

ADL Plc

The Willows

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

Summary of findings

Overall summary

The inspection took place on 25 January and 6 February 2018.

At the last inspection of this service in December 2016 we rated this service as requires improvement in safe and well-led, which meant the quality rating of the service was requires improvement overall. There were no breaches of legal requirements.

At this inspection we looked to see if the required improvements had been made. We found the shortfalls found with the toilet and bathrooms at the last inspection had been addressed, however other shortfalls were found with the environment, infection control and medicine management and quality monitoring of the service. However we found the service was not always well-led and infection control and medicine management was not monitored effectively. The environment and heating systems at the service were also not well maintained. There was a breach of Regulation 17, Good Governance and Regulation 15, Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 39 people across three separate units, each of which have separate facilities. The service provides care and support to people living with dementia. At the time of our inspection there were 18 people 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.

We found there were issues with infection control, some of the issues were addressed at the time of the inspection. We recommend infection control is made more robust at the service.

We also found medicine management required improving in regard to the secure storage of medicine and in relation to the administration and recording of people's prescribed creams and ointments. We recommend medicine management is made more robust at the service.

We found staff were aware of how to report potential harm and abuse. This helped to protect people. Accidents and incidents were monitored and there was a robust recruitment process in place.

The environment in some areas was found to require enhancing to help support people living with

dementia. Some areas of the service were decorated in bland colours with no highlighted features such as hand rails or bedrooms doors which may help people see them. There were highly patterned carpets in some areas which may confuse people living with dementia.

We recommend good practice guidance for dementia friendly environments is followed at the service.

Staffing levels provided were adequate to meet people's needs during our inspection. Staff undertook training and supervision. However, appraisals were not up to date and these were just being scheduled for staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness and patience by staff and their privacy and dignity was respected. Advocates were available, if required to help people to raise their views.

A balanced diet was provided to people to ensure their dietary needs were met. People who required assistance to eat and drink were supported by attentive staff. Health care professionals supported people appropriately and help and advice was sought by staff in a timely way to help maintain people's health and wellbeing.

People's care records were personalised and risks to their wellbeing were recorded, which informed the staff. People's preferences for their care and support and their communication needs were known by staff and were acted upon. There was a complaints policy and procedure in place. Issues raised were dealt with appropriately.

A roof required repairing and the heating system required replacing to ensure the home remained a pleasant place for people to live. The roof repair was about to take place. Fan heaters used throughout the service ensured people were not cold.

Staff meetings had not been held regularly, staff told us they could speak with the manager to raise their views at any time. We found one notification had not been sent in to the Care Quality Commission, the registered manager confirmed this was an oversight and addressed this shortfall.

People's personal information was stored in line with the Data Protection Act.

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.

Infection prevention and control required improving at the service.

Medicines were not always stored securely. People's creams and ointments were not given as prescribed or recorded on their medicine administration charts.

There were environmental issues to address at the service. Repairs to décor, a lounge roof and the central heating system were required.

People were safeguarded from abuse and harm. Accidents and incidents were monitored. Recruitment systems were robust. Staffing levels were monitored by the management team.

Is the service effective?

Requires Improvement 

The service was not always effective.

The plumbing and heating system required replacing. The environment required improvement to help to support the needs of people living with dementia.

Appraisals had not taken place for staff and were being scheduled. Staff received supervision and training to maintain and develop their skills.

People's rights were respected and care was provided with consent or in people's best interests. People were offered choices of food and drink which took into account their dietary needs.

Is the service caring?

Good 

The service was caring.

People were supported by kind attentive staff.

People were treated with dignity and respect and their privacy

was protected.

Confidential information was stored securely.

Is the service responsive?

Good ●

The service was responsive.

People needs were monitored. Personalised care and support was provided by staff and relevant health care professionals to help maintain people's health and wellbeing. End of life care was provided at the service.

Activities were available for people to take part in, if they wished. People were encouraged to maintain their hobbies and interests.

There was a complaints policy in place. People were supported to raise complaints, issues raised were dealt with and this information was used to maintain or improve the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We found there was ineffective monitoring of the service in regard to infection control, medicine management and the home's environment.

Statutory notifications were not always sent to the Care Quality Commission, as required by law.

People were asked for their views and these were taken into account in how the service was run.

The Willows

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 checked 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.

