Park View Care (North East) Limited

Scottlyn

Inspection report

Mile Road
Widdrington
Morpeth
Northumberland
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Website: N/A

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

Scottlyn is a care home situated in Widdrington Northumberland that provides accommodation, care and support for up to eight people with learning and physical disabilities, and personal care needs. There were eight people living at the service at the time of our inspection.

This inspection was carried out on the 22 and 23 December 2014 and it was unannounced.

The home has a registered manager who has also worked for a predecessor organisation prior to this provider registering with the Care Quality Commission in July 2014. 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 were not able to converse with all of the people who lived at the home, but those people that we could speak with told us they felt safe. People's relatives said they had

Summary of findings

not seen anything when visiting the service to give them cause for concern. There were systems in place to protect people from abuse and channels through which staff could raise concerns. We found two safeguarding incidents that occurred within the 12 months prior to our inspection had been handled appropriately, and referred on to the local authority safeguarding team for investigation.

A process was in place to assess people's needs and the risks they were exposed to in their daily lives. Care records were regularly reviewed and medicines were managed and administered safely. Recruitment processes were thorough and included checks to ensure that staff employed were of good character and appropriately skilled. Staffing levels were determined by people's needs. Staff records showed they received regular training and that training was up to date. Supervisions for staff were conducted and the RM informed us that the provider had not yet conducted appraisals having only taken over ownership of the business in recent months. Staff confirmed they could feedback their views at any time to the registered manager directly, via supervisions or staff meetings when they took place.

CQC monitors the operation of Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act (2005). They are a legal process which safeguards people to ensure they are looked after in a way that does not inappropriately restrict their freedom. People's ability to make informed decisions had been assessed, and the 'best interest' decision process (part of the Mental Capacty Act 2005) was followed in practice and appropriately documented within people's care records.

People told us, and records confirmed that their general healthcare needs were met. We saw people's general practitioners were contacted where there were concerns about their welfare and other healthcare professionals were also involved in their care such as specialist behavioural teams when necessary. We saw that people's nutritional needs were being met and specialist advice was sought and implemented where necessary.

Our observations confirmed people experienced care and treatment that protected and promoted their privacy and dignity. Staff displayed caring and compassionate attitudes towards people and people and their relatives spoke positively about the staff team. People had individualised care plans and risk assessments and staff were very aware of people's individual needs. Social activities took place within the home and we saw people enjoyed trips out into the community.

We received positive feedback about the leadership and management of the home from people, their relatives and staff. Systems were in place to monitor the service provided and care delivered. However, some audits had not been completed for several months prior to our inspection and staff meetings and residents meetings had not taken place for several months. Health and safety checks were carried out on the premises and on equipment used during care delivery, but we found some of these checks, such as fire safety checks had lapsed in recent weeks. We also found that the management of legionella bacteria risks was not appropriate. The provider had not taken the necessary steps to identify, assess and manage risks associated to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take in respect of this can be found at the back of this report.

The provider had not notified us of all of the relevant matters that they are required to, in line with Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of this inspection process.

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 safe

Good

People appeared happy and comfortable in their surroundings and in the presence of staff. They told us they felt safe. Systems were in place to refer matters of a safeguarding nature to the relevant local authority and the correct procedures were followed.

Staffing levels were sufficient to meet people's needs and medicines were managed appropriately. The provider checked staff skills and their suitability for their roles before they were recruited.

Risks associated with the care people received had been assessed and most health and safety risks and checks had been undertaken.

Is the service effective?
The service was effective

Good

People experienced care that was individualised and effective in meeting their needs. Staff were skilled, experienced and supported to maintain their skill sets and they told us they received regular supervisions and appraisals, although they were yet to receive an appraisal from this provider.

People's nutritional needs had been assessed and where appropriate people received the support they needed to eat and drink sufficient amounts, in a safe way. People had input into their care from external healthcare professionals, as and when necessary.

There was evidence that consideration had been given to people's ability to make informed choices in line with the Mental Capacity Act (2005) and applications had been made to the local safeguarding team to ensure that no person had their freedom inappropriately restricted.

Is the service caring?
The service was caring

Good

Staff displayed caring and compassionate attitudes when delivering care. People were given choices and people's relatives spoke highly of the staff team.

