

St Mary's Care Home Limited

St Mary's Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 08 and 09 December 2016 and was unannounced. St Mary's Nursing Home provides nursing and personal care for up to 20 people. At the time of our inspection 12 people were using the service. There was a registered manager in place. 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.

At our previous comprehensive inspection in November 2015 we identified a breach of regulations because risks relating to the safety and security of the premises were not safely managed. We took enforcement action with regard to these concerns, serving a warning notice on the provider.

We also identified further breaches of regulations because the premises were not always clean and hot water was not always available when required. Staff had not always taken appropriate action to protect people from the risk of abuse and records relating to people's care and treatment were not always secure. Recruitment practices were not always robust, medicines were not always stored safely at the correct temperature and we identified concerns with infection control practices in the home. Following the inspection, the provider wrote to us and told us the action they would take to address these concerns.

We carried out a focused inspection in April 2016 and confirmed that the provider had acted to address the issues relating to the safety and security of the premises.

At this inspection we found that the provider had taken action and that the premises was clean and hot water available when required. Staff were aware of the action to take if they suspected abuse and knew the signs to look for which may suggest abuse had occurred. Records relating to people's care and treatment were stored securely and the provider had implemented appropriate infection control practices.

However, whilst we found the provider had taken action to ensure people's medicines were stored at the correct temperature, we found a breach of regulations because records relating to the administration of people's medicines had not always been accurately maintained. We also found a further breach of regulations because the systems used for monitoring the quality and safety of the service, including the system of identifying risks when recruiting new staff were not always effective.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Risks to people had been assessed and staff were aware of how to manage identified risks safely. There were sufficient numbers of staff deployed within the service to meet people's needs and staff were supported in their roles through regular training and supervision. People were supported to maintain a balanced diet and

had access to a range of healthcare services when required.

Staff were aware of the importance of seeking consent from the people they supported and the service acted in accordance with the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). People told us the staff treated them with kindness and consideration, and that staff respected their privacy. They were involved in day to day decisions about their care and support.

The provider had a complaints procedure in place and people told us they knew how to raise a complaint. People had care plans in place which were reviewed on a regular basis and reflected their individual needs and preferences. There were a range of activities on offer for people to participate in to reduce the risk of social isolation.

People and relatives told us the service was well managed and that staff were open and friendly. The provider had systems in place to seek feedback from people using the service and people expressed a high level of satisfaction with the care and support they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always Safe.

Medicines were stored safely but records relating to the administration of people's medicines had not always been accurately maintained.

There were sufficient staff deployed to meet people's needs but the provider's recruitment systems were not always sufficiently robust to identify potential risks to people.

People were protected from the risk of abuse because staff were aware of the signs to look for and the action to take if they suspected abuse had occurred.

Risks to people had been assessed and staff were aware of the action to take to manage risks to people safely. The provider had made improvements to the infection control practices at the service and the premises were clean and well maintained.

Is the service effective?

Good 

The service was Effective.

Staff were supported in their roles through regular training and supervision.

Staff sought consent from people when offering them support. Where people lacked capacity to make specific decisions about their care and treatment, the service acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), where applicable.

People were supported to maintain a balanced diet and had access to a range of healthcare services when required.

Is the service caring?

Good 

The service was Caring.

People told us staff treated them with kindness and consideration.

Staff treated people with dignity and respected their privacy.

People were involved in day to day decisions about their care and treatment.

Is the service responsive?

Good ●

The service was Responsive.

People received care in accordance with their individual needs and preferences.

There were a range of activities on offer for people to reduce the risk of social isolation.

People were aware of how to raise a complaint and the provider responded to any complaints received in line with their complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not consistently Well Led.

The provider's systems for monitoring the safety of the service were not always effective in identifying and addressing areas of concern.

Records relating to people's care and treatment were stored securely.

People and staff spoke positively about the registered manager and the management of the service.

The provider had systems in place to seek and act on feedback received from people about the service they received.

St Mary's Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 and 09 December 2016 and was unannounced. The inspection team consisted of a single inspector over both days of the inspection. Prior to our inspection we reviewed the information we held about the service which included any statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted the local authority responsible for commissioning the service to obtain their views. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four people, four relatives, five staff, the registered manager and a visiting healthcare professional. We also looked at records including four people's care plans and risk assessments, four staff files, and other records relating to the running of the service including policies and procedures, staff training and supervision records, minutes from meetings and people's medicine administration records (MARs).