The inspection took place on 25 January and 6 February 2018 and was undertaken by one inspector. The first day of the inspection was unannounced. On the 6 February we gave short notice of 30 minutes to the registered manager of our visit to make sure they were present and were available to assist us with the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We asked the local authority for their views about the service prior to our visit. We reviewed all of this information to help us to make a judgement about the service.

We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

During the inspection we spoke with three people who used the service, two relatives, one visiting professional, four staff and the cook. We also spent time observing the interactions between people, relatives and staff whilst in the communal areas of the service.

We looked at a selection of documentation relating to the management and running of the service. This included three staff recruitment files, three staff supervision records, staff training records and rotas. It also included three people's care records and four medicine administration charts, minutes of meetings held with people living at the service and their relatives, quality assurance checks and audits, policies and

procedures, maintenance records, complaints and compliments. We also undertook a tour of the building.

We asked the provider to supply further information in relation to the legionella check undertaken and boiler gas safety checks and this information was provided to us following the inspection.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service.

Is the service safe?

Our findings

At the last inspection in December 2016 we rated this domain as requires improvement because five toilets were in a poor condition and the toilet flooring was coming away from the edges of the walls. During this inspection we found all of these issues had been thoroughly addressed.

We looked at infection control at the service. We found spare toilet rolls at floor level at the side of communal toilets and the laundry cupboards had cushions and other items stored on the floor. We discussed this with the registered manager who addressed this straight away.

In the laundry we saw a radiator had been removed from the wall leaving exposed unpainted plaster. There was a build-up of dust behind the washing machines and the laundry room required dusting especially at ceiling level. The sink had lime scale around the taps and there was a piece of rotten wood at the side of the sink. This was discussed with the registered manager who told us they would take corrective action. On the second day of our inspection we saw these issues had been addressed.

We found the gloss paint on the bottom of people's bedroom doors had chipped off. In unit one this affected five rooms. On unit two, four rooms and on unit five, one room. This meant the paintwork could not be cleaned effectively to help to maintain infection control. We also found on unit three, one bedroom had an unpleasant odour present. This was found to be a mattress that required replacing. The registered manager requested this to be changed straight away.

We found working sluices on units three and five, for staff to use. On unit one the sluice room required repainting and the sluice had been removed. The registered manager was unsure when this may be replaced, they told us staff had to take commode pans to the sluices on unit three or five, or empty commode pans into the communal toilets on units one, two and four. The sluice room on unit five had flaking plaster present and the tile floor required cleaning. These issues meant that infection prevention and control measures required improving.

In view of all the issues found during our inspection we recommend that the provider follows current good practice guidance in relation to maintaining infection control at the service.

There were policies and procedures in place regarding infection control and training was provided for staff in this subject. Staff had with gloves and aprons to use to help to maintain infection control.

We looked at the medicines management systems at the service. We found issues with the secure storage of medicines and recording of people's prescribed creams and ointments. On the first day of our inspection we found the medicine storage room was unlocked, which meant people living at the service could access this area. We found the medicine fridge was unlocked with insulin present. There were prescribed dressings in a cardboard box on the floor which were to be returned to the pharmacy which included iodine dressings, which some people may have allergic reactions too. We discussed this with the registered manager, these issues were addressed and staff were reminded to keep the area secure. On day two of the inspection we

found the storage areas were secure.

On day one of our inspection we found the staff room door was open and on the table there was a bottle of dry tickly cough medicine. This was accessible to people who used the service and we asked for this to be locked away.

We looked at people's medicine administration records (MAR). We found staff were not recording if or when people's prescribed topical creams and ointments had been administered on the MAR. We discussed this with the registered manager who addressed this with staff. There was no evidence people had come to any harm in relation to this.

We recommend the provider follows good practice guidance in relation to medicine management to help to protect people's wellbeing.

The registered manager monitored the staffing levels provided. We looked at the staff rotas; we saw staffing levels were scheduled in advance to ensure an effective service could be provided to people, at times if sickness or absence occurred staff had been contacted to come in which may have had an impact on the service.

One person we spoke with said, "There is not enough staff any time of the day, they could do with more but they manage well. I do not have to wait long. If they are short of staff I may have to wait a minute or two, the staffing levels are okay as they are." On the two days that we visited the service we found people received timely care and support and staff we spoke with confirmed there were enough staff to meet people's needs.

Staff undertook safeguarding training and were aware of their responsibility to report potential harm or abuse. The provider had safeguarding and whistleblowing policies in place. One member of staff said, "I would report issues straight away." Safeguarding incidents were reported to the local authority by the registered manager. This helped to protect people from harm.

