Farriess Court Limited

Farriess Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 6 July 2017, and the visit was unannounced.

Farriess Court is a care home that provides residential care for up to 26 people. The home specialises in caring for older people. At the time of our inspection there were 22 people in residence.

Farriess Court had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have effective systems in place to assess, monitor and improve the quality of care. There was no system by the provider to supervise or oversee the registered manager and how they ensured people were safe in the home.

Health and safety checks were not always completed to ensure risks to people's safety were minimised. We identified some health and safety issues with regards to the premises to the registered manager and the provider on the day of our inspection visit where we had immediate concerns to people's safety.

Risks to people's health and welfare were identified but not effectively managed and where people were at risk of harm, actions had not been taken to keep people safe. Staff were aware of the reporting procedure for faults and repairs.

Staff were subject to a recruitment procedure that ensured staff were qualified and suitable to work at the home. Most staff received induction and on-going training for their specific job role, and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what external assistance there was to follow up and report suspected abuse. There were sufficient staff available to meet people's personal care needs and we saw staff worked well in meeting people's needs.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Care plans and risk assessments were in place and people were involved in the review of their care plan, and when appropriate were happy for their relatives to be involved. We observed staff offered people everyday choices and respected their decisions. Staff had access to people's care plans and received regular updates about people's care needs.

People were provided with a choice of meals that met their dietary needs. The catering staff were provided with up to date information about people's dietary needs, and staff sought the opinions of people to tailor their individual meal choices. Medicines were ordered, stored and administered safely and staff were trained to provide the medicines people required. Care plans included the changes to peoples care and treatment, and people attended routine health checks.

Staff provided a variety of personalised activities for people. Staff had a good understanding of people's care needs. People were able to maintain contact with family and friends as visitors were welcome without undue restrictions. Staff sought medical advice and support from health care professionals.

Staff told us they had access to information about people's care and support needs and what was important to people. Staff knew they could make comments or raise concerns with the management team about the way the service was run.

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours. The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, however there was no formal process for people's relatives or health and social care professionals. We received positive feedback from a visiting health professional with regard to the care offered to people and professionalism of care staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The safety of people was put at risk by poorly maintained environment. Periodic safety checks on the premises were recorded by staff and some were undertaken by external experts. Reported faults and repairs identified were not addressed in a timely fashion to ensure people's safety. Staff understood their responsibility to report any observed or suspected abuse. Staff were recruited and employed in numbers to protect people. Medicines were ordered administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff had completed most of the essential training to meet people's needs safely, however some staff had yet to be trained. Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005 and asked for people's consent to care before it was provided. Staff provided an effective service that met peoples' dietary choices and their healthcare needs were planned for and provided.

Is the service caring?

Good

The service was caring.

Staff were caring and supportive and treated people as individuals, recognising their privacy and dignity at all times, however some areas of the environment could be improved to fully promote people's privacy and dignity. Staff understood the importance of caring for people in a dignified way. People were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and they were involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People felt confident in raising concerns or making a formal complaint if or when necessary.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Quality assurance systems were fragmented. Better organisation would ensure required improvements that had been identified, resulted in positive actions being taken. Records of tests were completed by staff, but these were not overseen by the provider or registered manager to ensure any shortfalls that were picked up and addressed. The provider's risk assessments of the premises had not identified potential risks to people and regular maintenance checks were not effective.

Farriess Court

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 unannounced inspection visit took place on 6 July 2017. This inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people and those living with dementia.

Before the inspection visit we looked at the information we held about the service which included any concerns or compliments about Farriess Court. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We spoke with commissioning staff from the local authority who told us they had undertaken a quality monitoring visit, and found the provider was operating effectively. We used this information to plan our inspection.

The provider is required to send us a Provider Information Return (PIR). This allows the provider to provide some key information about the service, what the service does well and improvements they plan to make.

To gain people's experiences of living at Farriess Court, we spoke with five people and four relatives. We also spoke with the provider representative who is a company director, the registered manager, three care staff and the cook. We looked at three people's care records to see how they were supported. We looked at other records related to people's care such as medicine records, daily logs and risk assessments. We also looked at a range of quality audits including complaints, incidents and accidents at the home and health and safety records.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported. We used observation to help assess whether people's needs were appropriately met and they experienced good standards of care.

During this inspection, we asked the registered manager to supply us with information that showed how they managed the service, and the improvements regarding management checks and governance of the home. This information was supplied following the inspection.