Is the service safe?

Our findings

At our previous comprehensive inspection on 14, 17 and 18 November 2015 we found a breach of regulations because medicines that required refrigeration were not always stored safely. Following the inspection the provider wrote to us to confirm they action they would take to monitor and ensure medicines that required refrigeration were stored safely.

At this inspection on 08 and 09 December 2016 we found that medicine which required refrigeration were securely stored in a secure medicines refrigerator and that staff had conducted daily checks to ensure they were maintained within a safe temperature range, in line with the manufacturer's instructions. However whilst the provider had acted to address this issue, we identified further concerns with the management of medicines at the service.

People told us they received their medicines as prescribed. One person said, "I get my medicines on time and don't remember there ever having been a problem." Another person told us, "Staff help me to take my medicines every day." However, records relating to the administration of people's medicines were not always accurately maintained placing them at risk of unsafe medicines support. For example, we reviewed the stocks of two people's medicines and found that there were fewer remaining tablets in both cases when cross referenced with people's Medicines Administration Records (MARs). This meant there was a risk that people had been supported unsafely with their medicines.

We also found that staff had not always signed people's MARs to confirm they had administered people's medicines at the correct times. For example, on the first day of our inspection we found that staff had not signed to confirm the administration of three medicines for one person that morning when we reviewed their MAR at lunchtime. Staff confirmed that they had administered the medicine correctly but had forgotten to sign the MAR and this was confirmed when we reviewed the remaining medicines stocks. In another example, we saw staff had not signed to confirm the application of prescribed creams on the day prior to our inspection which meant we were unable to determine whether the creams had applied correctly, as prescribed.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's MARs contained a copy of their photograph and details of any allergies they may have in order to reduce the risks associated with medicines administration. The provider had appropriate procedures in place for the receiving of people's medicines and for the disposal of any unused or expired medicines where required. Where people had been prescribed Controlled Drugs, we saw these were stored securely and recorded correctly in line with legal requirements.

At our previous comprehensive inspection on 14, 17 and 18 November 2015 we found a breach of regulations because gaps in staff's educational and employment history had not been explored by the provider prior to new staff starting work at the service to ensure they were of good character and suitable for

the roles they were applying for. Following the inspection the provider wrote to us to confirm the action they would take to address this concern.

At this inspection on 08 and 09 December 2016 we found that the provider had ensured that any new staff applying for roles at the service provided a full employment history and a record had been maintained to demonstrate that any gaps in employment had been satisfactorily explained. However, we also identified areas of concern with regards to the provider's recruitment process.

Staff recruitment records contained completed application forms, proof of identification and health declarations confirming each staff member's fitness to work in the roles they were applying for. We saw criminal records checks and references were also in place. However, we noted that one staff member had provided a criminal records check which had been made by a previous employer which was therefore not valid. We spoke to the registered manager about this and she told us she believed criminal records checks were valid for one year once completed and was not aware of the need to have made a separate check in such instances.

This issue was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager told us she would arrange for a criminal records check to be conducted promptly, although we were unable to check on the outcome of this at the time of our inspection.

We also found that further improvement was required because whilst most staff had two references in place, one staff member had received a reference from another member of staff who also worked at another location, and it was not clear in what capacity the reference had been made. Therefore we could not be assured it was sufficiently suitable to ensure the staff member in question was of good character.

People told us there were sufficient staff deployed at the service to meet their needs. One person said, "I think there are enough staff; they always come when I need them." Another person told us, "There are enough staff here to help me when needed; it's not a problem." Staff also told us there were sufficient staff. One staff member said, "I think there are enough staff on duty; I have time to support people without rushing." Another staff member told us, "There are enough staff; we get a lot of one to one time with the residents which is good." We observed there to be enough staff on duty to meet people's needs during the time of our inspection. Staff were on hand to support people promptly when required and responded quickly to people's call bells when they were used. The registered manager confirmed that staffing levels were calculated based on people's level of need and we saw the number of staff on duty reflected the planned number on the staff rota.

At our previous comprehensive inspection on 14, 17 and 18 November 2015 we found a breach of regulations because effective infection control practices were not always maintained. Following the inspection the provider wrote to us to confirm the action they would take to address this concern.