People had individualised risk assessments in place for known risks to their health or wellbeing. This included issues such as, the risk of falls, pressure damage or choking. Staff were aware of these risks and they monitored and supported people whilst respecting their independence.

We found there was a robust recruitment system in place. Staff completed application forms, provided references, and a disclosure and barring service check (DBS) was undertaken to help to assess if the potential staff was suitable to work in the care industry.

We saw the registered manager audited accidents and incidents that occurred. They looked for any patterns and gained help and advice from relevant health care professionals to help prevent further incidents from re-occurring.

The provider had a business continuity plan in place to inform staff about how to deal with emergencies. For example, a utility failure or fire. People had personal emergency evacuations plans (PEEPs) in place to inform the staff and emergency services about the help people needed to receive in an emergency situation. A fire risk assessment and fire training for staff was in place.

We inspected documents relating to the maintaining of equipment and health and safety checks undertaken at the service. We saw checks were undertaken for example on moving and handling equipment; fire safety and water temperatures. We asked the provider to supply further information in

relation to the legionella check undertaken and boiler gas safety checks and this information was provided to us following the inspection.

Is the service effective?

Our findings

We were informed by staff that there were plumbing issues at the service. In toilet twenty one the lino had pulled away from the wall. We discussed this with the handyman and registered manager. This had occurred because there had been a leak in the radiator pipework /plumbing system and a repair was going to be undertaken. A plumbing repair was also required outside room nineteen. There were issues with the two boilers. We found one boiler had been stripped of some parts to keep the second boiler working. There were fan heaters placed throughout the service to ensure a suitable temperature range was maintained. We saw risk assessments were in place for the heaters. Staff we spoke with said that occasionally the one working boiler was not reliable. A member of staff said, "We have a problem with the heating. We do manage; hot water is not an issue. If necessary, we carry hot water to rooms in flasks if the boiler is misbehaving, for people to have washes." We spoke with the registered manager and nominated individual about the plumbing and heating system at the service, they confirmed all the plumbing and heating was going to be replaced when better weather arrived. We have requested further information be sent to us about how this will be undertaken and the timescale for this work to be carried out, to enable us to monitor the progress of this work because the heating system is not reliable at the service.

This was a breach of Regulation 15, Premises and Equipment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found two units at the service were decorated in brighter colours to help define the living space better for people living with dementia. People had personalised their own bedrooms with items that may help them reminisce. Room numbers were present on bedroom doors and some had a picture present to help people find their room. Pictorial signage was in place to help people find the toilets and bathrooms. However, The environment required improvement to support the needs of people living with dementia and to aid people's reminiscence. Three units were painted in bland colour schemes which did not help define the living space. Heavily patterned carpets were in some corridors which could confuse people living with dementia. There were no appropriate pictures in the corridors to aid people's reminiscence. The registered manager told us there was a reminiscence rummage box provided, this was stored in an office at the time of our inspection, this had just been removed from one of the lounges because people did not want to interact with the items at present. Staff told us the décor could be improved further. One said, "It [the home] could do with some improvement a lot of it is old fashioned, The maintenance person can only do so much." Another member of staff said, "Improvements to the environment would be nice, we get frustrated. It could be better."

We recommend the provider follows current good practice guidance about dementia friendly environments.

We saw in one lounge a ceiling had been affected by a water leak. We were informed by the registered manager this was about to be repaired by a contractor. There was an on-going redecoration programme in place being undertaken by the part time maintenance person, communal areas and people's bedrooms were re-decorated as the maintenance person could undertake this work. People were asked for their opinions about the decoration to be undertaken and their views were acted upon.

We asked people living at the service for their views about the heating. We received the following comments, "I have a lovely room which is warm enough" and "I am warm enough." Staff told us, "I find it too warm, the electric heaters are always on, we are asked to turn them off by the residents."

Lounge's were available where people could see their relatives or they could take them to their room. There were secure garden and patio areas that had level access provided for people to use.

We reviewed staff files and found staff appraisals were not taking place. We discussed this with the registered manager who informed us these were about to be scheduled to take place throughout the year. We received confirmation this had been addressed after our inspection. Staff attended supervision so they could discuss their practice and any further training needs. The registered manager confirmed they discussed any performance issues with staff to address any issues.

