

Abbey Village Limited

Glyn Thomas House

Inspection report

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Immingham
North East Lincolnshire
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12 August 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

Glyn Thomas House is situated in a central residential area of Immingham. It is registered to provide accommodation and personal care for up to 34 older people some of who may be living with dementia. There is a garden at the rear of the property and car parking at the front.

There was a registered manager in post who also had responsibilities for managing another care service for the registered provider. 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.

We undertook this unannounced inspection on the 10 and 12 August 2016. The service was registered and opened in April 2016 and at the time of the inspection there were a total of nine people living in Glyn Thomas House.

We found not everyone had a full and up to date care plan and risk assessment to guide staff in how to meet the person's needs in a person-centred way. You can see what action we have asked the registered provider to take at the back of the full version of the report.

The quality and safety of the service had not been monitored effectively and shortfalls had not been dealt with consistently or had not been identified. You can see what action we have asked the registered provider to take at the back of the full version of the report.

We found there was an inconsistency regarding the application of the Mental Capacity Act 2005. The registered provider and registered manager had not always followed best practice regarding assessing people's capacity and discussing and recording decisions made in their best interests. We have made a recommendation about this.

We found people's health care needs were met. Health professionals were contacted to ensure people received treatment and advice when required. People received their medicines as prescribed. Formal monitoring systems to support people to self-administer their medicines safely were being addressed by the registered manager.

We found people who used the service were protected from the risk of harm and abuse. Staff had received safeguarding training and knew what to do if they witnessed abuse or if it was disclosed to them. Staff knew what to do in cases of emergencies and each person who used the service had a personal evacuation plan.

We observed kind and caring approaches from the staff team. People's privacy and dignity were respected and staff provided people with explanations and information so they could make choices about aspects of their lives. There were positive comments from relatives about the staff team.

People enjoyed the meals provided to them. The menus enabled people to have choice and special diets when required. We saw people's weight, their nutritional intake and their ability to eat and drink safely was monitored and referrals to dieticians and speech and language therapists took place when required for treatment and advice. During the day, we observed people were served drinks and snacks between meals.

We saw people were encouraged to participate in a range of activities and to maintain their independence where possible. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

We found staff were recruited safely with appropriate employment checks carried out to ensure staff were suitable to work in care settings. New staff received an induction and all staff had access to training, supervision and support to ensure they felt confident when supporting people who used the service. We found there were sufficient staff on duty.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were recruited safely and there were sufficient numbers on duty to meet people's needs.

Staff received safeguarding training and knew what to do to keep people safe from the risk of harm and abuse.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement 

The service was effective.

People were supported to make their own decisions. However, staff did not always follow best practice when assessing people's capacity for making specific decisions which included restrictions for them. We have made a recommendation about this.

People liked the meals provided and their nutritional needs were met.

People's health care needs were met and they had access to community health care professionals when required.

Is the service caring?

Good 

The service was caring.

Staff were observed speaking to people in a kind and patient way and treated them with dignity. Staff respected people's right to privacy.

People were provided with information and explanations so they could make choices and decisions about aspects of their lives.

Confidentiality was maintained and personal information stored securely.

Is the service responsive?

The service was not consistently responsive.

There was an inconsistency with people's assessments and care plans. This meant important information was not included in some people's care plans, for example, care plans had not always been updated when the person's needs changed and there was a risk their care needs could be overlooked.

People were provided with activities and occupations to help them socialise within the service and in the community.

There was a complaints process in place and on display. People felt able to complain.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There had been inconsistent management of the service since it opened in April 2016; there were gaps in some of the recording, administration and risk management systems put in place.

The quality monitoring system in place was limited and had not been effective in highlighting shortfalls in the service and taking action to address them. Actions being taken to make improvements were generally in response to concerns identified by other agencies.

Requires Improvement ●

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

This unannounced inspection took place on 10 and 12 August 2016 and was carried out by an adult social care inspector.