At this inspection on 08 and 09 December 2016 we found improvements had been made to the infection control practices within the home. There were filled soap dispensers and paper towels located in the bathrooms and toilets within the service so that people and staff were able to wash their hands when required. We also saw hand sanitising gel dispensers were placed around the service for staff to access and use when required. The manager undertook infection control audits to ensure good infection control practice within the service and we saw action had been taken where issues had been identified, for example by replacing furniture that had been identified as a potential risk. The provider had also purchased individual slings for service users who required the use of a hoist when being supported to mobilise. This

helped reduce the risk of cross infection.

At our previous comprehensive inspection on 14, 17 and 18 November 2015 we found a breach of regulations because the premises was not clean or well maintained in some areas which included concerns with the availability of hot water when required. Following the inspection the provider wrote to us to confirm the action they would take to address this concern.

At this inspection on 08 and 09 December 2016 we found that improvements had been made to the cleanliness of the home. Whilst some of the fixtures and fittings at the service were old, we saw that a cleaning schedule was in place which confirmed staff had regularly cleaned all areas of the service. We inspected the cleanliness of people's bedrooms, the kitchen, bathrooms, toilets and communal areas and found them to be clean and fresh smelling. Records showed and our own tests also confirmed that hot water was available at the service when required.

At our previous comprehensive inspection on 14, 17 and 18 November 2015 we found a breach of regulations because staff had not followed safeguarding procedures in recording and reporting a possible injury to protect people from the possibility of abuse.

At this inspection on 08 and 09 December 2016 we found that people were protected from the risk of abuse because staff had received safeguarding training and were aware of the action to take if they suspected abuse had occurred. Staff were aware of the types of abuse that could occur and knew the signs to look out for, including the presence of any unexplained injuries. They told us they would report any concerns they had to the registered manager and were confident that she would deal with them appropriately. They were also aware of the provider's whistle blowing policy and told us they would use it if they felt it necessary. One staff member told us, "My job is to look after our vulnerable residents; I would definitely whistle blow if I thought it was the right thing to do to protect them."

People and relatives told us they felt the service was safe. One person said, "I've lived here for three years and feel quite secure; I'm happy." A visiting relative told us, "I'm quite comfortable leaving [their loved one] here; they look after everyone well."

Risks to people had been assessed and action had been taken to minimise risks, where they had been identified. Records showed risk assessments had been conducted in support of people's individual needs to ensure the care and treatment they received was safe. The assessments covered a range of risk areas including moving and handling, falls, malnutrition and skin integrity. We saw action had been taken to minimise risks where they had been identified. For example we saw pressure relieving equipment was in place for people whose skin integrity was at risk of breakdown, and falls management guidance was in place where people had been assessed as being at risk.

The provider arranged for a range of health and safety checks to be conducted at the service to reduce risks to people. Records showed checks were made on electrical equipment, gas appliances, water temperatures and monitoring checks for the risk of legionella, as well as checks on equipment such as hoists, the lift, the fire alarm and fire safety equipment. However, we found that checks on bed rails had not always identified the need for bed rail protectors to reduce the risk of people becoming trapped and injuring themselves. We brought this issue to the attention of the registered manager and they updated people's bed rail risk assessments and purchased additional bed rail protectors which were put in place before the end of our inspection.

The provider had procedures in place to deal with emergencies. Staff we spoke with were aware of the

action to take in the event of a fire or medical emergency. Whilst most people had personal emergency evacuation plans (PEEPs) in place to provide guidance on the support they required to evacuate from the building in an emergency, we noted that one person's PEEP was missing. We brought this to the attention of the registered manager who updated the person's records accordingly to ensure appropriate guidance was in place. Staff told us, and records confirmed that regular fire drills had also been held to ensure they were aware of their responsibilities should a fire occur.

Is the service effective?

Our findings

At our previous comprehensive inspection on 14, 17 and 18 November 2015 we found that improvement was required because appropriate processes to obtain consent were not always in place. At this inspection on 08 and 09 December 2016 we found the provider had taken steps to ensure the service met legal requirements where people lacked capacity to make specific decisions about their care and treatment.