Requires Improvement

Is the service safe?

Our findings

We found the premises were not being adequately maintained to ensure the safety of people using the service. We saw there were electrical wires protruding from a skirting board on the first floor landing. We pointed these out to the registered manager who had these made safe immediately. We were concerned about the windows in some communal areas of the home. There were some low window sills, which were not restricted and could allow a person to fall through them. There were other windows in the original part of the home which were not adequately restricted and could also allow a person to accidentally fall through. There was a cracked window pane in one lounge window, which had not been reported to the registered manager. This was replaced when we were at the home. None of these areas had been adequately risk assessed to reduce the risk to those in the home. One bedroom window to the first floor of the property was not restricted from opening fully and this posed a risk to people from falling through the opened window.

Bedroom door locks in the original part of the home were enabled to be 'dead locked'. That meant people could inadvertently lock themselves in their bedroom with no means of the door being opened in the event of an emergency. This meant that people's safety was potentially put at risk. We raised this with this registered manager who said she would report this to the provider representative to enable the old locks to be disabled and where people required, replacements to be fitted.
Because we had concerns about people's safety we reported these issues to the local authority health and safety representative to follow up.

We looked at how the service ensured the premises were safe, well maintained and repairs were carried out. The registered manager said these were written in a book and the information was relayed to the provider representative to arrange repairs or replacements. There were several entries in the book but no information to confirm that the repairs had been carried out or replacements arranged. The registered manager could not tell us if some of the repairs had been undertaken. For example, 16 emergency lights which activate in the event of a fire or power loss needed to be replaced. This was revealed by a routine maintenance visit by the engineer in August 2016. The registered manager agreed to follow this up and send a copy of the report to ensure these had been replaced. The report was forwarded following the inspection and the work was planned to take place in August of 2017. That meant work was not undertaken in a timely fashion to ensure the safety of people in the home.

We looked the visit report of the environmental health officer (EHO) visit from September 2016, and the kitchen audit which had been undertaken by the registered manager. We looked at the requirements and recommendations from the EHO report which included the hand wash sink needed to be repaired and fixed to the wall and the extractor fans needed to be 'deep cleaned'. None of these issues had been resolved. We reported this to the EHO for this to be followed up with the provider.

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

We also noted an offensive odour in a corridor and a bedroom. We reported these to the registered manager

who had the areas cleaned and disinfected which improved the odour in both areas. We also found the plaster had started to crumble from the wall behind the toilet in a ground floor bathroom. There was no skirting board in this area, and this did not allow proper disinfection of the area. That meant people were placed at risk from ineffective cleaning and disinfection of the premises. We saw the registered manager had undertaken an infection control audit. This was ineffective, not well not detailed, and had not identified the issues we found in the ground floor bathroom.

Staff told us there were plentiful supplies of personal protective equipment such as gloves and aprons, and we saw these were placed throughout the home. We also saw there were first aid kits placed strategically in the home. Staff told us these were checked regularly, however when we checked them we noted some out of date items. This placed people in the home and staff in danger through out of date equipment. We told the registered manager who said these would be brought up to date, and the out of date items replaced.

People told us they felt safe using the service. When we asked people if they felt safe in the home, one person said, "Yes, oh yes." A second person said, "Oh yes, staff are lovely they look after me." A third person said, "Yes, oh yes and I'm very satisfied" and their reasons for feeling safe "Yes, well, I've no excuse to feel otherwise." A relative responded to the question of safety in the home, by saying, "Yes, I do, absolutely right I do." A second relative said, "I think so, yes. I visit regularly, I feel it's safe, the doors are locked but they can walk about and go into the garden."

The staff we spoke with understood their responsibilities with regard to safeguarding and knew who to tell if they had any concerns about abuse. One staff member told us, "I would report anything like that to the office." The staff member went on to explain about outside agencies that they could report on to if management at the home had not followed the issue up. The provider had policies and procedures on safeguarding in place which staff could follow if they had any concerns about a person being at risk.

Staff were able to tell us about people's individual needs, and the support they required to stay safe. People's care records included risk assessments, which were reviewed periodically and covered areas related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any changes in risks to people's health and wellbeing. The care plans provided guidance to staff in respect of minimising risk.

