

Roche Healthcare Limited

Tudor House

Inspection report

12 Leeds Road
Selby
North Yorkshire
YO8 4HX

Tel: 01757701922
Website: www.rochehealthcare.co.uk

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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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 and 30 July 2018 and was unannounced.

Tudor House is registered to provide residential and nursing care for up to 30 older people who may be living with a physical disability or dementia. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is a converted town house with accommodation provided across two floors. At the time of our inspection there were 25 mainly older people using the service.

At the time of our inspection, the previous registered manager had not yet deregistered although they were no longer managing the service. The service had a new manager who had been in charge since October 2017. They were in the process of registering with the CQC to become the registered manager. A registered manager is a person who has registered with the CQC 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.

The manager was also the registered manager for another of the provider's services and split their time between managing the two homes. They were supported by a deputy manager and nurses in the management of Tudor House.

At the last inspection in May 2017, we rated the service requires improvement overall and identified two breaches of regulation relating to safe care and treatment and the governance of the service. This was because staff training was not up-to-date and regular fire drills had not been completed. There were gaps in care records and limited activities took place when the activity co-ordinator was not at work. Quality monitoring systems had failed to identify and address these concerns. We asked the provider to take action to address our concerns.

At this inspection, we identified some improvements had been made and the provider was compliant with the regulation relating to safe care and treatment. However, we identified a number of new issues and ongoing concerns about the governance of the service.

Staff were not always effectively deployed and people were left unsupervised for long periods of time. People who used the service told us staff did not always respond quickly to their requests for assistance.

People told us there were not enough activities. The activities coordinator was not at work and the provider had not taken adequate steps to make sure regular and meaningful activities continued in their absence. We raised concerns at our last inspection about the lack of activities when the activities coordinator was not at

work and found on-going concerns at this inspection.

Complete and contemporaneous records were not always in place. There were gaps in recruitment records. Profiles and induction records were not always available for agency staff. Accident and incidents records were incomplete and did not always evidence action taken to prevent similar things happening again.

The provider and manager completed a range of audits, however, these had not ensured portable appliance tests were completed in line with the provider's policies and procedures. Checks had not been consistently documented to evidence medicines were stored at a safe temperature. Annual medicine competency checks, designed to make sure staff were safe and competent administering medicines, were overdue.

Staff had not received regular supervisions at the frequency set out in the provider's policy and procedure. Records did not evidence the support provided to new staff during their first months at the service.

There was a new breach of regulation relating to person-centred care and a continued breach of regulation relating to the governance of the service. You can see the action we have told the registered provider to take at the end of this report.

We made a recommendation about developing a more 'dementia friendly' environment.

Appropriate action had been taken to improve fire safety.

Staff were trained to recognise and respond to safeguarding concerns to keep people safe. People told us they felt safe living at Tudor House. The environment was clean and staff followed good infection prevention and control practices.

Staff supported people to make sure they ate and drank enough. They worked closely with healthcare professionals to promote people's health and wellbeing.

Staff completed regular training to equip them with the skills and knowledge to meet people's needs. They sought people's consent and made appropriate applications when necessary to deprive people of their liberty.

Staff were kind, caring and respectful. People had choice and control over the support they received. Staff helped people to maintain their dignity. People had positive caring relationships with staff and enjoyed their company.

Care plans contained person-centred information about what was important to people and about how their needs should be met. This helped staff to get to know people and provide responsive care.

The manager investigated and responded to any complaints about the service.

Staff gave positive feedback about the support, advice and guidance available to them. They told us there was good communication and effective teamwork.

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 always safe.

There was mixed feedback about staffing levels. Staff were not always effectively deployed. Profiles and records of inductions were not in place for agency staff.

Medicine competency checks had not been completed in a timely way. Records did not evidence medicines had been consistently stored at a safe temperature.

The home environment was clean and staff followed good infection prevention and control practices.

Staff were trained to recognise and respond to safeguarding concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not received regular supervisions. Records did not robustly evidence the support and monitoring of new staff.

We made a recommendation about developing a more 'dementia friendly' environment.

