person told us, "In the morning staff ask me, 'what are we wearing today?' and I chose". People chose how they spent their time and who they spent it with. During our inspection people were offered choices and staff responded consistently to the choices they made. Most people living at Favorita House were able to chat to staff and tell them how they preferred their care and support to be provided. Staff knew everyone using the service well.

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 make 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training in relation to the MCA but were not confident to apply the Act. Following our inspection the provider booked further MCA training for themselves and senior staff. Some people were unable to make complex decisions about the care and treatment they received and needed other people to make these decisions in their best interests. Decisions made in people's best interests had been made by relatives and friends who knew them well, with staff, and health and social care professionals on occasions. Records of the decision making process had not been kept to demonstrate the reasons for the decisions and who had made them. This was an area for improvement.

Everyone living at the service was able to make straightforward decisions, such as what they wanted to eat or drink and shared these with staff. People's capacity to make decisions had not been assessed when there was a risk that they lacked capacity. This did not impact on people as staff assumed people had capacity, respected the decisions they made and understood what they were telling them. We observed staff supporting people to make decisions and respecting the decisions they made.

We would recommend that the provider seeks advice and guidance from a reputable source about effective systems to assess people's capacity to make decisions and about recording decisions made in their best interests.

The manager was aware of their responsibilities under DoLS. People living at Favorita House were free to come and go as they pleased and went out regularly when they wanted to with or without the support of

staff. The risks of people who lacked capacity of being deprived of their liberty had been assessed. No one living at the service was deprived of their liberty.

Not all staff had received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities. New staff had not completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. There was a risk that new staff would not have the competence, skills and experience to meet people's needs.

Staff had not completed all the training they needed to perform their duties. For example, not all staff had received practical moving and handling training and several people required help to move. In some cases, people needed equipment to be moved safely. Without the practical training people could not be sure they would always be moved safely. Training was provided by way of workbooks that staff completed in their own time, this has led to some staff not completing the training.

A training plan was in place. The deputy manager knew what training staff had completed and had reminded them to complete other training. However, action had not been taken to make sure that staff completed all the training and development they needed to meet people's needs safely and effectively at all times. Some staff had acquired level 2 or 3 qualifications in social care.

The provider had failed to support staff to complete all the training and development necessary to enable them to carry out their duties and there was a risk that people's needs would not always be met safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the manager and deputy manager to deliver safe and effective care. Staff met with their supervisor regularly to talk about their role and people's care and support. They told us they were able to raise any concerns they had about people with the managers quickly as they were always available and worked alongside them. Staff practice, as well as people's needs, was discussed with staff throughout the shift to make sure they were supported to provide effective care. An annual appraisal process was in operation.

People were supported to maintain good health and care was provided to meet their health care needs. Community nurses visited some people to provide treatment for short term illnesses. Other health care professionals, including a chiropodist visited regularly.

People were supported by staff or people who knew them well to attend health care appointments, including emergency visits to hospital or outpatient appointments. This was to support them to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service. Staff had supported one person to receive regular health checks at the local GP surgery rather than the hospital clinic. This had reduced the person anxiety about the checks.

Meals times were pleasant, social occasions at Favorita House and people enjoyed their meals in a social environment. There was a relaxed atmosphere in the dining room. People chatted to other people sat at their table.

People told us they had enough to eat and drink. One person said, "I have plenty to drink, in the afternoon

and with meals". Other people told us they could ask for more to eat or drink if they wanted it. Portion sizes varied dependant on the person's appetite. Food and drinks were offered regularly throughout the day and were available if people wanted them during the night. Snacks were offered between meals, such as tea and biscuits, which people enjoyed. Staff offered people drinks often to make sure they did not become dehydrated.

People told us they liked the food at the service. One person told us, "Lunch was wonderful, very good. Breakfast was nice too". We observed people eating the meals and snacks they were offered. The chef spoke to people about the menus regularly and included suggestions that people made. When people lost weight they were quickly referred to their GP for support and advice. Their advice had been put into action and people had gained weight.

Meals were planned to meet people's needs and preferences. People told us staff knew their preferences. One person said, "Staff know I don't like liver so just give me the bacon". People who were at risk of losing weight were offered food fortified with extra calories. People who had lost weight before moving into the service had put the weight back on and were now a healthy weight. Other people required a low sugar diet and were offered the same foods as everyone else but made with sweetener rather than sugar. The chef asked for additional advice and guidance from health care professionals, such as the diabetic nurse to make sure people received meals that met their needs and kept them as healthy as possible.