Staff were aware of the importance of seeking consent from people when offering them support. One staff member told us, "I ask people on whether they're happy to receive my help. If they don't want support, I would try to encourage them, but I wouldn't force anyone to do anything if they didn't want to." People also confirmed staff sought their consent when providing care. One person told us, "Staff always check I'm happy; they respect my wishes."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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 were aware of how the MCA applied to their roles in supporting people at the service on a day to day basis. Records showed mental capacity assessments had been conducted and documented for more significant decisions such as the use of bed rails. Where people had been assessed as lacking capacity to make such a decision, we saw staff had involved family members and healthcare professionals where appropriate in making decisions in people's best interests, in line with the requirements of the MCA.

The registered manager understood the process for making applications to deprive someone of their liberty where it was in their best interests under DoLS. We saw authorisation requests and been made, and authorisations granted by the relevant placing local authorities and records showed that the provider had complied with any conditions placed on people's DoLS authorisations to ensure people's freedoms were not unduly restricted.

People did not always comment on whether they considered staff to have had appropriate training but one person told us, "The staff know what they're doing and how to support me." Staff confirmed they underwent an induction when starting work at the service which included a period of orientation and time spent shadowing more experienced colleagues. They also confirmed they completed a programme of training which was refreshed on a regular basis. One staff member said, "We get a lot of training. I've always found it

to be helpful; it's given me the skills I need to work here."

Records showed staff had undertaken training in areas including dementia awareness, first aid, moving and handling, food hygiene, health and safety, fire safety and infection control. Staff also told us they were supported to undertake relevant health and social care qualifications in support of their roles. One staff member told us, "I requested to do a Level 3 diploma in Health and Social Care and have recently been enrolled."

Staff also told us, and records confirmed that they were supported in their roles through regular supervision. One staff member said, "I meet the manager for supervision and we discuss any concerns I have or whether I have any training needs; it's helpful." Another staff member commented, "I have formal supervision every quarter with the manager which is great, but she's available to offer support on a more informal basis whenever I need."

People were supported to maintain a balance diet. Most people spoke positively about the food on offer at the service although one person described it as simply being, "OK." One person told us, "The meals are good; I had pork stew today and it was very nice." Another person said, "The lunch was lovely; there are no problems with the food."

People's nutritional needs had been assessed as part of their care planning so staff were able to ensure they received appropriate support to eat and drink. We saw advice had been sought from healthcare professionals where required, in support of people's dietary needs. For example, where people were at risk of malnutrition we saw supplements had been prescribed to reduce the level of risk, and records showed that this had been effective in preventing weight loss.

Kitchen staff were aware of people's dietary needs as well, for example which people required a soft diet, or who was diabetic. They also knew people's likes and dislikes and confirmed they prepared meals accordingly to ensure people's individual needs were met. The registered manager told us, and records confirmed that menu choices were discussed with people in advance in order that the service could cater to their preferences.

We observed the lunchtime meal on both days of our inspection and saw meal options included a range of freshly prepared vegetables. Staff were on hand to provide support to people where required and we noted that the support people received was friendly and unhurried, enabling them to eat at their own pace. We also noted that staff supported people to be independent when eating wherever possible, for example by cutting up their meals and offering friendly encouragement.

People were supported to access a range of healthcare services when required. One person told us, "The staff arrange GP appointments for me if I feel unwell, and the GP will come and see me here." Records showed people had access to a range of healthcare professionals when required, including a GP, chiropodist and dentist. We spoke to a healthcare professional who regularly visited the service and they told us, "The care people receive here appears to be good; I'm confident the staff will follow any instructions that I leave and think they do a good job in managing people's conditions."

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received at the service. One person said, "The staff treat me kindly. We get on well; they're all friendly." Another person said, "I'm happy with the support I get; we're well looked after." A relative commented, "The staff are all very kind; it's like a family."

We observed staff acting with kindness and consideration when offering support to people throughout the time of our inspection. For example where one person displayed signs of anxiety we saw staff moving quickly to provide reassurance and noted that their intervention resulted in a positive effect on the person in question. In another example, we saw staff supporting a person to put on an extra layer of clothing having observed that they might be cold. Their interaction was relaxed and friendly, showing clear interest in the person's well-being.