Staff supported people to maintain sufficient levels of nutrition and hydration.

Staff documented people's consent to care. Appropriate applications had been made to deprive people of their liberty.

Staff sought regular advice and guidance from healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were kind and treated people with compassion, dignity and respect.

Good ●

People told us they had choice and control over their daily routines. Staff routinely offered people choices and respected their decisions.

Staff supported people to maintain their privacy and dignity.

Is the service responsive?

The service was not always responsive.

People told us there were not enough activities or things to do.

Care plans were person-centred and provided appropriate guidance to staff on how to meet people's needs.

The provider had a system in place to manage and respond to any complaints about the service.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Improvements had been made in some areas, but further progress was needed.

Records were not always well-maintained.

Audits had not been effective in monitoring all aspects of the service. Issues and concerns had either not been identified or not robustly addressed.

Requires Improvement ●

Tudor House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 30 July 2018. The first day of our inspection was unannounced; the second day was announced. The inspection was carried out by one inspector and an assistant inspector.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We contacted the local authority's adult safeguarding and quality monitoring teams as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

We did not ask the provider to complete 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.

During the inspection, we spoke with six people who used the service, one person's relatives and two visiting professionals. We spoke with the manager, deputy manager, operations manager and six staff including nurses, senior care workers, care workers, the maintenance person and cook.

We did not use the Short Observational Framework for Inspection (SOFI) as people provided us with verbal feedback about the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We had a tour of the service and, with people's permission, looked in their bedrooms. We reviewed four people's care plans, risk assessments and medication administration records and four staff recruitment, induction and training files. We also looked at policies and procedures, meeting minutes, maintenance records, audits and a selection of other records relating to the running of the service.

Is the service safe?

Our findings

At the last inspection in May 2017, staff had not received adequate training. Fire drills had not been completed to make sure staff knew how to safely evacuate people in an emergency. This was a breach of regulation relating to safe care and treatment.

At this inspection, improvements had been made and the provider was compliant with this regulation. Staff completed fire safety training and took part in regular timed fire drills. Personal evacuation plans provided guidance on the support people would need to evacuate the building in an emergency. The provider had a fire risk assessment and regular checks had been completed to make sure the fire system was in safe working order. The service had recently been inspected by the fire officer and the provider planned to meet with them to discuss a recommendation they had made regarding fire alarms.

Although the provider had made improvements in this area, we identified other issues and concerns about the safety of the service. People raised concerns about staffing levels. They told us, "Staff seem to be rushing about. There isn't enough people", "I can press my buzzer and I can wait 10 minutes, sometimes longer. It happens fairly frequently. They always seem to be short on staff" and "Sometimes someone comes straight away. Sometimes it is half an hour. I don't think there are enough staff."

The provider used a dependency tool to help work out safe staffing levels. The manager told us they aimed to have one nurse and four care staff on duty during the day and one nurse and two care staff on duty at night. Additional staff were employed to work in the kitchen and support at mealtimes, to do maintenance, cleaning and laundry. Rotas showed staffing levels were maintained at this level with agency staff used when necessary.

We observed sufficient staff were on duty, but they were not always deployed effectively. People's feedback raised concerns about how quickly staff responded to their requests for assistance. One person's call bell rang for twelve minutes whilst a significant proportion of the staff team sat outside having a break. People were routinely left in communal areas for long periods of time without staff supervision. The provider did not audit call bell response times to see if people's needs were being met in a timely way. They began exploring options to more closely monitor this in response to our feedback.

Staff completed an application form, had an interview and gave references before starting work. The provider used Disclosure and Barring Service (DBS) checks to help prevent unsuitable people from working with adults who may be vulnerable. However, there were gaps in recruitment records. Staff's identity and right to work in the country had not always been properly verified. Staff had not always signed health declarations to confirm they were fit to work. Gaps in employment history had not always been explored.

Profiles were not readily available for some agency staff who had worked at the service. It is important to have these so staff can verify the identity of agency workers at the beginning of their shift. The manager told us agency staff were shown around the home before they started work, but records did not evidence this. It is important to document inductions for agency staff to show they have been given the information needed

to work safely at the service.