Menus were balanced and included fresh fruit and vegetables. All meals were homemade, including pies and cakes. Communication between care staff and catering staff was good.

Is the service caring?

Our findings

All the people we spoke with told us the staff were kind and caring, their comments included, "The staff are very nice. They are wonderful" and "The staff are very caring and kind". One person's relatives told us, "The staff are really good. This is one of the better homes. My relative is much better in them self since moving in here. They are looked after". Another person's relative said, "The staff are very welcoming, friendly and approachable".

Staff knew about people's preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know them and provide their care in the way they preferred. Information was available for staff to refer to, such as '[person's name] is not keen on coffee or tinned tomatoes'. Staff knew people well, including how they liked things done. People were called by their preferred names.

People were not isolated and were supported to sit with their friends and people they got on well with. Many people chose to sit in the same seats each day. Staff knew people's routines including when they liked to spend time alone and made sure they were not disturbed.

Staff showed genuine affection for people and people responded in a similar way. One person was pleased to give the manager a small plant during our inspection. Staff knew that the person liked to show affection by buying them small gifts and encouraged the person to spend the money on them self rather than staff, reminding them to save for their holiday.

People told us staff treated them with respect. Some people told us they preferred to have their care provided by a staff member of the same gender as them and their requests were respected. One person told us, "I was a bit embarrassed at first but I'm used to it now". One lady told us, "[staff member's name] is quiet, pleasant and friendly".

People were treated with dignity at all times and received the individual support and attention they needed. Staff offered them assistance discreetly without being intrusive. They explained to people about the care they would receive before it was provided and asked them what they would like to do and when. For example, staff offered one person a bath and told them when it was ready.

Systems were in place to make sure that people's laundry did not get mixed up and items were returned to the correct person. People told us they got their laundry back quickly. One person told us that socks had got mixed up recently but they had all their socks back at the time of the inspection. They told us if they got someone else's socks they gave them back to staff and staff always apologised. They said "It does happen but not often".

People had privacy and had control over who went into their bedroom. Some people's bedrooms were kept locked at their request. Staff knocked on doors before entering. People told us they had privacy when they washed and dressed and staff only stayed with them at their request. One person told us they liked to have

their bedroom door open when they were in their room, other people chose to have the door closed. Staff supported people's choices.

The philosophy of care at Favorita House was to support people to maintain their independence. Staff knew what each person was able to do for themselves and supported them to retain their independence in all areas of their life. People told us they wanted to stay as independent as possible. One person told us, "I only need a little bit of help and the staff give it to me". Another person told us, "I need staff to wash my back for me. Staff let me do what I am able to do myself. They are all like this". People who were able made themselves hot drinks and sandwiches when they wanted them.

People and their relatives told us that staff had made them welcome when they moved into the service. The manager told us, "We try to make people feel at home". One person's relative had written to the manager saying, 'She was welcomed with kindness by yourself and all your staff, making what could have been a difficult move in her life into a much easier experience'.

Relatives told us they were able to visit whenever they wanted. One person's relative had complimented the staff saying, 'We were both welcomed warmly whenever we visited and congratulate you on running a home where residents are able to feel at home, are well cared for and feel loved'.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality. Staff told us at the time of the inspection that people who needed support were supported by their families, solicitor or their care manager, and no one had needed to access any advocacy services.

Is the service responsive?

Our findings

People had been involved in planning their care, with their relatives when necessary. People told us staff regularly read their care plan to them to make sure their preferences were correct. One person told us, "Staff have a chat with me. I know what they have written and what has gone on and then I sign it".

People were able to tell staff how they liked their care provided and told us that staff did as they requested. They told us staff knew what they were able to do for themselves and encouraged and supported them to continue to do this. Guidance was available for staff to refer to in people's care plans, about all areas of their care and support. This included a one page 'pen picture' of the person to support new staff and visiting professionals to get to know important things about the person quickly.

Staff described to us the way that each person preferred their care to be provided, including the support they required. People confirmed that staff were correct. Staff knew the equipment people used to move safely around the service and when they may need extra support. We observed people being encouraged to use their equipment safely.

Before people were offered a service at Favorita House their needs were assessed to make sure the staff could provide all the care they required. People and their relatives were also invited to visit the service before deciding if they wanted to move in. People and their relatives told us staff had been welcoming and helpful when they were considering moving into the service.

Further assessments of people's needs, along with discussions about how they liked their care and support provided were completed to find out what they could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify changes in people's needs. This information was used to plan people's care and support.

Each person had a care plan. Plans contained some specific information about people's choices and preferences and the signs that people may be becoming unwell and the action to take.

