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Stamford House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on the 12 and 13 June 2017. Our visit on the 12 June 2017 was unannounced.

Stamford House is a large detached home located in Rochdale, which provides care and support for up to 23 people who require residential care only. At the time of our inspection there were 21 people living at the home. Facilities include single rooms with wash hand-basins, two communal lounges, dining room/conservatory and a garden.

At the time of our inspection 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.

We identified breaches of three of the Regulations of the Health and Social Care 2008 (Regulated Activities) Regulation 2014. These were in relation to infection control, cleanliness of the environment and equipment, moving and handling, risk to the environment of legionella and recording keeping. You can see what action we asked the provider to take at the back of the full version of this report.

Staff understood safeguarding procedures and what action they should take in order to protect vulnerable people in their care. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people.

We found that the home environment and some equipment were not cleaned to an adequate standard. The home had not been adapted to cater for the needs of everyone living there. For example people with mobility problems could not access the garden and there was little in the way of adaptations, such as pictorial signage, for people living with dementia.

Checks and servicing of equipment, such as for the gas and electricity were up-to-date. However work identified in a legionella risk assessment in November 2016 had not been carried out.

Medicines were stored correctly and staff who administered medicines had received the appropriate training.

Risk assessments had been completed to show how people should be supported with everyday risks, such as risks to their mobility or nutrition. However, we identified concerns in relation to the recording of people's food intake.

Staff had undertaken training to provide them with the skills and knowledge required for their roles and received supervision to discuss any issues in relation to their work.

Staff encouraged people to make choices where they were able to and sought consent before undertaking care. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were complimentary about the caring nature of the staff. However, we found that peoples' dignity was not always respected. Care plans, which were reviewed regularly, were detailed and reflected the needs of each individual.

An activities coordinator encouraged people to participate in a wide range of activities.

People spoke positively about the registered manager and the management of the home.

Complaints were managed appropriately.

There were a range of policies available for staff to refer to for guidance on best practice. There were quality assurance processes in place to monitor the quality of the service and ensure it was maintained and improved. However, these had not identified all the concerns we found during our inspection.

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.

We identified concerns around unsafe practice in relation to the moving and handling of people who used the service.

The environment and equipment were not cleaned to an adequate standard and we identified some concerns around infection control.

Arrangements were in place to safeguard people from abuse and harm.

The service had arrangements in place to manage medicines safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

We identified concerns around the recording of peoples' food intake.

The environment had not been sufficiently adapted to meet the needs of everyone living at the home.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively. Staff received regular supervision.

Staff worked within the principles of the Mental Capacity Act (2005). Deprivation of Liberty Safeguards (DoLS) were, where appropriate, in place.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Peoples' dignity and privacy were not always respected.

People were complimentary about the staff. We saw caring and positive interactions between staff and people who used the

service.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and were reviewed regularly to ensure they were kept up-to-date.

The service had a system in place for receiving, handling and responding to complaints.

A range of activities were available for people to participate in.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although there were audits in place to monitor the quality of care and service provision at the home, they had not picked up the issues of concern we identified during our inspection.

People spoke positively about the registered manager. Staff worked well as a team.

There were a range of policies available for staff to refer to for guidance on best practice.

Stamford House Care 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 was an unannounced inspection which took place on the 12 and 13 June 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the previous inspection report from our last inspection in April 2015 and the provider information return (PIR). A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. Prior to the inspection we contacted the local authority and Healthwatch Rochdale to ask if they had any concerns about the service, which they did not.

During our visit we spoke with the registered manager, two carers, the cook, one person who lived at the home and the relatives of two people who lived at the home. Subsequent to our inspection we spoke with three relatives on the telephone to gather their opinion about the home. We looked around the building, including all of the communal areas, toilets, bathrooms, the kitchen, and the garden. We spent time observing a lunchtime meal and watched the administration of medicines to check that this was done safely.

As part of the inspection we reviewed the care records of four people living in the home. The records included their care plans and risk assessments. We reviewed other information about the service, including records of training and supervision, three staff personnel files, maintenance and servicing records and quality assurance documents.

Requires Improvement

Is the service safe?