Before the inspection, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. We also spoke with the local authority commissioning team about their views of the service. They had some concerns and had scheduled a meeting with the registered provider to discuss the findings of their preliminary quality assessment. We had brought the planned date of the inspection forward and therefore not asked the service to complete a Provider Information Return, this is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we observed how staff interacted with people who used the service throughout both days and at mealtimes. We spoke with five people who used the service, five people who were visiting their relatives and a community nursing assistant. We spoke with the registered provider, registered manager, acting manager, a senior care worker, two care workers, cook and activity coordinator.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as nine medication administration records and monitoring charts for food, fluid, weights, pressure relief and bathing. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These

included three staff recruitment files, policies and procedures, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the building and checked the environment.

Is the service safe?

Our findings

People who used the service told us they felt safe living there and it was clean and tidy. They said, "Yes quite safe", "The staff make sure we are safe, they do regular checks at night, it's very reassuring" and "I feel safer here than at home now, that's why I've moved in and I have no regrets at all." They also told us they considered there were sufficient staff on duty, one person said, "When I ring my bell they come straight away."

Relatives told us they felt the service was safe and clean. Comments included, "It's a relief for me and my family to know [Name of person] is well looked after", "Yes it's very secure, clean and comfortable", "The home is spotless and clean. Nice to see lovely white bedding. Definitely no odours" and "We feel [name of person] is very safe and secure. Their every needs are catered for."

We found the majority of areas in the service were very clean and tidy but noted there were areas in the laundry which required attention such as behind the washing machines and this was addressed during the inspection. There were signs above sinks in bathrooms and toilets to guide people in good hand hygiene techniques; staff told us there was a plentiful supply of personal, protective equipment such as gloves, aprons and hand sanitizer. We noted there were no supplies of liquid soap or paper towels in some of the bedrooms occupied. The registered manager confirmed these would be put in place.

We found fire safety records and maintenance certificates for the premises and equipment were in place to keep people safe. A programme of work to change the door closure devices was near completion. The acting manager confirmed all staff had attended a fire safety drill in recent weeks to ensure they fully understood the fire safety procedures at the service. We spoke with one care worker on duty who had not attended this training and when we checked the staff list their name had been missed off. Following the inspection we received confirmation the member of staff had completed a fire drill and understood the fire safety procedures. Records showed hot water outlets had thermostatic monitoring values to prevent scalding and the temperature of the hot water at outlets accessible to people who used the service were checked on a regular basis. The registered manager explained how a number of people had chosen to have the water temperatures in their rooms slightly higher and risk assessments had been put in place to support this.

There were systems in place to manage emergency situations. We saw people had personal emergency evacuation plans, which provided staff with guidance in how to move people to safety quickly and efficiently when required. There was a business continuity plan and procedure which gave instructions to staff in how to deal with emergency situations such as a disruption to the delivery of the service.

Staff knew how to safeguard people from the risk of harm and abuse; they confirmed they had completed safeguarding training. In discussions, staff were able to describe the different types of abuse, the signs and symptoms that may alert them and what to do to if they witnessed abuse or it was disclosed to them.

We found people received their medicines as prescribed. Records showed staff were trained to manage and administer medicines in a safe way and competency assessments had been completed on their practice.

Medicines were obtained, stored and disposed of appropriately. Staff recorded when they administered medicines to people and when they were omitted. The reason for omissions and any medicines given on an 'as required' basis such as pain relief, were recorded on the rear of each person's medication administration record (MAR). There were clear protocols in place to direct staff on when to administer these medicines. We found two people were self-administering their medicines; although staff were ordering their medicines there were no records of the checks staff were completing on a regular basis to ensure they continued to manage this safely. The registered manager confirmed they would introduce monitoring records.

We found new staff were recruited safely. Staff recruitment files included copies of their application form so gaps could be explored, two references, a disclosure and barring service (DBS) check and interview notes. The recruitment checks in place helped to ensure people were suitable to work in care settings.

We looked at the number of staff that were on duty on the day of our visit and discussed how staff rotas were formulated with the registered manager. We saw there was enough staff available to meet people's needs with levels of two care staff and a senior care worker during the day and a senior care worker and care worker on night duty. Throughout the inspection we noted people were not made to wait for care and support and their requests were met quickly by attentive staff. There were catering, domestic and maintenance staff employed and an activity coordinator completed shifts five days a week. A member of staff we spoke with confirmed, "We have enough staff at the moment but the dependency levels are increasing with recent admissions and we will soon need more staff." Another member of staff said, "Most of the time we have sufficient staff, on the odd occasion we get really busy, the manager is hands on and will come and help." When we spoke with the registered manager and registered provider they confirmed they were monitoring this closely and had already provided additional staff when necessary, for example, to meet a person's end of life care needs.