The staff training matrix helped the registered manager identify when staff were due to receive training to maintain or develop their skills. New staff completed a period of induction where they undertook training and worked alongside more experienced staff. The registered manager told us the care certificate was being introduced for new staff starting work at the service. (This is a nationally recognised care qualification used to promote and develop the staffs care skills).

People we spoke with said the staff supported them and they confirmed they made their own choices about how they lived their life. One person said "The staff provide the support I want. I choose what I want to do." Another said, "I make my own choices. We have very good food."

We inspected the staff training information. We found staff were provided with training to help develop and maintain their skills in a variety of subjects, such as, moving and handling, health and safety, infection control, fire safety, safeguarding, mental capacity and deprivation of liberty safeguards (DoLS). The registered manager told us new staff undertook an induction period where they commenced the care certificate [a nationally recognised training programme to develop caring skills and knowledge] and shadowed more senior staff to develop their care skills. Staff we spoke with confirmed this. A member of staff said, "The manager tells us when training is due to be updated. I have done safeguarding and the Mental Capacity Act and DoLS training recently."

People's care records confirmed support from relevant health care professionals was in place to help maintain people's health and wellbeing. We saw information was shared with all relevant parties, when necessary with people's consent.

We found health care professionals visited the service or people were escorted to attend appointments. Those who needed to attend the hospital in an emergency were sent with a summary of vital information which helped to ensure their needs would continue to be met. People were provided with information about their medicines by staff, and they made informed decisions about their care and support. The information was provided in suitable format for people.

People who required help and encouragement to eat and drink were supported by patient attentive staff. Staff were aware of people's dietary needs, and these were provided for. We observed lunch and saw it was a sociable occasion, different sized portions of food were offered and there was a choice of meals provided. The food served looked appetising and nutritious. Adapted crockery, cutlery, plate guards and beakers were used to help people maintain their independence with eating and drinking. Coloured plates were not used, which may have helped people living with dementia to define the food on their plate and which could help to encourage them to eat. We discussed this with the registered manager who was going to re-evaluate this.

We saw people were encouraged to make healthy choices of food, where this was appropriate. A member of staff said, "We promote choice at mealtimes, we show them the meals and go through the options. We promote people's independence as much as we can."

We saw people's dietary needs were assessed and kept under review if concerns were found. The registered manager confirmed the provider did not use the Malnutrition Universal Screening Tool (MUST) guidance in regard to monitoring people's nutrition. This was because the district nurses used this to monitor people's nutritional needs. If there were any concerns the staff followed their guidance to help to maintain people's nutritional needs.

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).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. The DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. At the time of our inspection four DoLS applications were pending for people living at the service. Staff told us they had undertaken training in this subject. Staff we spoke with were able to demonstrate how they supported people to make their own decisions. A member of staff said, "Choices are given to people about everything, for example their cloth's and food. We tell them what we would like to do to help them and they say if they are happy for us to do it." Where people lacked capacity care was provided in their best interests and people were asked for their input. This helped to protect people's rights.

In the communal areas of the service we saw staff supporting people in the least restrictive way. People were encouraged to remain as independent as possible, even if there were risks attached to this. For example, if people were unsteady on their feet staff walked by their side to assist them if they became tired or unsteady. This promoted people's independence. Staff were aware of the risks present for each person and they were observant and offered help and assistance, as necessary, without restricting people's freedom to live their life as they chose.

Is the service caring?

Our findings

People told us the staff were caring and kind. We received the following comments, "Everyone is so kind, they have a laugh and a good chat with me and I like that. They [the staff] always knock on the door, if I don't say come in they don't come in", "The staff are really nice they really are" and, "The staff are polite and professional." Relatives we spoke with confirmed staff were attentive and supportive.

A visiting healthcare professional told us the staff were caring and people received the support they required. They said, "The staff are welcoming and pleasant. They understand the resident's needs and the residents are looked after, they are well cared for."

We observed staff interacting with people in the communal areas of the service. There were a number of lounge's where people watched television, listened to music or engaged with each other. Staff were observant and spent time talking with people asking if they were alright or if they needed anything. The feedback received was acted upon to help to maintain people's wellbeing. Staff sat and spoke with people, which they enjoyed.

We saw staff protected people's privacy and dignity. For example, they knocked on people's doors before entering and personal care was provided in bathrooms or people' bedrooms behind closed doors. We observed staff discreetly asking people if they needed help with personal care or required the bathroom.

