Care Quality Commission

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Park Lane House

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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 16 and 17 April 2015 and was unannounced. The inspection was carried out by two inspectors.

Park Lane house provides care and accommodation for up to 30 older people who may have dementia. At the time of the inspection there were 27 people living at the home.

The home had a registered manager. 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.

People living at the home told us that they felt safe. Families also told us that they felt confident that their relatives were kept safe by staff who knew how to care for them. Staff spoken with had received training in how to recognise and protect people from abuse and were able to tell us what action they would take if they witnessed abuse.

Summary of findings

People, relatives and staff told us they thought that there were enough staff in the home. However, we observed that there were periods of time during the day that people were left unsupervised in communal areas, which could leave them at risk of falling and sustaining an injury.

There were systems in place to ensure appropriate staff were employed by the home and new members of staff spoke positively about their induction.

People received their medicines safely and when they needed them. Medicines were stored and secured appropriately and audited regularly.

Staff told us they felt well trained to do their job and families spoke positively about staff and commented on how quickly new staff settled into the home.

The registered manager had been provided with advice with regard to submitting applications for DoLS for a number of people living at the home. We saw staff gained consent from people before providing care or assistance.

People were supported to see their GP, dentist and optician and district nurses visited on a daily basis to support people who required insulin. However, where required, referrals to healthcare professionals were not always raised or followed up.

Relatives told us that staff were kind and caring. We saw instances where staff spoke warmly to people and offered reassurance when they became distressed. However, we also observed other instances where people were not treated with dignity and respect.

Relatives told us they felt involved in their relatives care plans and were encouraged to discuss any concerns they may have with regard to their relative, with the staff or the registered manager.

Relatives told us that they considered the service to be well led and they spoke highly of the registered manager. Staff felt supported by the manager to do their job and if they had any concerns they felt the registered manager would support them.

People told us that they had not been invited to any relatives meetings but provided feedback on the service by completing client satisfaction surveys.

Where advice was given to the registered manager by healthcare agencies, this was taken on board and acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People living at the home and their relatives told us that they felt safe and were supported by staff who knew them well.

People were left unsupported in communal areas for periods of time which could leave some people at risk of harm.

People's medicines were stored and secured appropriately and audited regularly.

Requires improvement

Is the service effective?
The service was not consistently effective.

People were supported by staff who were trained to ensure they had the skills and knowledge to care for people appropriately.

People were supported to have enough food and drink to meet their nutritional needs.

Input from other healthcare professionals was not always sought when required.

Requires improvement

Is the service caring?
The service was not consistently caring.

People told us that they were cared for by staff who were kind and caring.

People received care that met their needs.

We found that some staff required further training to ensure that people were treated with dignity and respect at all times.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People were supported by staff who knew them well, including their likes and dislikes.

Care records were not always updated in a timely manner which could lead to staff not providing the most appropriate care for people.

Relatives were confident that if they had any concerns they would be listened to and acted upon promptly.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

People, relatives and staff all told us that the manager was visible and approachable and spoke highly of her abilities.

The registered manager had systems in place to monitor the home but these did not always identify risks.

Park Lane House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 16 and 17 April 2015 and was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection we looked at information about the home. A Provider Information Report (PIR) was requested to obtain specific information about the service. This was completed and returned to us. The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions and what improvements they plan to make. We also looked at notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts that they are required to send us by law.

During the inspection we spoke with two people who lived at the home, the registered manager, three members of care staff, the cook, a visiting healthcare professional and two relatives. 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. Following the inspection we spoke with two other relatives over the phone and a healthcare professional.

We looked at the care records of eight people living at the home, staff files, training records, complaints, accident and incident recordings, safeguarding records, medication records, rotas, handovers, menus, minutes of staff meetings, quality assurance paperwork and records of meetings with the provider.

Requires improvement

Is the service safe?

Our findings

People living at the home told us that they felt safe. When asked if they felt their family member was safe at the home, a relative replied, "Yes, staff know how to look after [relative] and keep them safe". A second family member told us, "They most definitely keep [relative] safe. If they hadn't come here then we would have lost them".