Our findings

People told us they felt their relatives were safe at Stamford House Residential Home. One person said, ''She is safe. I've never seen any wrongdoing.'' The service had a safeguarding policy to guide staff on best practice and staff we spoke with understood the signs of abuse and the procedures to report any concerns they might have about people's wellbeing.

We looked around all areas of the home to check that the building and equipment were safe and that the environment was clean. On the first day of our inspection we found a radiator cover was loose and not secured to the wall on one side. This posed a risk to people as it could fall and cause an injury. We also found the door to a room containing hazardous cleaning materials was not shut fully. The sign on the door said ''Door must remain locked at all times.'' This put people who used the service at risk as they had access to substances which could harm them. We brought these matters to the attention of the registered manager who arranged for the radiator cover to be secured. The door to the cleaning room was shut and locked.

In parts of the home the décor was in need of attention. In some corridors the wall paper and skirting boards were chipped and above one of the fire exits there was an area of damp with wall paper peeling off around and above the door frame. The surface of a side table in one of the lounges was peeling off. We found that some areas of the home and equipment were not cleaned to an adequate standard. The carpet on the main stairs was frayed on the bottom step and was stained and dirty. Dining chairs and side tables were splashed with food debris and the chair weighing scales were dirty. On the first morning of our inspection we found one of the toilets was very dirty. When we rechecked it on the second day of our inspection we found it had not been cleaned thoroughly. We checked the cleaning schedules: some of the records were not dated and some had not been completed fully. This meant we could not be sure the cleaning had been completed on those particular days, or if this was a record keeping error.

Failing to keep the premises clean and properly maintained is a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a smoking room at the exit into the garden. However, because it was quite small some people congregated in the entrance to the room which meant the door was left open and smoke could be smelt by other people sitting in the nearby lounges. Inhaling second-hand smoke put the health and well-being of people living at the home at risk.

We looked at the arrangements the home had in place for the prevention and control of infection. During our tour of the building we saw that toilets and bathrooms contained adequate stocks of liquid soap and paper towels. Posters detailing the correct handwashing procedure were displayed in all but one toilet. However, the foot operated bin in the downstairs bathroom was broken, which meant that staff risked contaminating their hands when disposing of soiled items. We also saw that the toilet frame in the downstairs bathroom was cracked and rusty in places, making it difficult to clean properly.

We observed staff using personal protective equipment (PPE), including disposable vinyl gloves and aprons

when undertaking care tasks. This helped prevent the spread of infection between staff and people who used the service. However, we observed one carer to be wearing a long-sleeved cardigan and a ring and another carer was observed wearing a watch. Department of Health guidelines on the prevention and control of infection in care homes advise that care staff should wear short-sleeved uniforms, as cuffs can become contaminated with bacteria. In addition, short sleeves enable staff to adopt good hand hygiene practice. Jewellery can harbour micro-organisms, can reduce compliance with good hand hygiene and may cause damage to the frail skin of people who use the service. We brought these matters to the attention of the registered manager who told us she would raise them with the staff concerned.

During our inspection we identified some concerns around moving and handling practices. On our first day we observed two members of staff moving a person from one chair to another using a 'drag' lift. A drag lift is a way of handling a person in which the handler places a hand or an arm under the person's axilla (armpit), whether the patient is being moved up the bed, sat up in the bed, being assisted from sitting to standing, or being assisted to change from one seated position to another. This technique is considered unsafe and should not be used as it can cause injury to both the person being moved and the handler. We brought this matter to the attention of the registered manager and subsequently this person was moved using a handling belt. A handling belt is a padded material belt designed to help transfer people from one position to another. The belt allows transfer without having to hold the person's clothing or body, which may be uncomfortable and restrict the person's movement.

We looked at the moving and handling risk assessment of one person. It identified that the person could not weight bear and that a handling belt was required to assist this person with standing and moving. However, if a person cannot weight bear the safe method for assisting them with moving is through the use of a hoist. We brought this matter to the attention of the registered manager who told us she would arrange for manual handling assessments to be carried out on these people. We referred our concerns about safe moving and handling to the local authority adult safeguarding team.