Is the service effective?

Our findings

People who used the service told us they liked the meals prepared for them. Comments included, "Excellent meals, we always have a choice and the cook would always make you something else", "Very nice. I like the chicken pies they are my favourites" and "I'm having the home-made soup this evening, it's always very tasty." Relatives said, "All meals and choices are very good" and "Meals are excellent and there is a varied choice on the menu. Portion size is just right."

All relatives we spoke with told us their family members were cared for by well trained staff; they were notified if important health issues occurred whilst people were supported by the staff. One person told us, "They are good at liaising with the GP and community nurses, and always let us know if there are any changes."

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 so that they can 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). The registered manager confirmed they had recently submitted an application for one person and would be completing an application for a person whose needs had significantly changed.

The care files we checked had records that evidenced decisions were made in the person's best interest when it was decided they lacked capacity. However, we found MCA assessments and best interest decisions for the use of equipment that restricted people's movement, for example, bedrails were not in place. The registered manager told us they would address this straight away.

We recommend the MCA code of practice is used to inform and guide staff when completing mental capacity assessments and best interest decision-making.

Staff had completed training in the Mental Capacity Act 2005 (MCA). In discussions they demonstrated a good understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. One care worker told us, "We always ask people about their care, for instance if they would prefer a bath or a shower, the care is very person centred here and we make sure they have choices."

We saw people had access to health care professionals for treatment and advice when required and these included GPs, district nurses, dieticians, speech and language therapists, physiotherapists, emergency care practitioners, opticians and chiropodists. Although staff recorded in people's care files when they were seen by a health professional, they did not always record the outcome of such consultations which we passed to the registered manager to address.

We found people's nutritional needs were met. People who used the service had their nutritional needs assessed during the admission process; this included their likes and dislikes, and any swallowing difficulties. Risk assessments were completed and people were weighed regularly in line with their needs. Dieticians were involved when required and staff were aware of the referral system. Menus provided choices and alternatives and we observed drinks and snacks were available throughout the day. Special diets were catered for. People had clothes protectors and plate guards when required. We observed the breakfast and lunchtime experience for people on both days of the inspection. The dining room was light and airy and people were supported to sit with their friends, it was a positive social occasion. The meal provided looked well-prepared and well-presented and people enjoyed it.

We saw staff had access to training to enable them to feel confident in their roles. The acting manager had overall responsibility for maintaining the training plan and records. Documentation indicated the majority of staff had completed training considered as essential by the registered provider. This included fire safety, first aid, moving and handling, food hygiene, health and safety, infection prevention and control and safeguarding people from abuse. We found a small number of staff had not completed the first aid and food hygiene courses and this training had been scheduled for completion within the next two months. Staff who administered medicines had completed training and most staff had completed a dementia awareness course, dignity, MCA 2005 and equality and diversity. Some staff had also completed training in end of life care, catheter management, stroke and diabetes.

The training was mainly in house training, practical sessions, and watching DVDs with questionnaires. The acting manager confirmed they were looking to use more external facilitators and had recently used the local fire service to provide fire safety training. There was a system for identifying when training required updating. The training records showed that out of 16 care staff, ten had achieved a recognised health and social care qualification. The acting manager explained how one member of staff had required more support to complete the course and they had accessed a personal tutor to assist them. Induction training was provided by an external facilitator and records showed staff then completed the Care Certificate.

We saw staff had access to formal supervision meetings and on-going day to day supervision and support. The acting manager confirmed they would be putting a structured plan of supervision and appraisal in place. They also told us all care staff had now received one supervision session since April 2016 or when they started. Staff spoken with told us they felt supported by the registered and acting managers and confirmed they had received a formal supervision session. Comments included, "Yes, I have had supervision" and "There is good support here, the senior staff are always available."