Staff spoken with were able to tell us in detail what signs to look out for in respect of abuse and how they would respond to it. One member of staff told us, "I would report it to the manager or look at who their social worker was and report it to them". Staff told us they were encouraged to raise any concerns they may have. One member of staff described how they had raised concerns they had with a senior member of staff. They told us and we saw evidence that their concerns were taken on board and acted upon. A second member of staff described to us how they kept a particular person safe in the home, and the risks associated with this. They told us, "We, all as a team, know [person's name] needs and how to keep [person] safe".

We discussed with the registered manager a recent safeguarding that had been raised at the home. We saw that this was responded to appropriately by the registered manager, including notifying CQC of the concerns. We saw evidence of actions taken by the registered manager following the safeguarding and some of the recommendations had been taken note of and followed through by staff. However, the registered manager had not completed all of the recommendations at the time of the inspection. This meant that the registered manager could not be confident that the measures she had put in place following the safeguarding had been acted upon and that the risk to people living at the home still remained.

Staff were able to describe to us, the risks that were associated with caring for particular people. We observed staff supporting people as they walked along corridors, offering words of support and encouragement. We saw that care records held risk assessments and saw that people were moved regularly to prevent the risk of harm to their fragile skin.

We saw that where accidents and incidents had taken place they were recorded and noted on a form for local commissioners. There was individual learning in place for each of these incidents, for example, for one person additional observations were recommended. This meant that the risk of reoccurrence was minimised for this person.

We saw that there was an emergency carry chair used to assist people to get downstairs but that this was locked away. At the end of the inspection the chair was moved to an accessible location near the stairs for use. However there was no overall evacuation plan for the home and none of the people living at the home had a personal evacuation plan. This could potentially impact on people's safety in the home during an emergency. This was bought to the attention of the registered manager who confirmed that she would respond to this immediately.

Family members spoken with told us they thought there were enough staff to meet the needs of the people living at the home. One person living at the home told us, "Staff are alright, pretty fair and there's enough of them". A relative told us how when they visit the home, "Some people are walking round and you always see a carer with them to make sure they don't get hurt in any way". Another relative told us, "There's never less than four staff on, sometimes it does appear that staff are scarce but they respond to people ok". One member of staff spoken with also told us, "I think we have enough staff. We have a lot of training to cover most things that help us do our job". However, a second member of staff commented, "We could do with more staff. There are a couple of residents who would benefit from one to one care".

We discussed staffing with the registered manager. She confirmed that she was aware of people's dependency levels and she considered that the staffing levels available could meet the needs of the people living at the home. The registered manager told us that when carrying out pre-assessments of prospective residents, she would include making a judgement with regard to existing staffing levels, the care needs of the person and how their arrival may impact on the existing people living at the home. However, we observed there were periods of time when people were left alone whilst staff supported other people. For example, at 7.40 am we observed there were nine people in one of the lounges and six people in the dining room sitting alone. Staff were busy getting people up and washed and dressed in their bedrooms and therefore were not present in the communal areas. As there were a

Requires improvement

Is the service safe?

number of people who were identified as being at risk of falls in their care plans, the risk to them increased during these times when they were left unsupported or not supervised.

We spoke with a new member of staff. They confirmed that the appropriate pre-employment checks had been made with regard to their suitability prior to them commencing in post. This meant that there were systems in place to reduce the risk of unsuitable staff being employed by the home.

We observed a medication round taking place and people being supported appropriately to take their medicines. One person told us, "I can have my painkillers when I need them". We saw that people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw that medicines were stored and secured appropriately and audited regularly. We noted that staff had recently completed additional training with respect to medicines management. On care records seen, there were care plans in place with regard to people's medicines and when people were prescribed medicines to be administered 'as and when required' we saw printed guidance telling staff how and when to administer these. We saw that medication administration records (MARS) were completed accurately.

Requires improvement

Is the service effective?

Our findings

Relatives spoken with told us that they felt that staff were well skilled to do their job and to meet the needs of the people living at the home. A relative told us, "They don't let anything go amiss, they are ever so good".

Staff spoken with told us that they felt well trained and supported to do their job. One member of staff told us, "I enjoy my job; it can be very frustrating and very rewarding". Staff told us that they received formal supervision every six months, that training was on going and that if they required any additional training they only had to ask the registered manager. One member of staff added, "I can speak to the manager about anything".