The provider had a safeguarding policy and procedure in place that informed staff of the action to take if they suspected abuse. Staff we spoke with had received training in protecting people from harm and had a good understanding of what abuse was and their responsibilities to act on any concerns they had about people's safety. Staff knew the different types of abuse and how to identify them.

Staff we spoke with stated that they had attended safeguarding training, were aware of the term 'whistle blowing' and who to contact and report on any issues. One member of staff said, "I'm sure that the manager would report on [safeguarding] immediately, but if not, I know where I can go to report safeguarding on."

People's plans of care and risk assessments made it clear whether they needed one or more members of staff to assist them with various activities of daily living, for example mobilising and being supported with personal care. Records showed staff were following this guidance. The staff we spoke with understood, and were able to tell us about the different needs of the people using the service and the number of staff they needed to support them safely.

We looked at the people's personal evacuation plans (PEEPs). These tell staff how to safely assist people to leave the premises in an emergency. Copies of the PEEPs were also kept near the 'fire board' and were

readily available in emergencies and were reviewed periodically. Staff we spoke with were aware of the location of the PEEPs and fire and emergency evacuation equipment. However staff confirmed they had not taken part in any recent fire drills. We spoke with the registered manager who assured us they would organise fire drills to bring all the staff group up to date with the evacuation procedures. That meant there was a potential that they were not fully aware what action to take in the event of such an emergency. We also noted there was no signing in book which did not ensure people were safe if required to be evacuated in an emergency. We reported our concerns to the Fire Authority to follow this up.

During our inspection visit there were enough staff on duty to keep people safe and meet their needs. People told us there were enough staff to meet their needs. One person told us, "There always seems enough staff, there never seems to be wanting. They're young but they do look after you."
We saw that staff were available in all areas of the service and were prompt in coming to people's assistance. The rota showed the staffing levels we found were consistent with the staffing levels set by the provider. We observed that staff were able to meet people's needs as well as spend time conversing with them to help ensure they felt safe and well-cared for.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff. We found that the relevant background checks had been completed before staff commenced work at the service.

People told us they received their medicines regularly and on time. One person told us, "Yes, I get a regular prescription." A relative told us, "Yes they are [taking medicines] I'm aware of what they are on."

We found that medicines were stored securely and at a temperature to ensure they remained active. We looked at the medication administration records (MARs) for four people which were kept with the medicine. All the MARs were signed appropriately, and had people's photographs in place to reduce the risks of medicines being given to the wrong person. Information about identified allergies and people's preference as to how their medicine was offered was documented. This helped to ensure that people received their medicines safely. People in receipt of 'as required,' or PRN medicines, instructions had been added to the MARs to detail the circumstances when these should be given and the maximum dose the person should have in any 24 hour period. This showed that people were safe from taking excessive medicine.

Staff who administered medicines told us they had received training to ensure people's medicines were administered appropriately. We were unable to view the training matrix to confirm staff had undertaken regular medication training. This was one of a number of requested documents that were not sent following the inspection.

Staff understood the signs and symptoms that some people displayed when they required PRN to be given to them. A staff member said, "I would ask a person if they needed them sometimes you can tell by a person's face if they are in pain." We observed staff administered medicines to people, which was in line with safe practices, and the provider's policies and procedures. People were being offered pain relief which was prescribed on an 'as required' basis. We saw staff encouraged people to take their medicine. Staff stayed with people to ensure their medicines had been taken, which demonstrated that staff understood the safety around administering medicines.

Good

Is the service effective?

Our findings

People felt that staff had been trained, one person told us, "They always seem on the ball to me. I think they're very good, it's a pleasure to be with them."

Staff told us they had received training and support to provide them with the skills and knowledge necessary to meet the physical and mental health needs of people who lived at Farriess Court. They told us they received regular training which was considered essential to meet the health and safety needs of people. This included food hygiene, fire training, and safeguarding. They also told us they received training about care of people with challenging behaviour. We confirmed the courses staff had undertaken with a copy of the training matrix sent following the inspection. This showed that people had been trained but a small number of courses had yet to be updated or undertaken.

Staff had also undertaken training to support them in their roles as health and social care workers. The staff we spoke with had undertaken induction training before commencing national vocational qualifications (NVQs) in health and social care. We spoke with the registered manager who explained that the staff group had completed induction training; and then commenced the formal training that was updated periodically in line with the provider's policy and procedure.