Staff took their time and used eye contact and gentle, appropriate touch to reassure people living with dementia who found it difficult to communicate. People's communication needs were recorded and were known by staff so that effective communication could take place. During our visit we saw if people became unsettled staff attended in a timely way to support them. Staff took their time and knelt down or used a calming tone to their voice to help reassure people. Staff talked with people to find out what was troubling them so they could address their concerns.

Information about the service was provided to people on admission and during their stay, this was shared with people's relatives to help inform all parties. Resident and relatives meetings were held to gain people's view. Information about advocacy services was provided to people. We saw notice boards contained information about events that were going to take place and activities that were to take place. The registered manager told us people were given information through conversation or in a format suitable to meet people's needs so information was accessible.

We found care staff worked in other departments at the home. Staff we spoke with told us they cared about the people living at the service. One member of staff said, "The residents are lovely."

People we spoke with said they were involved in making decisions about their care and support, and said they could take part in their care reviews if they wished. Relatives told us they were kept informed about their relation's needs.

We found the staff recognised the importance of treating people as equals and respecting their diversity. Staff told us how they treated people as individuals and we saw personalised care plans were in place for people. The registered manager said staff were to attend equality and diversity training that was currently being planned to take place in the next two months. A member of staff said, "Equality and diversity is in place here for the people, relatives and staff." We saw people's religious needs were recorded and local clergy visited the service to make sure their spiritual needs were met.

During our inspection we saw people's care records and records relating to the staff and management of the service were held securely in line with the Data Protection Act. Staff signed a confidentiality policy and understood the importance of maintaining people's privacy.

Is the service responsive?

Our findings

People we spoke with said their needs were responded to appropriately by the staff. One person said, "Staff know what they are doing. Most staff have had training, new ones learn as they go. If I was not well the staff would get the doctor for me. They look after my health. I have care records but I leave this to them [the staff] I can read them if I want to." Another person said, "I am happy for the staff to look after my care records. I am happy for them to deal with that." Relatives we spoke with said staff were responsive and people were well looked after. One said, "I have no complaints at all."

During our inspection a visiting health care professional said, "The staff follow my instructions. If they thought someone had a water infection they would take a sample and call me straight away. The staff understand the people's needs. They take me to see them and they are happy and well cared for here."

We found people had an assessment of their needs undertaken, where people or their relatives could ask questions and gain information about the service. Information was gained about people's health and wellbeing from relevant health care professionals, from the local authority and from discharging hospitals. This helped the registered manager to make a decision about if people's needs could be met, before they were offered a place at the service. All of this information was used by staff to create personalised care plans and risk assessments for people once they were admitted to the service.

We found people had personalised care records in place which stated their needs, preferences, likes and dislikes in regard to their care and support. This guided staff about how people needed to be supported in relation to their nutrition, skin care and mobility, for example. People's care records included information about their next of kin, past medical history, current care needs, risks present and about areas of independence, which helped staff understand and meet people needs.

We saw where risks to people's wellbeing had been identified they were recorded and kept under review. This included risks such as, weight loss, falls or choking. People's care records that we inspected confirmed relevant health care professionals were involved in monitoring the risks to help protect people's wellbeing. If special equipment was assessed as being required to help maintain people's health for example, pressure relieving cushions and mattresses to prevent skin damage or hoists to transfer people safely this was provided. Risks present to people's wellbeing were reported to head office and a senior manager reviewed this information when they visited the service to ensure people were receiving the right care and support.

People's care records were reviewed regularly and as their needs changed. People we spoke with told us they were involved in reviews if they wanted to take part and relatives we spoke with told us they were invited or were kept informed, if they were unable to attend.

People we spoke with told us they were encouraged to maintain their relationship with their family and friends. Visiting was allowed at any time and visitors said they were always made welcome by staff. They confirmed they could attend to take part in activities and social events taking place at the service.

We found there was an activities co-ordinator in place who knew what people liked to take part in. There was a programme of activities displayed so people were informed of what was being provided. During our inspection we saw people enjoyed a 'sing song' with a local entertainer, they were able to take part and sing solo or just join in. Percussion instruments were provided to people so they could enhance the music being played.

People's hobbies were known by staff and people were encouraged to maintain these whilst living at the service. People were encouraged to go out in the local community with family and friends, where they were able to do so. A hairdresser also visited the service for people's convenience.