The registered manager told us and records confirmed, that staff had recently completed a variety of training including first aid, management of medicines, safeguarding, Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Additional training had also been put in place with nurse practitioners, to look at falls prevention and plans for moving and handling training had been brought forward. A member of staff told us, "Everyone's been talking about the first aid training – it was really good". A second member of staff said, "They do have a lot of training here". The registered manager highlighted that the training around the Mental Capacity Act had, "Made a real difference" with staff, adding, "It has given staff the extra knowledge and will assist me incorporating mental capacity into care plans as well". We saw that staff had their own individual training plan and a training folder was in place which identified each course completed and when the next course was due. The registered manager told us that she assessed staff training needs through observation and appraisal and that if staff felt they required additional training they could approach her.

A relative spoken with told us, "The new staff that come in – within a couple of weeks it's like they've been here a long time" and another relative told us, "They train the staff well, we saw one new member of staff observing care for a long time before taking part". We spoke with a new member of staff who described their induction to us. They confirmed that the appropriate checks had been made with regard to their suitability prior to them commencing in post. They told us that they were very happy with their induction and described how they had shadowed other staff, read care plans and were given the opportunity to get to know people living at the home, during this period. They confirmed the registered manager had checked their knowledge during the induction.

People told us, and we observed, that staff gained their consent before they supported them. We observed that some people who used the home were living with dementia and some people lacked capacity to make certain decisions for themselves. Staff demonstrated a knowledge of the MCA and DoLS. One member of staff told us how after receiving this particular training it had, "Made me look at people differently". We saw in people's care records that capacity assessments were in place and had been completed by their doctor. The registered manager told us she intended to develop her own mental capacity assessments very soon and planned to have them in place shortly.

We discussed with the registered manager an application that had been put in place and authorised for a particular person living at the home to deprive them of their liberty. We saw the paperwork regarding this but the registered manager had not notified CQC of this, as is required by law. We bought this to the attention of the registered manager and she confirmed she would complete the correct notification. The registered manager had worked with district nurses in respect of this DoLS application. District Nurses confirmed to us that they had brought the matter to the attention of the registered manager in order to ensure a DoLS application was in place in order to safeguard the individual concerned. We raised with the registered manager that applications for DoLS may be required for a number of other people living in the home and suggested that she contact the local authority for advice. Following the inspection we were contacted by the registered manager who confirmed that she had spoken to the local authority contact and a further two applications for DoLS had been submitted.

One person told us, "The food is nice". Relatives spoken to told us that that they had no concerns regarding the food or drink on offer at the home. One relative told us, "There is always plenty to eat and drink and [relative] likes their fish and chips on Fridays". Another told us, "The food looks fine – I've seen them tucking in".

We saw that people were supported to have sufficient to eat and drink and maintain a balanced diet. During the day we noted that people were offered drinks on a regular

Is the service effective?

basis. We spoke with the cook who was aware of people's dietary needs and preferences. There was a menu available but what was shown on the menu was not served on the day. The cook told us that changes had been made to the menu as people did not like one of the alternatives on offer. We saw a whiteboard on display in the dining room. Relatives told us that the menu of the day was usually written on the board and choices were offered. We observed the cook offering people choices at breakfast. The cook told us that she also spoke to people each day, to tell them what was on the menu for lunch and then took a note of people's choices. At breakfast, people were offered a choice of cereal or toast. We observed the cook asking people what they wanted one person replied, "I'll have toast please and marmalade, but not as much as yesterday". At lunchtime, we noted that people enjoyed their meals and clean plates were returned to the kitchen. Where required, people were supported to eat their meals. This was done discreetly and respectfully. One family member told us how their relative had required some support from staff to eat their meals. They told us that staff persevered with them in order that they retain their independence at mealtimes, commenting, "There have been times when [relative] has used their knife and fork and managed to eat and staff have made a fuss and encouraged [relative] to do as much as possible for themselves". At lunchtime, we noted one person did not want their cooked meal. Occasionally staff would approach the person to try to get them to eat and they declined. Forty minutes later a member of staff requested that the cook prepare a sandwich for this person and the member of staff then sat with the person in order to encourage them to eat.