It was clear from the conversations between people and the staff supporting them that they knew each other well and were comfortable in each other's company. Staff worked in a relaxed and unhurried manner when offering support, and communicated well with people about the assistance they were providing. For example, we observed staff offering clear guidance and encouragement to people when mobilising, whilst also ensuring they were able to move at pace they were comfortable with. One person told us, "The care here is good; staff don't rush me."

People were supported to maintain the relationships that were important to them. The registered manager told us that people were welcome to have visitors whenever they wished and this was confirmed by visiting relatives. One relative told us, "We can visit whenever we want; the staff are always happy to see us and everyone always says hello." Another relative said, "I visit regularly and am always welcome."

People and relatives, where were involved in day to day decisions about their care and treatment and were able to express their views about the care they received. One person told us, "I've talked to staff about my care; they do what I ask them to." A visiting relative said, "We've discussed [their loved one's] care. Staff have always been able to answer any questions we've had." Staff also told us they involved people in discussions about their care when reviewing their care plans and that they involved people in decisions about the care they received each day by offering them choices and respecting their wishes.

The registered manager told us they considered people's diverse needs with regards to their disability, race, religion, sexual orientation or gender. Staff were aware of the importance of respecting and promoting people's individual characteristics. We saw people received visits from church members and a priest visited the home on a regular basis in support of people's spiritual needs.

People and relatives told us that staff treated them with dignity and respected their privacy. One person said, "They [staff] respect my privacy; if I'm having a wash they always make sure the door is closed." A visiting relative told us, "They [staff] always deal with any personal issues discreetly and in private when I visit. For example, they'll ask me to wait while they take [their loved one] to the toilet when I arrive so that [their loved one] is comfortable during my visit." Staff we spoke with were aware of the importance of

treating people with dignity and could describe how they worked to ensure people's privacy was promoted, for example by knocking on doors before entering people's rooms and ensuring people were covered up as much as possible when supporting them with personal care.

Is the service responsive?

Our findings

People and their relatives told us they received care and support which met their individual needs. One person told us, "Staff support me when I want and are flexible if I want to change my routine." A visiting relative told us, "The care here is very personalised and they [staff] do a good job. [Their loved one] lived in a different home before and was barely able to move then. Here the staff have been encouraging her to mobilise with their support. She's improved a lot and seems to be much happier."

The registered manager told us and records confirmed that they undertook an assessment of people's needs before they moved into the home, in order to ensure the service was able to meet their requirements. We saw care plans had been developed from these assessments which provided guidance to staff on the support people required in areas including mobility, nutrition, pressure area care, personal hygiene and medicine support.

Care plans also included details of people's life histories and the things that were important to them. Staff we spoke with demonstrated a good knowledge of the people they care for and were aware of their preferences in the way they received support. One relative told us, "The staff often come in while I'm here and ask me questions about [their loved one's] life so that they know more about her. I feel they know her needs well." People's care plans were also reviewed on a regular basis to ensure they remained up to date and staff had maintained a daily record of the support each person at the service received. These records showed that people received care in line with the requirements of their care plan.

Not all of the people we spoke with commented on the activities on offer at the service although one person confirmed they enjoyed all of the options on offer. Staff confirmed that activities available to people included pampering sessions, seated exercises and games which encouraged memory stimulation. We observed staff supporting people to paint their nails on one of the mornings of our inspection and engaging people in a memory game during the afternoon. People were positively engaged in the activity which was conducted in a relaxed and friendly atmosphere. Where people chose to spend time in their rooms we also saw staff spent one to one time with them to reduce the risks of social isolation.

People and relatives told us they were aware of the provider's complaints procedure and knew how to raise concerns at the service. One person told us, "I'd talk to the manager if I had any problems; she'd sort them out." A relative said, "I've never had any serious issues here, but I'd certainly talk to the manager if there was a problem."

We saw the provider's complaints procedure was on display and available for peoples to refer to should they wish to raise a complaint. The procedure contained information on what they could expect the provider to do in dealing with any concerns raised, including details of the timescales for response and the action people could take if they were unhappy with the outcome. The registered manager maintained a complaints log which showed the service had received two complaints during the previous year. Records showed that both concerns had been investigated and responded to appropriately, in line with the provider's complaints procedure.

Is the service well-led?

Our findings

At our previous comprehensive inspection on 14, 17 and 18 November 2015 we found a breach of regulations because people's records were not always kept securely and some information relating to people's health conditions was displayed in a communal area which was accessible to anyone visiting the service. Following the inspection the provider wrote to us to confirm the action they would take to address this issue.