A legionella risk assessment had been carried out in November 2016. Legionella is a bacterium that can result in serious illnesses, to which people living in care homes can be particularly susceptible. It can be found in man-made water systems such as domestic water systems and showers. We saw from the risk assessment that some action had been identified as necessary to ensure the home was protected from the risk of legionella. However, this action had not yet been taken. We brought this to the attention of the registered manager.

The concerns identified in relation to infection prevention and control, poor moving and handling and managing legionella risk demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The laundry was situated in the basement away from any food preparation areas. There was one industrial type washing machine which had a sluicing facility for soiled items. These were brought to the laundry in special sacks to prevent cross contamination. Hand washing facilities and PPE were available to help protect staff when handling contaminated and soiled items.

The kitchen had achieved a rating of four stars at the last environmental health inspection in August 2016, which meant food ordering, storage, preparation and serving were safe. We inspected the kitchen and found it to be clean and tidy and the cleaning schedules and records of fridge and freezer temperatures up-to-date.

The home had a large garden where there were lawned and paved areas, shrubs, trees and garden furniture.

Access to the garden was down several steps: however there was no access for people who used a wheelchair. The registered manager told us there were plans to build a ramp to improve access to the garden. However this work had not yet started. We saw several items of discarded rubbish in the garden, including plastic gloves, which were visible from the conservatory. This made the environment look unsightly.

There was a 'business continuity plan' in place that provided guidance for staff in the event of an emergency, such as the failure of the heating or water systems. Arrangements were in place for people to be evacuated to a nearby church, if necessary.

People who used the service had a personal evacuation escape plan (PEEP) in place which explained how they would be evacuated from the building in the event of an emergency, and contained information about their mobility and any communication problems. There were systems in place to protect staff and people who used the service from the risk of fire. Firefighting equipment, such as extinguishers and the alarm system were regularly checked and the fire exits were all clear. The service held a fire drill every six months. Manchester fire service had carried out an audit in 2016 and advised the provider to take steps to improve fire proofing in the smoking shelter and laundry shute and repair the external metal fire escape. This remedial work had been completed.

All checks and servicing of equipment, such as for the gas and electricity, passenger lift and hoist were up-to-date. However, we found that the chair weighing scales were not regularly serviced and during November and December 2016 had been broken, which prevented people from being weighed during this period. The registered manager told us they would add the chair weighing scales to their servicing programme in future.

Staff employed by the service had been through a thorough recruitment process. We reviewed three staff personnel files and found that they contained all the relevant documentation, including reference checks and confirmation of identification. All staff had Disclosure and Barring Service (DBS) criminal record checks in place. These help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. There is no official expiry date for a DBS and any information included is accurate at the time the check was carried out. The registered manager told us that the provider had recently requested that all staff renew their DBS, in line with the local authority's policy. This would ensure the service had up-to-date information about the employment suitability of all staff.

We inspected the systems in place for the storage and management of medicines. The service had a locked medicines room where the medicine trolleys were securely stored. The room was clean and tidy. The medicine's fridge temperature was recorded daily to ensure medicines were stored at the correct temperature to maintain their efficacy. Records we checked showed the temperature was consistently within the appropriate range. Some prescription medicines are controlled under the Misuse of Drugs legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm. We saw controlled drugs were appropriately and securely stored and the stock balance checked monthly to ensure it was correct. Any medicines that had a used by date had been signed and dated to ensure staff were aware if they were going out of date.

We observed a lunchtime medicines round and saw that this was carried out safely. We looked at the medicines files and saw that the Medication Administration Records (MARs) were clearly printed and contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. There was a signature list of all staff who gave medicines which enabled management to audit any errors. The MARs we reviewed had been completed correctly and

without any omissions.

There were instructions for 'when required' medicines, such as laxatives and pain relief. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This information helped prevent medicine administration errors and helped to ensure people received their medicines when they needed them.

People we spoke with felt there were enough staff to meet the needs of people living at the home, although one person told us they felt there were times when the service was short staffed, such as during holiday periods. No agency staff were used, as regular staff picked up extra shifts to cover for gaps in the rota caused by sickness. This ensured that people were cared for by a consistent staff team who were familiar to them.

Requires Improvement

Is the service effective?