The provider had a medicine policy to guide staff on how to safely administer medicines. Staff completed training and the manager documented competency checks to make sure they followed best practice guidance. These were last completed in May 2017. We spoke with the manager about reviewing the provider's policies as well as National Institute for Health and Care Excellence guidance on managing medicines in care homes, which states these should be completed annually. The manager acknowledged these were overdue and planned to address this.

Medicines were securely stored, but checks were not consistently documented to show this was at a safe temperature. Staff had completed medicine audits, but these did not include a review of the temperature at which medicines were stored.

Staff used Medication Administration Records (MARs) to document the support provided for people to take their medicines. Protocols were in place to guide staff on when to administer medicines prescribed to be taken only when needed, such as pain relief.

The provider completed a range of health and safety and maintenance checks to make sure the environment and any equipment used was safe. The manager told us portable appliances were tested annually, but these had not always been completed at this frequency. A number of appliances were showing as up to six months overdue and audits had not identified this oversight.

Staff kept records of any accident or incident. These recorded information about what had happened and how staff had responded. Records did not always evidence further investigation or analysis to identify what if any action could be taken to prevent a reoccurrence.

We recommend the provider review record keeping relating to accidents and incidents. We have addressed the concerns about management oversight of risk in more detail in the well-led domain.

People told us they felt safe at Tudor House. Feedback included, "I'm safe enough. The carers are good to us" and "There's someone here all the time and they lock the front door at night time."

The provider had a safeguarding policy and staff were trained to identify and respond to safeguarding concerns. Safeguarding concerns had been appropriately reported to the local authority and the manager worked with them to make sure these were investigated.

Staff assessed people's needs and documented risk assessments. These highlighted risks to people's safety and provided guidance to staff on how to minimise those risks to keep people safe. For example, where people had swallowing difficulties or were at risk of choking, detailed care plans and risk assessments were in place. These provided guidance on the type of food people could eat and the level of support they needed. Records showed staff had worked with healthcare professionals for their advice and guidance about how to meet people's needs. This showed a positive approach to managing and minimising risks.

The service was clean, tidy and free from malodour. Schedules were in place to make sure areas of the service were regularly cleaned and deep cleaned. People who used the service told us, "It is lovely and clean" and "They clean my bedroom. Tidy all my 'junk', as I call it. It's good." A visiting professional told us, "It is always clean and never smells."

Staff completed infection control training. Staff used personal protective equipment including gloves and

aprons when necessary to minimise the risk of spreading infections. The provider had an infection prevention and control lead, who completed audits to monitor and continually maintain standards of hygiene.

Is the service effective?

Our findings

Staff had not received regular supervisions. The provider's policy stated supervisions should be completed every eight weeks or more frequently if requested. The four staff files we reviewed contained no records of supervisions. The manager's supervision matrix showed 10 out of 21 care workers and nurses had received a supervision in 2018. The manager acknowledged that supervisions had been sporadically completed. They explained a senior member of staff from another of the provider's services was providing additional support to help complete supervisions and address this. Appraisals had been scheduled for August 2018.

New staff completed induction training and shadowed experienced members of the team to familiarise themselves with the service and the people who lived there. Although records evidenced induction training, they did not evidence what was covered during shadowing and did not show new staff had met with the manager or senior staff to monitor their progress and performance.

Despite the gaps in supervisions, staff told us they felt supported and provided positive feedback about the induction, training and learning opportunities. They told us, "There is a lot of training. We have done online training and tap into community training as well for, example continence and react to red training" and "We get training when we need it. [Manager's name] is always there for us on the end of the phone if we need anything and we have really good nurses who are always there for advice." For this reason, we have addressed the concerns regarding supervisions and record keeping in more detail in the well-led domain.

Steps had been taken to develop a 'dementia friendly' environment. Dementia friendly flooring was in place throughout the majority of the building. There was a whiteboard in one lounge, which provided accessible and dementia friendly information about the day, month and any planned activities. An enclosed garden provided accessible outdoor space for people to use and enjoy. Whilst this was positive, further changes could be made to develop a more dementia friendly environment.