Staff were able to tell us the health care needs of the people they cared for, the signs to look out for if they were unwell and how to respond to those needs. We were told by the registered manager and a number of staff about the particular health care needs of one person living at the home. All people spoken with provided us with a slightly different explanation as to why this person was losing weight. We saw that efforts had been made to resolve this issue, for example providing a fortified diet. However, a referral had not been made to the SALT (Speech and Language Team) in order to confirm the cause of the problem. This meant that due to differences of opinion, there was a risk of inconsistent practices of care being put in place to manage this person's healthcare needs. Following the inspection the registered manager contacted us to confirm that a referral had been made to the SALT team for an assessment of this person's needs.

People told us that they could see the GP whenever they needed. One relative told us, "There have been some small medical problems and they have picked these up immediately and let me know what's happening". Records showed that people had access to a number of healthcare professionals including the district nurse who visited on the daily basis.

Requires improvement

Is the service caring?

Our findings

People and relatives spoken with told us that they thought the staff at the home were caring and used the words 'kind' and 'nice' to describe staff. One relative commented, "The manager and carers have been absolutely marvellous" and another relative said, "I have been very impressed with how they have taken to [person] and how they care for them".

A member of staff told us how they respected a person's independence when supporting them, they told us, "[Person] thinks they are capable in their own way and I'm not going to tell them they aren't, but would support them discreetly".

We observed staff supporting people throughout the day. We saw one person in the corridor supported by two members of staff. Both members of staff spoke in a calm and reassuring manner whilst the person decided what they wanted to do and then when they had made their decision, escorted to where they wanted to sit. We saw one person become anxious and a member of staff immediately reassured them, saying "Your handbag's in your bedroom, it's safe". We saw people being offered drinks and biscuits during the day and being referred to by their preferred name. One member of staff applied nail varnish to a person's nails whilst chatting with them and other people at the same time. In the dining room, another member of staff sat with one person and chatted pleasantly as they looked through a book of old photos. Families commented on the 'friendly, happy atmosphere' in the home and told us their relatives were treated with dignity and respect.

We observed at breakfast and at lunchtime, staff appeared very busy and were focussed on the task in hand, rather than person led in their approach. For example, when we arrived at the home at 7.35 am we noted a number of people were already up and washed and dressed and waiting for breakfast. We were told some of the people had been sitting there since 7.00 am. There was a radio in the room but it had not been switched on. We asked a resident if the radio was usually put on, they replied, "Sometimes". People sat in silence whilst staff brought other people in from their bedrooms. At lunchtime, we noted that the radio had been put on in the dining room for people to enjoy whilst waiting for their lunch to be served. We observed one member of staff walk round with a large jug of squash and pour people a drink. There was no interaction and people were not asked if they wanted a glass of squash or an alternative. We observed a member of staff put a tabard over one person's head without telling them what they were doing or why. Once lunch was served we saw staff join people at the dining tables and support a number of people to eat their meals, chatting pleasantly to them as they did so.

We saw that people's dignity was not always considered. We saw the hairdresser was using one person's bedroom as a hairdressing salon. The manager confirmed that they had not obtained the permission of the person whose room it was to do this. We raised this with the manager immediately and the hairdresser removed their belongings from the room.

Relatives told us that they could visit at any time but acknowledged that the registered manager preferred people didn't visit at mealtimes in order for staff to assist people without there being any distractions.

Staff spoken with told us they enjoyed working at the home, one member of staff told us, "It's a lovely place to work" and another added, "We try to welcome people and make it as homely as possible for them".

We were told that there had previously been residents meetings but they hadn't taken place for some time. Families told us that they regularly saw the manager and she would always ask for feedback and check with them to make sure everything was ok. Families confirmed that they were involved in the relatives care plans and were invited to reviews in order to discuss their relative's care needs. We saw information was on display in a pictorial format advising people of advocacy services they could take advantage of should they need someone to act on their behalf.

We observed in one of the lounges people were sat around the room watching television, some people were asleep. A member of staff came into the lounge to assist a person with their drink. They spoke kindly to them and supported them well. However, they sat in front of television the whole time, blocking the view for the rest of the people in the room.

Requires improvement

Is the service responsive?