An extensive refurbishment programme had taken place prior to the service opening in April and the quality and style of the furnishings and décor was of a high standard. We found there had been some adaptations to support the needs of people who used the service. For example, there were grab rails in corridors, new shower facilities, toilets and bathrooms and raised toilet seats. On the ground floor, the registered provider had designated an area for people with dementia and the bedroom doors were painted brighter colours as a memory aid. There were also some signs with words and pictures and improved lighting to support people's orientation.

Is the service caring?

Our findings

People who used the service told us staff were caring and looked after them well. They told us staff always respected their privacy and dignity. Comments included, "Very caring and lovely staff", "The staff are helpful and very obliging; my room is nice and I've made some friends here", "Nothing is too much trouble for them, they are all very nice and kind", "Yes they always knock on my door and wait to be invited in" and "Before I get out the bath they put a big towel round me, it's lovely."

Relatives were complimentary about the staff team and their approach. They said staff promoted people's privacy and dignity and treated them with care and compassion. They also told us the staff were very welcoming. Comments included, "All staff are caring, courteous and helpful. A fantastic bunch of people", "Very impressed with the care and support provided, the staff are great", "They respect [name of person's] dignity and always follow her wishes", "The staff always deal with [name of person] in private and never talk about personal issues in front of other people" and "They are always kind to [name of person] and to me too."

We observed positive staff approaches and interactions with people who used the service. They provided explanations to people prior to tasks being carried out and ensured they had enough time to respond to questions asked of them. Throughout the day, they were observed asking people if they were comfortable, whether they wanted anything to drink, telling them when their relatives would be arriving and generally offering comfort and reassurance.

We found staff had a good knowledge of the people they supported and were able to speak in detail about their individual needs. When they discussed people's care and support needs with us they did so in a respectful and caring way.

We saw that staff made sure everyone had their personal needs met in a private and dignified way. They spoke about personal issues with people in muted voice tones or in private areas. They knocked on doors before entering and discreetly helped people to maintain their appearance, for example, by changing clothes if they became stained. The registered manager confirmed the 'dignity champion' had recently left the service and they would be appointing a new one in the near future.

In discussions with staff, they were clear about how they would promote privacy and dignity and how they supported people to remain as independent as possible. Comments from staff included, "We keep people covered when supporting them and always explain what we are doing", "Make sure the doors and curtains are closed. At mealtimes we offer clothes protectors and afterwards help them change their clothes if necessary", "Knock on doors and introduce yourself and ask if it's okay to do personal care. We let people choose if they want a wash, bath or a shower; some people are able to wash themselves with a little help" and "We always ask people about their care and don't just do things for them. I base the care on how my family would want to be cared for"

We saw a range of information was provided in the entrance hall and on notice boards in corridors for

people who used the service and visitors. This included information on how to keep safe, activities and how to make a complaint.

People were encouraged to bring ornaments, items of furniture and photographs into the home to make their bedrooms more personal to them. We observed staff kept people's rooms tidy and respected their possessions. Relatives told us they were encouraged to help personalise their family member's bedrooms. We spoke with one person who had recently moved into the service, they told us how welcoming staff had been and how happy and settled they felt there. They told us, "It's my home now."

People were able to make choices about their daily routines. Some people chose to spend time alone and others liked to spend time in the communal lounge areas. A relative said they had been involved in their relative's care plan and had discussions with staff about their relative's preferences for meals, activities and daily routines.

The registered manager and staff were aware of local advocacy services. Advocacy services are independent of the home and the local authority, they can support people to make and communicate their wishes. The registered manager told us that no-one was using these services at the time of our inspection.

The registered manager was aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. We found people's care files in daily use were held in the staff office where they were accessible but held securely and medication administration records were stored in the treatment room. Staff records were held securely in the registered manager's office and the registered manager confirmed the computers were password protected to aid security. We saw staff completed telephone conversations with health professionals or relatives in the privacy of the office when required.

Is the service responsive?