Carpets in the entrance, stairs and two communal lounges were heavily patterned and not dementia friendly. There was limited signage to help people orientate themselves and independently find their way around the home.

The meal choices for each day were written on a blackboard in the dining room. Picture menus were not available to support people who may be living with dementia or a cognitive impairment to make informed choices.

The manager told us they did not support people with advanced dementia and wanted the environment to feel 'homely' and not institutionalised. They explained that people's needs were assessed before they moved to the service and this included considering whether the environment would be suitable for them.

Whilst we recognised the importance of maintaining a homely environment, the service was registered with the CQC as specialising in providing a service to older people who may also be living with dementia. At the time of our inspection a number of people who used the service had either been diagnosed with dementia

or had some degree of cognitive impairment.

We recommend the provider reviews good practice guidance on maintaining a dementia friendly environment."

The provider's mandatory training covered topics including moving and handling, fire safety, health and safety, infection control, dementia, food hygiene and nutrition and hydration. The manager kept a training matrix to monitor training completed and when this needed to be updated. Refresher training was scheduled annually or more frequently if needed.

Nurses were supported to access additional training to develop their clinical skills. The manager explained that senior care workers were completing distance learning on care planning to support them with writing and reviewing people's care plans and risk assessments. This showed a commitment to on-going learning and supporting staff's development.

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 MCA 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 so that they can receive care and treatment when this 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).

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. Applications had been made to deprive people of their liberty.

Staff completed training on the MCA. They offered people choices and supported them to make decisions. People's care plans showed staff sought people's consent and completed mental capacity assessments and made best interests decisions when necessary.

People who used the service gave positive feedback about the food. Comments included, "The food is good" and "The food is not bad." People said there was enough to eat and they were offered drinks and snacks throughout the day. One person told us, "They [staff] come in-between meals with a tea trolley."

Food looked and smelt appetising. Staff prompted and encouraged people to eat and offered alternatives when necessary. Staff regularly weighed people to identify anyone who might be at risk of malnutrition. They provided fortified diets and referred people to the dieticians when necessary to make sure they received appropriate support to meet their nutritional needs.

Staff proactively assessed people's needs and referred people to speech and language therapy for further advice, guidance and support on managing and minimising the risk of choking. Kitchen staff had detailed information to guide them on people's dietary requirements and how to cater for these specific needs.

People told us staff supported them to stay healthy and to see a doctor if they were not well. They told us, "A doctor comes in if you ring for one and sometimes staff take you to the surgery in the village", "The medical care is very good" and "Staff ask me what's wrong, they check my blood pressure throughout the day and

they get the doctor in for me if needed."

Professionals told us they had effective working relationships with staff at Tudor House. They explained staff appropriately referred people and followed any advice and guidance given to make sure people's needs were met. A member of staff told us, "We have good support networks with the district nurses and tissue viability nurses."

People's care plans included information about their medical history and any support required from staff to promote and maintain their health and wellbeing. They showed staff regularly consulted with medical professionals to make sure the care and support was based on up-to-date clinical knowledge and best practice guidance.

Is the service caring?

Our findings

People who used the service gave positive feedback about the kind and caring support that staff provided. Comments included, "They're good at looking after us", "Everybody is so cheerful here", "Put it this way, they wouldn't do the job if they weren't caring. They always ask me if I'm okay" and "They are very nice, we can have a little talk with them."

A relative said, "From what I have seen, the people working here seem to be very caring and genuinely concerned about the people living here. They are very friendly."

Staff knew people well. They used people's preferred names and spoke with them in a respectful way. Staff laughed and joked with people and we saw numerous kind and caring interactions. People responded positively to staff, they asked them questions and were relaxed and at ease in their company. This showed us people had developed positive relationships with the staff.

People told us staff listened to them and respected their decisions. One person explained how they liked to have breakfast in their bedroom some mornings and staff supported them with this. Other people told us staff listened and responded to their requests for drinks or if they needed pain relief.