Our findings

Families spoken with told us that they and their relative were involved in their care plan when they were originally admitted to the home and that they had also subsequently been involved in reviews of their relative's care. One person, whose relative was admitted to the home following an emergency, told us, "We went through the main areas of concern and medication and all the general things about [relative]".

When speaking with staff and the registered manager, it was clear that they knew the people living at the home well, including their likes and dislikes, and how they liked their care delivered. One member of staff when describing a person who lived at the home told us "[Person] is very good with interacting with people and loves to talk". This member of staff was also able to describe in detail how they supported another person in order, "To make it a pleasant experience for them".

In another lounge we saw people sitting and chatting with each other and with staff and having their nails done. It was evident that people enjoyed this experience and staff chatted confidently to people in the room. Some people sat with their visitors and one member of staff sat with one person and went through a book with them. The person enjoyed this and the interaction between the person and the member of staff was good.

One person told us, "Sometimes I sit in the lounge and watch telly all morning and sometimes they give you a little something to do". A family member told us how pleased they were that their relative had, "Actually started listening to music" and how much pleasure they got from this. They told us that a singer visited every two weeks and that they had recently been there and got everyone to sing happy birthday to their relative, which they enjoyed very much. They told us, "They try to get people involved in activities to keep their brain stimulated". We saw that two people were assisted to attend their local church. Staff spoken with told us that in the afternoon people were asked what they would like to do and were able to take part in bingo, arts and crafts and board games, although we did not observe this during the inspection.

During the inspection we saw very little stimulation taking place for people. We observed people sitting in the lounges around the room with the television on or sitting in the dining room in silence. We saw that care records held very little information regarding people's personal history and their interests which would enable activities to be developed that were person centred and enjoyable for people. Each person's care record had an activity record in place. However, in records seen we noted that the activities people had been involved in were listed as; 'relaxing in lounge/dining room/bedroom, receiving visitors, watching television, having nails done, chatting to service user'. There was no evidence that people had been involved in activities or hobbies that they interested in. The registered manager told us that she had sent out 'life history' questionnaires to families in the past but had received little information back. Following the inspection the registered manager contacted us and advised that she would be contacting families to create 'life biographies' for the people living in the home in order to incorporate this information into people's care records, improve staff knowledge about the people they cared for and identify activities that would be of interest to them.

Families spoken with told us they had been asked to complete surveys by the registered manager and that she actively sought them out to obtain feedback on the home. However, there were no regular meetings available for families to meet with the registered manager to share their experiences or raise any concerns. One person told us, "I can't remember the last time there was a relatives meeting. I have completed questionnaires annually but have not seen any feedback from surveys". A second relative told us, "I've completed one or two surveys but have not seen the results. I haven't attended any relatives meetings but get invited to social things".

People spoken with were aware of the home's complaints procedure and we saw copies of this on display in the home and in people's bedrooms. Staff spoken with were aware of the complaints procedure and told us if someone raised any concerns, if they could not deal with them there and then they would refer them to the registered manager. People told us that they were confident that if they had to make a complaint, that it would be dealt with satisfactorily. A relative told us, "I have never had to raise a complaint. I have asked questions about things and have always got straight answers. They are always 'on the ball'". A second family member described to us how their relative had lost

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Is the service responsive?

an item of jewellery. They confirmed that a member of the night staff found the item and handed it in, they said, “I was impressed with that”. We saw evidence of a complaint being investigated and reaching a satisfactorily conclusion.

Requires improvement

Is the service well-led?

Our findings

People told us that they knew who the manager was and saw her on a daily basis. Relatives spoken with told us that they considered the home to be well led. They spoke positively about the staff and highly of the registered manager. A relative described the registered manager as, "Very efficient and friendly" and another added, "She is very good and a very caring person". Another relative told us, "It does feel organised and it is organised".

Staff also spoke highly of the registered manager. They told us they felt listened to and were able to contribute to the regular staff meetings with the registered manager and the provider. One member of staff said, "It's a lovely place to work" and another added, "[Manager] is lovely I've never had a manager so nice".

Staff told us that they were aware of the home's whistleblowing policy. One member of staff told us of their concerns regarding care delivery to one particular person living at the home. They told us they had raised these concerns with the registered manager. They confirmed and records showed that these concerns were taken on board and acted upon and the member of staff confirmed that this had improved the situation.