People were treated with dignity and respect and their privacy was promoted.

Is the service responsive?
The service was responsive

Good

People experienced care that was individualised and the service responded to their needs. Where necessary staff requested support from external healthcare professionals to address concerns.

Summary of findings

People's care records were individualised and person-centred. They were reviewed regularly, and where necessary, updated in light of changes in people's care needs.

There was a system in place for dealing with complaints although records showed that no complaints had been received in the 12 months prior to our inspection. People, their relatives and staff said they could feedback their views about the service at any time to the registered manager.

Is the service well-led?

Not all elements of the service were well-led

Requires Improvement

We received positive feedback about the manager and the provider from people, their relatives and staff. External healthcare professionals told us they enjoyed a good relationship with the registered manager who responded to their requests for information and any instructions they gave about the delivery of people's care.

Systems were in place to monitor care delivery and ensure that people received safe and appropriate care. However, some regular health and safety checks had lapsed in the weeks prior to our inspection and the management of legionella bacteria risks was not appropriate. In addition, some audits used to monitor care delivery and the operation of the service had lapsed in recent months.

The provider had not notified us of all reportable matters, as required, in line with Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Scottlyn

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.

We visited the home on two separate dates, 22 and 23 December 2014. This inspection was unannounced and was conducted by one inspector.

Prior to our inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, highlighting what the service does well, and identifying where and how improvements are to be made in the future. We reviewed the information returned to us by the provider in the PIR, alongside information held within our own records at the Commission (CQC) about the service. This included reviewing statutory notifications the provider had sent us, and other safeguarding and whistleblowing information that had been brought to our attention over the previous 12 month period. We also contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch (Northumberland). They did not provide us with any information of concern.

During our visit we spoke with four people in receipt of care and support from the service, three members of staff and the registered manager. We walked around the home and with their permission, we looked in people's bedrooms. We observed the care and support that people received and reviewed a range of records related to people's care and the management of the service. These included looking at four people's care records, four staff files (including recruitment, induction and training records), all eight people's medication administration records, and records related to quality assurance and maintenance of the building and equipment within the home.

Following the inspection we contacted three people's relatives and two healthcare professionals involved in people's care, to gather their views of the standard of service that people received.

We reviewed all of the information that we gathered prior to, during, and after our inspection, to form the basis of our judgements, and the content of this report.

Good

Is the service safe?

Our findings

People told us they were happy living at Scottlyn and felt safe. One person said, "I would say I feel safe here". We asked people's relatives if they had any concerns about the safety of their relations and whether they had witnessed any incidents or noticed anything when visiting the home that had given them cause for concern. Each relative said they had not. One relative told us, "I have never seen anything that has concerned me. Staff all seem ok with them (people)". One healthcare professional told us, "Personally I have not had any worries about the care people receive. There have been some risks in the past, but these were discussed and addressed straight away".

Staff adopted moving and handling procedures that were both appropriate and safe and we had no concerns about people's safety or how they were treated by staff.

Staff were able to tell us about what constituted abuse and the procedures they would follow if they witnessed abuse. Each member of staff we spoke with was aware of their own personal responsibility to report incidences of this nature. Staff told us and records showed that two safeguarding incidents had occurred within the home in the last 12 months. We established that these had been handled appropriately by the provider and reported to the local authority safeguarding team for investigation.

Records were maintained of accidents and incidents that had occurred so they could be monitored. These records reflected the circumstances of each individual accident and incident, the time that it took place, who was involved, any injuries sustained and any remedial action taken. Monthly analysis of accidents and incidents was in place and where there was an ongoing pattern or concern about somebody's safety, preventative measures, and equipment where necessary, had been introduced. For example, one person who was prone to sliding out of bed in recent months had been allocated a specialist mattress to reduce the risks of this happening again.

People's care records showed that risks which people were exposed to in their daily lives had been assessed and written instructions were in place for staff to follow about how to manage and reduce these risks. For instance, where people required support with their behaviours or where they were at risk of choking. The Behavioural Assessment and Intervention Team (BAIT) based in Northumberland were involved in some people's care and had drafted specific care plans and risk assessments for staff to follow. The BAIT team are a team of specially trained healthcare professionals who work with adults with learning disabilities who also have serious challenging behaviour. This showed the provider had considered and responded to the risks posed to both people and staff within the communal-living setting of the home. There was also evidence of regular reviews of people's care, not just within the home by staff, but including people's care managers. This meant that multi-disciplinary teams looked at people's care and the risks associated with it to determine if it continued to be safe.