The registered manager told us staff were supported in their work with regular supervision meetings. Staff supervision was used to advance staff knowledge, training and development by regular meetings between the management and staff group. Staff told us they received individual supervision meetings throughout the year. Staff felt the supervisions and appraisals were useful but were not planned regularly. We were told supervision sessions focused on their attendance, attitude and ability. We saw that the registered manager had planned staff supervision in advance for staffs' future support.

People and their relatives told us staff sought consent before offering personal care. We also heard staff asking for people's consent before offering care and support. One person said, "I can decide what I want." A second person said, "Yes, they [staff] ask [for consent] before I have a shower or bath."

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 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."

Staff knew the procedure to follow where they suspected a person's liberty could be deprived. Staff told us that people had various levels of capacity and understanding, which varied throughout the day and gave examples of how they supported people to make decisions about their daily life.

A member of staff confirmed there was one person who lived at the home who required a DoLS. We asked the member of staff what they would do if they refused personal care. The member of staff told us they could not force the person but would look at trying to encourage them or leave them for a while and ask another member of staff to approach them. They told us if the person continued to refuse and it became a health issue, they would speak with the registered manager and see what further action could be put in place. That demonstrated staff were effective in their support of people's needs.

People were supported to have enough to eat and drink. People told us they had sufficient amount to eat and drink. People told us they enjoyed the food. One person said, 'It's good, they come around every day with a different menu, this morning they came with latest menu." A second person said, "All right [the food is], eatable, not fancy but eatable." A relative said, "My mum says it's amazing and its great because they do a proper lunch and in the evening they do little bits and that suits her." A second relative said, "The food looks very nice, and we have a choice from a menu" and added "[Named relative] can have snacks between meals; she's just had a biscuit and a drink." A third relative said, "Excellent, a good cook here."

People were made aware of the choices for lunch as the menu was displayed in the dining room. A member of staff told us people had a choice at breakfast, lunch and tea, with supper being served in the evening which included a selection of sandwiches. The main meal was at lunch time, which included choices for people with cultural requirements. Staff were aware of people's individual likes and dislikes in relation to food, and were also aware of people's religious and cultural requirements. Information on people's individual food requirements, for example, a special diet or particular way their food was prepared was available for staff in the kitchen. We saw people having regular drinks with a choice of hot and cold drinks available throughout the day. This helped prevent people from the risk of dehydration.

People told us they had regular visits from the doctor, dentist, optician and specialist healthcare appointments. A relative told us, "[Person's name] had a bit of a cough and they [staff] had the doctor to check it." A second relative said, "Yes, they have a lovely chiropodist come in and she's really nice."

Good

Is the service caring?

Our findings

All the people we spoke with said they liked the staff. One person said, "I shall stop here because it's very nice, they [staff] are very thoughtful." A second person said, "People are so nice, they're so friendly and they look after you and everything is excellent." A relative said, "The staff are fantastic, absolutely fantastic, they really are, and not just here for the money." A second relative said, "I think they're very good and when I walk in I find it quite homely."

We spent time in the morning observing from a distance people having breakfast in the dining room. When people finished their breakfast staff asked them where they wanted to go next, for example, did they want to go into one of the lounges, the conservatory, or to their bedroom. Some people opted to stay in the dining room and sit with staff who were clearing tables. One person chose to go back to their bed for a lie down and staff assisted them to do this. This showed that staff had a relaxed approach and encouraged people to choose their own routines.

Throughout our inspection visit we observed staff treating people with kindness and compassion. When staff heard one person had become agitated and they encouraged them to calm down and regulate their breathing so they could tell the staff what the problem was. The person composed themselves and communicated they wanted to be assisted into the dining room. That demonstrated that staff respected the time that people took to communicate at their own pace. Some of the staff had worked at the service for a number of years which helped to ensure people had the continuity of care from staff who were familiar to them.

However we noted in a ground floor bathroom there was a low level wall between the toilet and wash hand basin. This made it difficult for people that required assistance with their mobility to access hand washing facilities. This meant people's privacy and dignity was compromised. We also noted that the first floor toilet door lock had been removed and the area painted over. This did not demonstrate that people's privacy and dignity were fully recognised.

We looked at how staff supported people to express their views and be actively involved in making decisions about their care and support. Throughout our inspection visit we heard staff offering choices to people, for example whether or not people wanted to take part in activities, and what food and drinks they wanted to have. One person told us they could do what they liked at the service and said, "I shall stop here because it's very nice, they're [staff] very thoughtful and I am yes, contented."