End of life care was provided. Compliments had been received about this care from people's relatives. People's wishes for their care and support at the end of their life were asked for so their preferences could be recorded and followed by staff. Relevant health care professionals helped to support people so they could remain comfortable and have a dignified and pain free death at the service.

Information about how people could make a complaint was displayed and this was also provided to people. It informed them how complaints were handled and the response time issues raised would be dealt with. People we spoke with told us they had no complaints to raise. One person said, "Of course I would complain, I would soon tell them [the staff] if something was wrong." Another person said, "I could and would complain." We looked at the complaints that had been received and saw issues raised were investigated and resolved. The management team used this information to help them maintain or improve the service.

Is the service well-led?

Our findings

In December 2016 we rated this domain at requires improvement. This was because although improvements had been made to the quality monitoring of the service we found some further maintenance was required to fixtures, fittings and flooring in some bathrooms and toilets at the service. Which had not been identified by the providers governance systems. Following the last inspection we were provided with a refurbishment plan which informed us there were plans to upgrade the bathrooms and toilets in all of the units and this work was going to be carried out from February 2017.

During this inspection we found all but one bathroom, which had recently been damaged by a water leak, were in good repair. However, even though the previous issues had been corrected we found further shortfalls with the environment; infection control, medicine management and the central heating system which required replacing. Auditing of the environment had failed to identify that improvements were needed to the environment to make sure it met the needs of people living with dementia.

We found there was ineffective monitoring and assessment in place in regard to infection control, there were only two working sluices at the service, which did not help to maintain adequate infection control. The registered manager confirmed the medicine management audits undertaken did not ensure robust medicine management regarding the administration of people's prescribed creams and ointment. The registered manager told us appraisals for staff were not up to date, and provider audits confirmed this.

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

The registered manager and senior staff carried out checks and audits on areas such as fire safety and people's care records. This information was provided to the higher management team so they could monitor the service provision.

A programme of on-going maintenance was carried out by the maintenance person who worked part time at the service. They also decorated people's bedrooms and undertook minor repairs to the home environment where appropriate. There were service contracts in place for utilities and equipment. We found a repair to a lounge ceiling was required and the central heating system needed replacing. We spoke with a contractor who confirmed they had been asked to provide a quote to install a new plumbing and heating system at the service, when the weather improved. We will monitor the progress of this work to ensure it is undertaken, in a timely way.

Staff we spoke with told us they had not had a staff meeting for over a year and would like one. We discussed this with the registered manager and a staff meeting was scheduled to take place. The staff we spoke with told us if they had any issues or concerns they could speak with the registered manager at any time to raise their views, which may have helped staff to feel supported.

People we spoke with told us the service was well-led. They confirmed they could raise their views with the

manager, if they wished. We received the following comments, "It is smashing here. I am asked for my opinion about the service" and "The service is run well enough for me" Relatives we spoke with said, "We have no concerns about how the service is operated." People confirmed the service promoted their diversity, equality and human rights.

Services that provide health and social care to people are, as part of their registration, required to inform the Care Quality Commission (CQC) of accidents, incidents and other notifiable events that occur. We discussed the notifications that had been sent to us with the registered manager. We found there was one issue where a person had left the home that had not been notified to the Care Quality Commission where we should have been sent a notification to help keep us informed about what was happening at the service. We reviewed this information internally. We decided not to take any action about this due to the timescale. The registered manager told us this was an oversight and this would not occur again.

We saw the registered manager had an open door policy so that people using the service, their relatives, visitors and staff could speak with them at any time. The registered manager was supported by the higher management team who visited regularly. The provider promoted diversity, equality and human rights for the staff and people living at the service.

We found a suggestions box was provided so people could raise their views. Resident and relatives meetings occurred to ask people about issues such as the foods they would like added to the menus and about activities to be provided. At the last meeting we saw people had requested 'chip butties' and fish finger sandwiches, the registered manager told us this request had been acted upon. Links with the local community were also discussed and further requests for music and movement and external entertainers had been acted upon.

The registered manager told us the provider's quality assurance questionnaires had not yet been sent out, the last ones were dated April 2017. We looked at the results from the last survey and found people were generally positive about the service they received.

We found people's personal information was stored in line with the Data Protection Act. Offices were locked when not in use and computers were password protected to help to maintain people's confidentiality.

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 15 HSCA RA Regulations 2014 Premises and equipment The premises were not suitably maintained in regard to the environment and heating system.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider's governance systems were not effective, failed to highlight shortfalls and drive the necessary improvements.