At this inspection on 08 and 09 December 2016 we found that records relating to people's care had been removed from the communal area and were stored in a staff office. The registered manager confirmed that records were locked away in a secure filing cabinet when not in use to ensure they could not be accessed inappropriately by people or visitors to the service.

At our previous comprehensive inspection on 14, 17 and 18 November 2015 we also found that improvement was required because the systems used to monitor the quality of the service had failed to identify concerns in areas including health and safety, infection control and the cleanliness of the home. At this inspection on 08 and 09 December 2016 we found that whilst the provider had taken action to address the issues we had previously identified at the service, the systems used to monitor the quality and safety of the service continued to not always be effective.

Audits undertaken of people's care records did not always identify issues or drive improvements to the safety of the service. For example, we noted that audits of people's care plans had not always identified issues with risk assessments relating to the use of bed rails which meant action had not been taken to reduce the risk of potential injury. We also noted that action had not always been taken to address issues which had been identified in care plan audits. For example, a recent audit of one person's care records identified that they needed to have a personal emergency evacuation plan (PEEP) in place but this had not been addressed prior to our inspection.

Other systems to monitor the safety of the service were also not always effective. For example, the registered manager told us they regularly checked that windows at the service met the requirements of the Health and Safety Executive's (HSE) guidance 'Falls from windows or balconies in health and social care', although these checks were not always recorded. We checked the windows at the service during our inspection and found that one window did not meet the requirements of the HSE guidance because the window could be fully opened without restriction. This meant the provider's monitoring system was ineffective and placed people at risk.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other systems used to monitor the quality and safety of the service were effective. Checks and audits had been conducted in areas including health and safety, medicines, infection control and the environment. Action had been taken to address issues where they had been identified. For example one person's call bell

had been identified as being faulty during a recent check and we saw that this issue had been addressed and the person's call bell was working during our inspection. In another example we saw one person's Medicines Administration Record (MAR) had been updated with a recent photograph and details of any allergies in response to the findings of recent audit. These actions helped ensure the safety of people at the service.

People and relatives told us they thought the service was well managed. They were aware of who the registered manager was and told us she was always available if they had any concerns or issues they wished to discuss. One person said, "The manager's always available if I need to speak to her." A visiting relative told us, "[The registered manager] is very good; we've every confidence in her and she's always happy to talk to us."

There was a registered manager in post at the time of our inspection; they demonstrated an understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008. Prior to our inspection we noted that we had not received many notifications from the registered manager in the time since our last inspection so we asked her about this and found that she had accidentally been sending notifications to an incorrect email address. She arranged for those notifications to be sent the correct address during the inspection.

Staff spoke positively about the management and culture of the service. One staff member told us, "[The registered manager] is great. She works hard and makes us aware of our responsibilities. She's very approachable and encourages us to be open about any concerns we have or mistakes we make so we can all learn and make improvements." Another staff member said, "The manager is very understanding and listens to any concerns we have. I enjoy working here and feel we all pull together as a team."

Records showed that regular staff meetings were held to discuss the running of the service and to advise staff of good working practice in a range of areas. For example we saw there had been discussions at recent meetings regarding person centred care, equality and diversity and the Mental Capacity Act 2005 to raise staff awareness of these areas and how they applied to their roles.

The provider had systems in place to seek people's views on the service. The registered manager confirmed they arranged residents meetings where people were able to provide feedback about the service and any preferences they had in aspects of how it was run. Records showed that areas that had been discussed at a recent meeting had included people's meal time preferences and the activities on offer at the service. We saw action had been taken in response to the feedback received. For example, one person had identified a number of food options they did not wish to eat and we saw this information had been passed on to kitchen staff so they were aware not to prepare those meals for the person in question.

The provider also invited feedback from people and relatives on the quality of the service through the use of surveys. We reviewed a sample of the responses to the most recent survey, all of which showed a high level of satisfaction with the service. Comments included, "I'm very satisfied with the care and attention of the staff towards [their loved one]," and, "Staff take their time with [their loved one]; we find them to be attentive and helpful."

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 Medicines were not managed safely.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor and mitigate risks to people were not always effective.

The enforcement action we took:

We served a warning notice on the provider and registered manager.