Our findings

At the start of their employment all staff undertook an induction programme which included a period of 'shadowing', where they worked alongside other staff in order to gain experience of caring for people. The length of time spent 'shadowing' was dependent on how much experience of 'caring' each individual person had. Following their induction, care staff were enrolled on a National Vocational Qualification (NVQ) level 2 in Health and Social Care. This is a work based qualification which recognises the skills and knowledge a person needs to do their particular job.

Staff received supervision around three times a year, where work performance, training, support and development and personal matters were discussed. The registered manager told us she also observed carers carrying out care tasks. However this was done in an informal way and was not part of the supervision schedule. During the inspection we discussed with the registered manager ways in which carer observation and also group supervision could be incorporated in future supervision schedules.

Staff received a variety of training which enabled them to carry out their roles effectively. Training included safeguarding, infection control, medicines management and fire safety. The local district nursing team had run a training session around the management of urinary tract infections earlier in the year. A variety of training methods were used, such as face-to-face and workbooks. The provider had recently purchased a number of computer on-line courses which were being used at their other home and there were plans to introduce them to Stamford House in the near future.

There was a small staff area outside the registered manager's office where a variety of information was displayed. This included information about future training events, staff rotas and key workers. This helped to keep staff up-to-date.

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 made in their best interests and as least restrictive as possible. During our inspection we saw that staff sought peoples' consent before undertaking any care or support task.

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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission (CQC) must monitor the operation of any deprivations and report on what we find. At this inspection we found that where people met the criteria for a DoLS, they were in place.

We looked at how the home environment was adapted to cater for the different needs of the people living there. People were encouraged to decorate their bedrooms with personal effects, such as televisions, pictures and photographs to help them feel at home and one person had brought their own recliner chair

which they used in the communal lounge. Some people living at the home had dementia. We saw that some adaptations had been made to make the environment 'dementia friendly', such as the use of pictorial signage and grab rails in the downstairs bathroom that were of a contrasting colour to the rest of the room. The use of contrasting colours can help people with dementia and sight difficulties find their way around their environment more easily.

The home had a large garden with access via steps at the rear of the property. For those with limited mobility, who used a wheelchair, access to the garden was through the main gates, as there was no ramp to the rear of the home. The registered manager told us there were long-term plans to improve the layout of the garden for wheelchair users and that this work had begun.

We received positive feedback in relation to the food provided at the home. One relative told us; "The food is nice". The registered manager told us the menus had been planned following consultation with the people living at the home and we saw there was a variety of food on offer. The main meal of the day was at lunchtime, with a lighter meal offered at tea-time. Drinks and snacks were provided between meals and we saw that a bowl of fresh fruit was provided for people to help themselves to in the communal lounge. Tea and coffee making facilities were available in the conservatory for people to use whenever they wished. A 'takeaway night' was held once a month, which we were told was a popular event. We spoke with the chef who demonstrated an understanding of how to prepare foods that met peoples' needs and preferences.

On reviewing the weight monitoring records we saw that people were normally weighed every month. However, records showed that during November and December 2016 people were unable to be weighed as the chair scales were broken. These were now mended and we saw from records that people were again being weighed every month. However, during the period when the scales were broken staff had not used any other methods to identify if people were losing weight, such as by measuring the mid upper arm circumference or by assessing whether their clothing had become loose fitting. Measuring the mid upper arm circumference (MUAC) is a way of estimating a person's body mass index (BMI) when it is not possible to weigh them. We were told of one person who had recently been admitted to the home who was unable to be weighed due to their medical condition. However, again staff had not used the MUAC method for estimating this person's weight. They were unable therefore to monitor this person for potential weight loss. We saw from records of a staff meeting held in May 2016 that reference had been made to staff using the MUAC method for estimating weight. However, this recommendation had not been followed when needed.