Staff understood the importance of giving people choices and supporting them to make decisions. One member of staff explained, "We give people choices of meals and what to wear. It is all about giving them the choice of what they want to do. We show people options to help them decide or support people to choose where to sit, what to do and when they want to go to bed."

Communication care plans included information about any difficulties people had communicating. They included guidance for staff on how best to communicate and share information in a way that people could understand.

Staff completed equality and diversity training and people told us staff treated them with dignity and respect. Equipment and adaptations were in place to enable people to move freely around the building and access safe outdoor spaces. This showed us people were not unduly restricted or discriminated against on the basis of their age or any physical disability.

People looked clean, appropriately dressed and well cared for. A visiting professional told us, "The clients always look clean when I visit." Records showed staff regularly supported people to meet their personal care needs and to maintain their personal hygiene.

People who used the service told us staff were respectful and helped maintain their dignity when assisting with personal care. A member of staff explained, "We shut the curtains and doors and cover one part of the body and show them respect. We ask and encourage them to do things for themselves."

Professionals told us staff treated people with respect. One professional commented, "The staff are always

friendly and nice, they seem to treat clients well. It seems like a happy home." Staff knocked on people's bedroom doors before entering their rooms. People who used the service told us this was always the case. This showed us staff respected people's privacy and personal space.

Is the service responsive?

Our findings

At our last inspection, limited activities took place when the activity coordinator was not at work. At this inspection the activity coordinator was not at work and the service had been without an activity coordinator for nearly two months.

We asked people who used the service if there were activities or things to do. We received consistently negative feedback. People told us there were not regular activities and described feeling bored. Comments included, "The activities are not very often", "We're always telling staff we're bored", "Just lately, no. We used to have trips out, but the activities coordinator is on leave" and "I would like to get out for a bit during the day when it's nice, but I've nobody to push me about."

Staff told us, "We paint their nails and do what activities we can, if we get time", "It has been difficult to be honest [with the activities coordinator not at work] and it puts a little bit of pressure on staff" and "I would like to do more things with them and take them out so we are not just about personal care and giving fluids. We try and step in as much as we possibly can, if we get an hour we paint their nails or do their hair, but we need an activities coordinator."

On the first day of our inspection we observed two people playing dominos, but there were no other planned activities. Staff were kind and caring when they spoke with people. However, interactions were alongside or whilst staff provided care and there was little interaction or meaningful stimulation outside of this. People were observed sitting in communal areas for long periods of time without any interaction or stimulation. On the second day of our inspection singers visited the home and we observed people enjoyed their visit.

Staff spoke passionately about the work they were doing to help a person who used the service access a support group and another person to go to the theatre. Other activities or events included a church service, the hairdresser visiting and 'high tea' every Sunday.

Whilst this was positive, we were concerned about the inconsistent opportunities to engage in activities. There was no activity schedule in place and records did not show people had been supported to engage in regular and meaningful activities since the end of May 2018. We were concerned the provider had not robustly addressed concerns identified at the last inspection and people's feedback showed the lack of activities was negatively impacting on their quality of life.

This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The manager explained that they had covered the activity coordinator for the majority of the time they were not at work. They told us the activity coordinator was due to return to work at the end of August 2018 and this would improve the level of support provided with activities.

Staff supported people to maintain important relationships. They welcomed visitors to the home throughout our inspection. A person who used the service said, "Family and friends can come at any time." A visitor told us, "There are no restrictions on when I can visit, they are very welcoming and friendly people."

People told us staff were responsive to their needs. A person who used the service said, "If I want to go to my bedroom, or if I forget something, they'll fetch it me straight away."

Each person who used the service had care plans and risk assessments. These outlined what support people needed as well as giving important information about any preferences they had regarding how their needs should be met. This information supported staff to get to know people, to understand their needs and how to meet them in a person-centred way.

Staff regularly reviewed and updated care plans to make sure they provided accurate information about the support people needed. Where people had more complex nursing needs, for example relating to support to maintain people's skin integrity, care plans were detailed. Staff used tools to help assess the level of risk and care plans included information about the equipment in place and support required to meet their needs.