Care plans had been regularly reviewed to make sure they remained up to date. When changes occurred care plans were rewritten. Systems were in place to make sure that staff had up to date information about people, including handovers between shifts. Records of health care professionals input and recommendations were maintained so staff could refer to them when they returned from leave or days off.

People had enough to do during the day and told us they liked the activities that were on offer. An activities coordinator provided a variety of activities each day, in groups or with people on their own. People were able to choose what activities were offered at the service. They had recently asked to play a card game and had taught the activities coordinator to play with them, which they enjoyed. People enjoyed doing gentle exercise each morning and told us it helped them keep moving.

Staff knew the activities that people enjoyed and offered these often. People's needs were considered when

planning activities, for example, people who could not see to play games, took part in quizzes which they enjoyed. People had recently shared their memories of events that were important to them. These had been written down in large print and were available for people and staff to look at and talk about. A hairdresser visited the service once a week and people were able to choose if they wanted to see them.

People were supported to continue participating in local groups, such as regular church services, that they had attended before they moved into the service. People were involved in their local community and used local shops and amenities. People, who chose to, enjoyed being involved in the day to day house hold tasks at the service such as shopping, posting letters and watering plants.

People told us they were confident to make complaints about the service. A process to receive and respond to complaints was in place. Information about how to make a complaint was available to people and their representatives. The manager and staff supported people and their representatives to raise concerns or make complaints about the service.

Staff recognised when concerns were raised about the service and took action. People and their representatives told us they raised concerns they had with the staff or the manager and action was taken to address their concerns quickly. One person told us they had raised an issue and the deputy manager took action to address it at once. The person told us, "The deputy manager apologised to me and said that they would deal with it. I can't ask for more than that".

Is the service well-led?

Our findings

The registered manager had been working at the service for approximately 15 years. They knew all the people and staff very well. Two members of the provider partnership had been running the service for almost 50 years. One partner visited the service daily and knew people and staff well. They asked people daily if they were happy with the service and if they needed anything. People told us that anything they needed was provided quickly. One person said, "I feel that he is interested in me".

Staff told us they felt supported by the management team, including the providers. The manager and deputy manager had recognised that they did not always ask the provider for all the support they needed with administration and management tasks. Staff were motivated and enjoyed working at the service.

The manager had a clear vision of the quality of service she required staff to provide and how it should be delivered. The philosophy of care at the service was clear and understood by all staff. Staff knew the aims of the service and shared the manager's vision of good quality care and supported people to have choices and remain as independent as they could. The manager told us, "Everyone is individual and everyone is different. They all have a choice".

Values including privacy, dignity, and independence underpinned the service provided to people each day. Staff knew their roles and were accountable and responsible for the service they provided. The manager used 'the mum's test' to challenge staff about the quality of the service asking them, "Would you like that for your mum?"

Staff worked together as a team to support each other and to provide the best care they could to people. The manager had contacted experts for advice and guidance about the best way to meet peoples' needs and keep them as safe as possible, such as the Lead Clinical Nurse Specialist for Older People. All the staff we spoke with told us that the staff and managers worked well together as a team.

The registered manager and deputy manager were present in communal areas of the service during our inspection and demonstrated leadership and support to staff. Staff told us the managers were approachable and available to discuss any concerns they had.

People and their representatives were involved in the day to day running of the service. Systems were in place to obtain the views, including monthly meetings and annual quality assurance questionnaires. The 2015 survey showed that people and their relatives were happy with the service they received. Their comments included, 'We are always notified if Mum has a fall or is low', and 'The manager and deputy manager are aware of what is happening'.

Staff had opportunities to tell the manager their views about the quality of the service and make suggestions about changes and developments, including staff meetings and supervisions. Staff were involved in the development of the service and their views were valued. One staff member told us, "The manager and provider keep us involved in what is going on".

The manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure people received a good standard of care. Regular checks were completed on all areas of the care staff provided to people including observations of their practice. Any concerns found were addressed with staff at the time. These checks were not recorded and so staffs' continued development could not be monitored.

Checks had not been completed on staff management processes such as staff recruitment and training. The provider was not aware of the shortfalls we found during the inspection. Following our inspection the provider took immediate action to put systems in place to regularly check all areas of the service.

There was good communication between staff. Processes were in place, such as handovers to share important information between staff and the management team. Accurate and complete records in respect of each person's care and support were maintained.

The manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as when people died.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to establish and operate effective recruitment procedures to ensure that staff were of good character and check their identity. Regulation 19.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to support staff to complete all the training and development necessary to enable them to carry out their duties. Regulation 18.