The registered manager told us that they recorded everyone's food intake. However we saw that the charts were not always completed fully or accurately, some charts were not dated and there was not always an indication of the amount of food eaten. We saw that the food monitoring record for a person who had been identified as at risk of malnutrition was not completed accurately. The record we viewed recorded that the person had eaten all their jam sandwiches for breakfast. However, the inspector saw that this person, who was very underweight, did not eat any of this meal. Where people had been identified as being at risk of malnutrition they were encouraged to drink high calorie milkshakes and 'smoothies' between meals and these were recorded on a separate chart. We discussed the use of two different charts for recording food and fluid intake with the registered manager who agreed to look into devising one comprehensive chart for fluid and food monitoring to prevent confusion.

These concerns around of the recording of people's food intake demonstrate a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

We saw that one person who had been identified as being at high risk of malnutrition had been correctly referred to a dietician and there was information in their care plan about ways in which staff could support

the person to have a greater intake of calories in their diet, such as through drinking milk shakes and through the fortifying food with cream and full fat milk.

'Handover' meetings were undertaken at each change of shift to ensure that information about changes to the health or care needs of people living at the home were discussed and alterations in their care were communicated.

People who lived at the home had access to a range of healthcare professionals, such as district nurses and general practitioners (GPs) and records detailing referrals and the outcome of healthcare professional visits were kept in people's care files.

Requires Improvement

Is the service caring?

Our findings

People we spoke with were very complimentary about the staff. One person said, ''I think they are fantastic – they do a wonderful job'' and another said, ''I can't fault any of the staff, it's not just a job to them.''

We looked at some recent 'thank you' cards the staff had received. One said ''We never once had to worry that (name) was not being looked after. We thank you from the bottom of our hearts for the care you gave them.''

We saw that people in the home generally looked well cared for; their clothes and appearance were clean. However, during the first day of our inspection one person was wearing slippers and trousers that were dirty and stained and on the second day of our inspection the same person was wearing shoes that were dirty with food debris. We brought this to the attention of the registered manager and the person was assisted the person to change their clothes.

We observed staff interactions with people and saw that staff were patient and kind and used touch appropriately. For example, we saw a carer who was writing some care records, sitting next to a person at the table in the communal lounge. They sat holding this person's hand. Staff knew people well and understood people's different needs. For example, one carer talked to us about how she used different approaches when trying to encourage people to care for their personal hygiene needs. From our conversation it was clear she was aware of which approach was suitable for each person. Carers we spoke with understood the importance of helping people to remain independent where possible. One carer said, ''I encourage them to do as much as they can for themselves.''

Staff we spoke with could describe ways in which they would promote peoples' dignity, such as knocking on doors before entering, covering people with towels during personal care and speaking quietly to people if they needed to discuss personal matters. During our inspection we observed that staff treated people with dignity and respect and that when they talked to people they did so in a caring way. However, during the second morning of our inspection we saw that a visiting podiatrist carried out treatment to people's feet in the communal lounge. Each person received their treatment in front of others and one person ate their breakfast while a person sitting opposite them received attention. This did not respect peoples' dignity and privacy. We discussed this with the registered manager who told us that in future they would provide an area where podiatry treatment could be carried out in private.

We saw from looking at care records that, where appropriate, consideration had been given to people's end of life care. This ensured people's last wishes could be respected. The district nursing service provided support for staff caring for those approaching the end of their life and we saw from records that some staff had received training in end of life care.

Good

Is the service responsive?

Our findings

Before a person moved into the home the registered manager carried out a pre-admission assessment to ensure that the service could meet the person's needs. People and their relatives were encouraged to visit the home prior to accepting a place but if they were unable to visit they were provided with the service user guide which contained photographs and information about the facilities available. This had been up-dated in April 2017.

A basic care plan was written on admission. This was reviewed, usually within the first two weeks, once the person had settled into the home and staff had had the opportunity to observe how they had responded to their new environment. This ensured that the care plans reflected how the person had adjusted to living in a care home setting.

We reviewed three care files and saw they contained a range of information, including risk assessments, care plans and personal details. There was also a document entitled 'my life so far' which contained information about where the person had lived, the members of their family, their employment history, hobbies and likes and dislikes. This information helped staff build a picture of the person and what was important to them in their life.

Risk assessments and care plans were reviewed monthly to ensure they reflected the current needs of people who used the service. The care plans showed what level of care people needed and how staff should support them on a daily basis. Those we saw were detailed and personal. There was a daily record of what care and support people had received from staff, which helped to keep people informed.