We saw that a staff meeting had recently taken place. The meeting covered a number of issues including the values of the service and referred to a recent safeguarding incident. The meeting addressed the concerns raised and staff were given clear instructions on what was expected of them. A member of staff told us, "The staff meetings are a two way process. I've suggested things in the past and they have taken on board what I've said".

We observed that the registered manager had a visible presence in the home. She was able to provide a detailed knowledge of the people living there and we observed that she had warm, friendly relationships with people who lived there and with visiting relatives. A member of staff told us, "The manager is everywhere, she doesn't stop in the office, she gets involved and likes to know everything".

Staff spoken with were aware of their roles and responsibilities and those of their colleagues. We saw that people had care plans in place that provided staff with the information they required in order to deliver people's care. We were told that it was the responsibility of senior care staff to update care records. However, we noted that care records were not always updated in a timely manner, which could lead to staff following unsafe practices and not delivering the correct care and support people required. For example, we noted that one person had returned from hospital but their change in care needs had not been updated in their file.

A member of staff commented to us that they felt the registered manager worked 'too hard' and that she didn't get the support she needed. The registered manager confirmed to us that the deputy had left 18 months ago and that this vacancy had not been filled. She confirmed that following a recent safeguarding at the home she had approached the provider and asked for additional support. The registered manager had confirmed that the provider had agreed to this and they were hoping to appoint a deputy very soon. She told us the role of the deputy would be to assist her in a number of ways including auditing, care plans, guiding senior staff and staff supervision. The registered manager told us that she felt fully supported by the provider who visited weekly. She told us and records showed that the weekly meetings between the two covered an update on each individual living at the home and what had happened that week, including health visits, updates on medicines, staffing, health and safety issues, care plans, rotas, training, staff supervision and audits. However, these visits had failed to identify the shortfalls we found during the inspection.

We spoke with the registered manager regarding a recent safeguarding that had been raised. There were concerns regarding care records not being completed appropriately during the night. We saw evidence that this had been investigated and recorded and followed up with all staff with clear instructions for staff regarding their roles and responsibilities. The outcome of the safeguarding had identified that the manager conduct nightly spot checks. At the time of the inspection this had not been done. The registered manager informed us that she was waiting for the appointment of the deputy manager before she conducted these checks. This meant that the systems in place to ensure actions are taken were not timely.

We saw that formal staff appraisal took place every six months. The registered manager told us and records showed how she observed staff practice over a number of months which would then feed into an appraisal meeting. This meeting would involve discussing staff practice and

Requires improvement

Is the service well-led?

identifying any additional training needs. Staff confirmed this was the case and told us that they could approach the registered manager at any time, should they need to discuss anything.

Families spoken with told us that they had not been invited to any relatives meetings but that if they had any concerns they would raise them with the registered manager. We saw that client satisfaction surveys were sent out every six months. We saw that in January this year 25 client satisfaction surveys were given to relatives to complete. To date, eight had been returned. We saw that the majority of responses to the questions rated the home as 'good', 'very good' or 'excellent'. We saw that one person had rated some of their answers as 'fair'. The registered manager informed us that she would be following this up with the relative.

We saw that there was a 'Comments, Observations and Suggestions' folder in the main office but this was not accessible to visitors. At the end of the inspection the registered manager had relocated this to the reception area of the home. We saw that there was a quality assurance system in place that was reviewed every July. We saw that monthly questionnaires were completed for the local authority Commissioners. These asked questions such as number of care plans reviewed, number of accidents and incidents, number of residents discussions, training issues. We saw that where accidents and incidents had taken place individual observations took place but there was no system in place to look at the bigger picture and see if there were any patterns to what was happening.

Prior to the inspection we reviewed the notifications received from the home. We saw incidents had been appropriately reported to us. However, we noted that we had received a notification from the home regarding a particular incident. We contacted the home to ask if a safeguarding had been raised as this would have been the appropriate response to the incident. We were told that this had not been done and the inspector raised the safeguarding. We also noted that the registered manager had not informed us of the authorisation of a DoLS application. On other occasions the registered manager had formally notified us of events with the home which may impact upon people's care or welfare. This meant the registered manager was not fully aware of her responsibilities with regard to consistently notifying us of events in the home.