Our findings

People who used the service said staff knew them well and how to look after them. They also said there were things to do to keep them occupied. Comments included, "I'm happy here and have everything I want", "Before I moved in they came to my home and went through everything about my health and what I need help with. They even asked me what time I like to go to bed and get up in the morning, they were very thorough. They try very hard to get things just right", "There is always something to do [name of activity coordinator] is in most days playing games and doing things with us and sometimes we go out. I'm looking forward to going to the clothing sale in Brigg", "The activities and exercises we do are very good and have helped me a lot" and "We like to sit outside together and have a chat, they always bring us coffee. I've been out to the cemetery and to the chemist recently." Relatives told us they were given opportunities to be involved in activities at the service. One relative said, "[Person's name] had a good birthday and I have meals with him sometimes."

People and their relatives told us they knew how to raise concerns and make complaints. One person commented, "I would talk to the manager and make a complaint if necessary." Another person said, "If you have any issues you just mention it to the girls and they will sort it out straight away, you never really have to wait." Comments from people's relatives included, "We have no complaints, everything is managed" and "I have had no reason to complain but feel confident I would be listened to and it would be acted on."

We found there was an inconsistency with assessments of people's needs and care plans to meet them. Some were completed fully and others had important information missing. We found people had an assessment of their needs prior to or on admission. Risk assessments were completed in areas such as falls, moving and handling, nutrition and skin integrity but on some documentation checked we found anomalies, which could have affected the risk score and more attention was needed for accuracy. On some occasions risk assessments were not in place, for example, one person did not have a risk assessment for bedrails despite these being in place to protect the person.

Although some people had person-centred care plans, this was not the case in all the people's care files we assessed. We found some people did not have care plans for specific health needs and when care plans were in place they did not consistently contain sufficient information to guide staff in how to meet people's needs in a person-centred way. For example, one person was experiencing regular seizures and staff were directed to arrange admission to hospital if the duration of the seizure extended a specific timescale. Records showed the person had been admitted to hospital for monitoring of their seizures at regular intervals within the last two months. There was no care plan to direct staff on the care the person required in relation to their seizures. Another person had a catheter to manage their continence and there was no plan in place to direct staff on the care they required to manage this.

We found one person who had recently been admitted had some pressure damage they had acquired before their admission. There was no pressure relieving equipment put in place to support this, which was followed up during the inspection by the acting manager. The supplementary care records showed regular skin checks were carried out although the records indicated the person was not supported to maintain the

same position each time, which meant there was a risk they were not receiving adequate pressure relief.

Two of the care files we checked showed the care plans had not been updated when people's needs changed. This also meant there was a risk the person may not receive the care they needed or the care support may be inconsistent.

We also found two people's nutritional care plans did not detail the type of diet they received. One person's plan did not detail their impulsive eating behaviour and how staff needed to serve the meal at the appropriate temperature and the assistance and monitoring they required. During the inspection we observed the person's meal was left to cool before they were accompanied into the dining room and a member of staff sat with the person throughout their meal ensuring they managed to eat their meal safely. This showed staff were supporting the person's needs on that occasion but the lack of care planning meant there was a risk the care may be missed or not provided consistently.

Not ensuring people's needs were accurately and consistently assessed, care planned and met in a person-centred way was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

We found there was an activity co-ordinator on duty for 20 hours each week and they completed group and one to one sessions with people. They were very enthusiastic about their role and told us they got a lot of pleasure from seeing people joining in activities, enjoying themselves and making progress with their dexterity and coordination. In discussions, they told us they visited each person who used the service and checked what they wanted to do in the way of social activities. A log was maintained of activities and each person had their own profile, for example, this included favourite pastimes, clubs, their level of ability and support required. There was a range of activities people could participate in which included church services, painting, manicures, movement to music, dancing, dominoes, gardening, baking, bingo, connect 4, play your cards right, visiting entertainers and themed events such as a street party held on Armed Forces Day. There were times when people accessed facilities in the local community such as parks, the local church, museum and shops. The activity co-ordinator told us the summer fair was being held the following weekend and we saw staff and people's relatives were involved in the preparations.

There was a complaints procedure which was displayed in the service. This described how people could make a complaint and how to escalate it if required. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. Records showed that no complaints had been received since the service opened.

Is the service well-led?