People's care plans recorded important information about any end of life wishes they had. If people did not want to be resuscitated, this was clearly documented. Anticipatory medicines were in place when necessary. These are medicines people can sometimes need to make sure they are comfortable and pain free approaching their end of life.

The provider had a complaints policy and procedure which was displayed in the entrance to the home. People told us they felt comfortable raising concerns if the need arose. They commented, "I've no complaints" and "I can't see any problems." The manager kept a record of complaints received and how these had been dealt with. This showed us they acted to investigate and resolve complaints. Responses had been provided to those who had raised concerns outlining the actions taken.

Is the service well-led?

Our findings

At the last inspection in May 2017, quality monitoring systems had failed to identify that staff had not received appropriate training to enable them to carry out their duties. There were gaps in care records and limited activities took place when the activity co-ordinator was on leave. There were breaches of regulation in relation to safe care and treatment and the governance of the service.

At this inspection, improvements had been made in some areas. Training was up-to-date and the provider had acted to improve fire safety within the service. The provider was compliant with the regulation relating to safe care and treatment. However, we identified new concerns and ongoing issues about the governance of the service. These ongoing concerns showed us the service had not been consistently well-led. This was the third consecutive inspection where the service has been rated requires improvement. It is the third consecutive inspection where there has been breaches of one or more regulation. We will meet with the provider and commissioners to address these concerns.

People told us there were not enough activities and things to do, and described feeling bored. The activities coordinator was not at work and the provider had not taken adequate steps to make sure regular and meaningful activities continued in their absence. We raised concerns at our last inspection about the lack of activities available when the activities coordinator was not at work and found on-going concerns at this inspection. This was a breach of regulation relating to person-centred care. This showed us the provider had not taken adequate steps to monitor all aspects of the service provided and make improvements where necessary.

Records were not always well-maintained and did not consistently provide a complete and contemporaneous record of the care and support provided in the carrying on of a regulated activity. Systems and processes were not properly embedded to make sure all aspects of the service were safe. The provider completed a range of audits however these had not identified a number of the issues and concerns we found at this inspection.

There were gaps in recruitment records. Profiles and induction records were not always available for agency staff. Staff had not received regular supervisions at the frequency set out in the provider's policy and procedure. Records did not evidence the support provided to new staff during their first months at the service.

Accident and incident records were not organised and did not provide a clear account of the actions taken to prevent a similar thing happening again.

Audits had not identified that portable appliance tests were overdue in some areas or that checks had not been consistently documented to evidence medicines were stored at a safe temperature. Annual medicine competency checks, designed to make sure staff are safe and competent administering medicines, were overdue.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a manager who had been in charge since October 2017. They were in the process of registering with the CQC to become the registered manager. They were supported by a deputy manager and nurses in the management of the service. The manager was also the registered manager of another of the provider's services and split their time between managing the two homes.

Whilst the manager was working to implement and embed systems and process to support the effective running of the service, this work was ongoing.

People who used the service provided positive feedback about the home and told us they felt able to speak with staff or the manager if they had any worries or concerns.

Staff told us they felt supported and said advice and guidance was available when needed. They said there was a positive atmosphere within the service and good teamwork. Comments included, "We have got a good support network, we are a good team and we work well together to people's strengths" and "We are all a team; we work together, and are there for each other."

The manager held meetings to share information with staff about changes and improvements. For example, staff had discussed risk assessments and care planning for people at risk of choking. Our review of records and the care and support provided to people who were at risk of choking showed good progress had been made in implementing best practice guidance in this area. Minutes from meetings showed the manager was open and honest with staff where improvements were needed and evidenced staff were given the opportunity to give feedback and share any issues or concerns. The manager used staff newsletters to further communicate important information with the staff team. We saw how newsletters had been used to advertise training, remind staff of the uniform policy and give information about cleanliness.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care and treatment did not consistently meet people's needs. Regulation 9(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the services provided and to maintain complete and contemporaneous records in respect of each service user, persons employed and in the carrying on of the regulated activity. Regulation 17(2)(a)(c)(d).