We observed that staff knew how to protect people's dignity and privacy. The knocked on people's bedroom doors before entering, called people by their preferred names, and were polite and respectful in all their dealings with them. One person said, "They [staff] are very polite and they shower and bath me and close the doors." A second person said, "They [staff] almost always knock, even when the doors open." A third person said, "I've got a nice private room, lavatory, wash basic and a mirror."

Staff understood the importance of respecting and promoting people's privacy and took care when they

supported people. Staff told us they had read people's care records which contained information about what was important to them with regards to their dignity. Staff gave examples of how they maintained people's privacy and dignity when providing care and support. One staff member said, "When we hoist a lady we make sure she has a blanket over her legs." Our observations also confirmed this to be the case. Another staff said, "We always knock before going into someone's room." We observed staff were polite, and respected people's privacy when they supported people. For example, during lunch time we saw people were offered tissues to wipe their face and aprons were carefully removed before people left the dining area.

Good

Is the service responsive?

Our findings

We saw that people received personalised care that was responsive to their needs. People's needs had been assessed and their or their relatives' involvement in the development of the care plan meant that their lifestyle preferences, daily routines and individual support was recorded.

We looked at care plans which included pre-admission assessments. Care records showed that where possible, people, or their family members', where relevant, were involved in contributing to the assessments and care plans. The care plans demonstrated that staff had asked people questions about what was important to them and how they wanted to live their lives at Farriess Court.

The registered manager said these were carried out for people prior to them moving into the home. That ensured that staff could meet the person's needs. The exception to this was if anyone moved in on an 'emergency' basis, where the registered manager would complete this as soon as possible following admission.

Care planning was linked to people's needs which ensured care plans were individualised. We saw evidence of information on allergies, likes, dislikes, wishes and aspirations, and detailed life histories completed by people's families. Staff were able to explain and demonstrated through the care we observed the support that people required.

Staff had access to people's care plans and received updates about their care needs through daily staff handover meetings. The care records we viewed were comprehensive, and showed regular reviews, suggesting the care process was responsive to people's changing needs.

Care plans were reviewed on a regular basis. People were asked if they wanted to be involved in care plan reviews, and we saw that people chose when to be involved or not. Care planning was linked to people's needs and written in a person centred way. Care plans contained information about people's individual health and dietary needs for staff to respond to these needs.

Throughout our inspection the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We observed that people had the opportunity to make choices about moving around the home, including going into the garden. Staff described how they offered people choices about what they wanted to wear, by holding up two garments, if they were not able to respond verbally.

We spoke with a visiting healthcare worker, who indicated staff were responsive in meeting people's health needs. They told us, "They [staff] are very good at calling [for advice] to prevent a problem, for example if a piece of equipment is not functioning properly."

People confirmed they were supported by staff to make choices to meet their needs. One person said, "You can choose what time to get up and you can choose what time to go to bed." A second person said, "I can

choose to be here or there if I want to" pointing to the bed or the chair across their room. A third person said, "I like listening to music and I've got some films to watch."

We observed staff responded promptly to people's requests for assistance throughout our visit. We saw an activities plan in the foyer of the home, which suggested what pastimes staff could offer people. Staff told us people were offered activities that responded to their needs. We saw various games and pastimes located in the lounges and dining room, and we saw staff engaged with people at this time. We saw one person completing a glitter picture in the dining room. They said, "Look what I have made, would you like one?" We also saw staff sit and speak with people and at other times we saw people listening to the radio, watching the television and reading their daily paper.

People told us that they would talk to the staff or the registered manager if they had any concerns. One person said, "Well, I should just go to the office and say what I want to say." Another person said, "I've not got any complaints at all."

Relatives told us they knew how to raise concerns and had been given a copy of the complaints procedure. They found the registered manager and staff were approachable. A relative told us, "If I thought anything wanted doing I'd just ask and they're pretty good."

We saw people had access to the complaints policy and procedure if required. People we spoke with said they knew how to make a complaint, and indicated they were satisfied how staff dealt with any issues. People told us they felt staff would take any complaint seriously and act accordingly.

We viewed the complaints information that was made available to people and the policy and procedure. The contact details for the local authority has yet to be added to this information. That would allow people to contact the authority with the authority to investigate any such allegations. The provider had systems in place to record complaints. Records showed the service had received one complaint in the last 12 months. We saw this had been followed up appropriately and a written response was sent to the complainant.