Our findings

People who used the service told us it was well-managed. One person commented, "The manager is a cheerful soul and comes to see us to check we are happy with everything." Another person said, "This is lovely place to live, they look after everyone very well." A relative we spoke with said, "There is a lovely atmosphere here, the staff are welcoming and everyone is very friendly and kind. There is always someone in charge you can talk to."

We found the management team demonstrated an open approach during the inspection and they all shared a desire to provide a good person-centred service. They accepted that many of the recording and administration systems had not been fully implemented and those that had, required personalising to Glyn Thomas House and updating. During the feedback session the registered provider told us they were looking to obtain new policies and procedures, a new care recording format and a new quality monitoring programme. Following the inspection the registered manager confirmed the new systems had been purchased and would be put in place in the near future.

The registered manager was appointed when the service opened in April 2016, they also managed the registered provider's other care service. The registered provider also appointed an acting manager with the intention they would take over the management of the service when confident and competent to do so. We found the acting manager had left the service before the inspection and the deputy manager had now been promoted to the position of acting manager. It was not clear how the registered manager divided her time between the two services and supported the acting manager with aspects of their delegated roles.

In June 2016 a contracts officer from the North East Lincolnshire Clinical Commissioning Group (NELCCG) had carried out a baseline quality monitoring visit. They found a number of areas which required improvement, these included: fire safety, infection prevention and control, care records, staff recruitment, training and supervision, medication and quality monitoring. We found action plans had been developed to address some of the shortfalls and improvements had been made in some areas but not all. Improvements had been made to the management of fire safety systems although we found the action plan was only put in place following the inspection by the Humberside Fire Service three weeks after the assessment visit from the CCG officer. We also found improvements had been made to the standards of cleaning, medicines systems and staff training and recruitment. However, we found shortfalls with the care records and there was a very limited quality monitoring programme in place.

Records showed that prior to the CCG assessment visit there were few audits completed. Since then, more regular medication audits and checks on standards of cleaning had supported improvements in those areas, but we found inconsistencies with other audit processes and action planning which meant not all shortfalls in the service were being identified or addressed. For example, there were no audits completed on the care plan records. An action plan dated 20 June 2016 identified a range of improvements needed to the environment, yet the poor condition of the kitchen units had not been identified on the action plan. We also found the poor condition of the laundry floor had been identified, but not prioritised with a timescale for completion. Some items of bedroom furniture required renewal such as worn, ripped and stained bed

bases, stained carpets and worn furniture which had not been included in the action plan.

Records showed accidents and incidents were recorded and appropriate, immediate actions taken. However, there was no analysis of the cause, time and place of accidents and incidents completed which meant there could be a delay with the identification of patterns or trends. We also found the registered provider undertook risk assessments of the environment to ensure it was safe for the people who used the service, but we found not all areas of the service were included. For example, the stone fireplace in the lounge and the stair gate fitted at the top of the stairs had not been risk managed to ensure people's safety was properly protected.

Not ensuring the service had consistent oversight to monitor the quality and safety of the service provided to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the end of this report.

There was a range of processes in place which enabled the registered provider and registered manager to receive feedback on the quality of care provided at the service, this included resident meetings and satisfaction surveys for people who used the service, their relatives and staff. We saw records of the first residents meeting held on 14 July and discussions were held about diary events, improvements to the facilities, staffing and suggestions. The registered provider confirmed surveys had been completed by people who used the service / relatives on areas such as activities, meals, laundry and care. We saw the majority of responses had been positive, with some suggestions about meals followed up with the cook. Staff surveys had recently been issued and returned, they were being reviewed by the registered provider.

The staff described the culture of the service as open and friendly, they also told us about the positive team approach and that they enjoyed coming to work. There were meetings and shift handovers to ensure staff had up to date information about issues affecting the service and people who lived there. Staff were able to participate in the meetings, express their views and make suggestions. Comments from the staff team included, "I really enjoy my job and this home is a good place to work" and "The managers are approachable and it's more organised now."

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 People who used the service did not consistently have their needs accurately assessed, care planned and met in a person-centred way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks associated with unsafe care and treatment, by means of an effective operation of systems designed to monitor the quality and safety of the service. Systems for identifying, assessing and managing risks relating to the health and welfare of service users had not always been effective.