The home had recently introduced a 'key worker' scheme. Each person living at the home had a member of staff who was their 'key worker', who was responsible for reviewing their care plan. The reviews were then checked by the registered manager to ensure they had been completed correctly. All staff who were key workers had been enrolled onto training in care planning to ensure they had the skills to undertake this role.

The service employed an activities coordinator who worked four days a week. They told us that the choice of activities offered each day varied according to what people requested and also on how people were feeling and their mood and desire to be engaged in what was happening. During our inspection we observed that a variety of different activities were offered to people in the communal lounge, such as dominoes, card games, knitting, crafts and reminiscence and that the television was turned off and music played, which people enjoyed and sang along to. We saw that people were encouraged to participate in the different activities and that the atmosphere was positive, with people chatting to each other. We saw that the activities coordinator spent time with individuals, engaging them in conversation or playing a game with them. Reading material, such as magazines and daily newspapers were available and one person who was particularly interested in local history received books from the mobile library which visited every month. There was a pool table in the smaller lounge and a musician visited every fortnight to play the organ and involve people in a sing-a-long. The main corridor contained several photograph displays of recent events, such as parties.

A list of places of worship was displayed in the hallway and in the service user guide. The registered manager told us that no one currently living at the home required input from church or other faith leaders. However, this was discussed at residents' meetings and reviewed regularly in case people's circumstances changed.

Information about the complaints procedure was displayed in the entrance hall. We viewed the complaints file and saw that complaints and the action taken in response had been recorded and the complaint dealt with appropriately.

The registered manager told us that when people had to attend hospital appointments they were always accompanied by a member of the care team. This ensured that information about the person's care and support needs was communicated to hospital staff. People we spoke with told us they were always kept informed about changes to their relative's health. One person said, ''I'm kept informed. They're on the phone right away if she's unwell''.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had taken up her post in October 2015 and registered with the Care Quality Commission (CQC) in November 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was assisted in the running of the home by a deputy manager. The manager and deputy manager worked alternate weekends and were available out of normal hours in the event of an emergency. This ensured there was always managerial oversight of the home. We were told that the home owner visited every two weeks but was in day-to-day contact with the registered manager by 'phone to deal with any concerns or problems that might arise. We observed throughout our inspection that the management team were visible within the home, interacting with people and their relatives and providing support to staff when needed. The registered manager was helpful and cooperative during the inspection and responded positively to comments and suggestions we made during our two days at the home.

People we spoke with were complimentary about the management team. A member of staff said ''They are fantastic.'' Staff talked about working well together as a team: one carer told us ''Everyone gets on, everyone looks out for each other'' and from our observations during the inspection we saw that staff supported each other while caring for the people living at the home. One relative commented ''Staff seem willing – it's not just a chore.''

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating and a summary of the report from our last inspection were on display.

The registered manager reviewed incidents and accidents to make sure risks to people were minimised. Any falls that had occurred were reviewed monthly to monitor for trends. We saw that one person who had fallen a number of times had been referred to the GP for a review to establish if there was a medical reason for this problem. Notifications of incidents occurring at the home had been made to the CQC in line with the service's registration requirements.

The service had a range of policies, including safeguarding vulnerable adults, whistle blowing, and infection control which were available for staff to refer to for guidance on best practice.

Staff meetings, for both day and night staff, were held several times a year and records we viewed showed that residents meetings were held yearly. The provider had carried out a survey in March 2017 which asked for opinions on personal care and support, catering and food, premises and management. Although only five questionnaires had been returned, we saw that comments made were positive. One comment said,

''Overall the service we receive is very good. The staff are always pleasant and endeavour to do their best.''

The registered manager carried out a range of monthly audits to monitor the quality of the service. These included checks on care plans, complaints, the environment, infection control and medicines management. However, although audits were in place, the issues we found during our inspection and which constituted a breach of Regulation 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had not been identified.

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 We identified concerns around unsafe moving and handling practices. Action required following a legionella risk assessment had not been carried out. We identified concerns around infection prevention and control.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment We found that the premises and equipment were not always cleaned to an adequate standard.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We identified concerns around the recording of people's food intake.