Requires Improvement

Is the service well-led?

Our findings

We discussed the quality assurance checks and audits with the registered manager and staff who conducted some of the checks. The registered manager told us there were regular audits undertaken by the provider and staff in order to ensure health and safety in the home was maintained. We saw records of these checks had been completed and included checks on the medicines system, care plans, accidents and incidents, people's weight loss or gain and their nutritional and dietary requirements. However these checks did to reveal the shortfalls in the health and safety issues of the cracked window or wires protruding from a wall. Though staff were aware of the damaged wall in the ground floor toilet this had not been recorded on the infection control audit. The requirements from the local authority health inspector had not been acted on, and work had been outstanding since September 2016. Similarly essential safety work from the fire officer report in August 2016 had not been undertaken. Checks on the first aid kits had not been done thoroughly and out of date items replaced.

The system that monitored training had been updated recently. We asked for a copy, and were provided with a training matrix that showed there were eight members of staff that had yet to undertake training on dementia, and a further two on mental capacity. Three staff had yet to be trained in challenging behaviour and nutritional needs. That meant that staff training was in place for the majority of staff, but some was required to ensure an equitable service for people who lived in the home.

The registered manager said the provider visited the home occasionally and delegated the system of checks and audits in the home. However these were still not in place The registered manager added there was no formal system of being supported or supervised by the provider. For instance the registered manager had not had been supervised for over two years. This did not demonstrate the provider had a system that ensured the registered manager was supported in their role to provide quality and safe service for the people who used the service, the visitors and staff.

The provider and registered manager showed a lack of insight into safe and effective running of the home, which impacted on the quality and safety of the service offered. Quality assurance and governance were fragmented and not used effectively to drive continuous improvement in the home. The provider was not meeting requirements set by other regulating authorities for example the EHO.

Staff were aware of the procedure for recording and reporting faults and repairs, however this was not effectively used or monitored by the provider. For example the emergency lights which still needed to be replaced a year after the provider was notified.

This was a breach of Regulation 17(a) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Records showed that essential services such as gas and electrical systems, appliances, and equipment such as hoists were serviced and regularly maintained.

People said there was an open and friendly culture in the home. One person said, "Yes, [the home] it is well

managed. When my [relative] applied there was two vacancies and I'm lucky to be here, it's a lovely place and staff are very polite."

We asked people if they knew who registered manager was. One person replied, "Yes, I do' she is very, very good, and sometimes helps out with the cooking." A second person said, "Oh good, they are nice. All of them [staff] they're lovely'.

People who used the service and their relatives spoke positively about how staff communicated at the service. Relatives told us the staff contacted them when their family member became unwell and that the doctor had been called. One relative said, "[The registered manager] is very approachable." A second relative said, 'I think [registered manager] is nice, always pleasant, approachable and willing to listen."

People who lived at the home were invited to meetings with the registered manager. We looked at the minutes of the meeting. We saw that people requested to be able to have live music and trips out, both of which were evidenced at our visit. The activity organiser undertook some quality questionnaires with people in the home to ascertain what changes people required. However relatives told us they had not been included in the quality questionnaire process. The registered manager confirmed the provider had not yet circulated any questionnaires to relatives or visiting professionals.

People we spoke with during the inspection gave us positive opinions about the service, the registered manager and staff. One staff member said the registered manager was friendly and helpful. They told us, "If there's anything I need to know I just ask them. She is really helpful and has taught me a lot."

The registered manager for this service understood their responsibilities in terms of ensuring that we were notified of events that affected the people, staff and building. The registered manager had a clear understanding of what they wanted to achieve for the service. There was a clear management structure in the home and staff were aware who they could contact out of hours if necessary.

All staff had detailed job descriptions in place, however the team and supervision meetings were irregular, and so could not be used to support staff to maintain and improve their performance. Staff had access to the provider's policies and procedures to assist them in providing a quality service. Staff understood their roles and this information ensured that staff were provided with the same information which was used to provide a consistent level of safe care. Staff told us they could make comments or raise concerns with the management team about the way the service was run.

We did not receive any feedback from the commissioners who funded people's care packages prior to our visit.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to make sure that risk had been thoroughly assessed, and premises made safe to protect people from harm and ensure their safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not established and operated effectively to ensure compliance with the requirements.