Recruitment procedures were thorough and protected the safety of the people who lived at the home. Application forms had been completed by staff before they were employed, in which they provided their employment history. Staff had been interviewed, their identification checked, and references had been obtained from their previous employers. The provider had made appropriate checks with the Disclosure and Barring Service (DBS) to ensure that staff were not barred from working with vulnerable adults. These checks had been carried out before staff started work. Records showed that staff completed an induction to ensure they were competent to carry out their role before working unsupervised. This meant the registered provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

Staff told us staffing levels were sufficient to meet people's needs and our observations confirmed this. The registered manager told us if external activities or excursions were planned, she increased staffing levels to accommodate these. She said she had done this the previous week for a Christmas excursion to the pantomine. The registered manager told us any shortfalls in staffing, for example due to sickness or annual leave, were covered internally by other members of the staff team or bank staff. On-call arrangements were in place where staff could telephone either the registered manager or the provider if they needed assistance outside of normal working hours when they were not present in the building.

We reviewed each person's medication administration records (MARs) and found that overall these were well maintained. We identified a small number of gaps in the

Good

Is the service safe?

recording of the application of topical creams, but information existed for staff on what topical medicines to apply to which part of a person's body. We discussed this matter with the registered manager who advised this would be fed back to staff immediately and monitored. A current photograph of each person was attached to the MAR to reduce the risk of mistakes in identity when administering medicines to people and a sample of staff signatures to demonstrate who had been the administering person. Medicines were stored appropriately. We saw systems were in place to account for and dispose safely of medicines that were no longer required.

An 'Incident Management Plan' was place which gave guidance to staff on what actions they should take in the event of for example the loss of water, electricity, gas, fire or a flood. A list of emergency contacts was available for staff to use in such circumstances, including the numbers of all people's relatives for them to be contacted easily.

The provider was in the process of systematically refurbishing the home. The environment was much improved since our last visit and people and their relatives welcomed the improvements that were being made to the home. Equipment was serviced and maintained regularly and safety checks were carried out on for example, electrical equipment, the electrical installation within the building and gas supplied equipment. However, we made some observations which we shared with the registered manager. Regular fire safety checks had been carried out and documented up until October 2014, but since this date most fire safety checks had not been done. The registered manager told us that fire drills were carried out monthly but that these were not documented. The registered manager told us that she recognised fire safety checks "had slipped" in recent weeks and these would be resumed immediately. A fire risk assessment for the building was in place, which we found this was in need of review.

Good

Is the service effective?

Our findings

We asked people we could converse with about the care they received. One person said, "I like it here". A second person told us, "I like it. The food's nice here and if I don't want something they get me something else". Following our visit to the home and as part of the inspection we spoke with three people's relatives. Their comments were all positive. One person's relative told us, "The staff are excellent – I have no problems with anything". Another relative commented, "There are no concerns from what I have seen".

Staff explained in detail people's likes, dislikes, abilities and goals they were working towards. For individuals who were unable to communicate verbally, staff told us they had learned to read their facial expressions, behaviours or noises to establish their mood and whether or not they were happy with a particular action or personal care task. Staff displayed an in-depth knowledge of people and their needs, which we saw they used to provide effective, personalised care.

There was evidence that people were supported to receive ongoing healthcare support and attend routine healthcare appointments, such as those with an optician, dentist or general practitioner. In addition, we saw that people had input into their care from healthcare professionals such as occupational therapists, speech and language therapists and psychiatrists whenever necessary. Records showed that referrals had been made to external healthcare professionals promptly where people's needs had changed. This showed the provider supported people to maintain their health and wellbeing.

The service provided a variety of healthy foods and meals for people to choose from. Staff told us they worked with a two-week rotating menu but that these were flexible and people could choose any alternative food if they didn't like what was on the menu for the day. One person told us, "They wouldn't give us any food we didn't like; we would get something else". Where people had specialist dietary requirements or nutritional needs, we saw staff supported them appropriately and ensured they got the food and fluids they needed, in a safe way, in order to remain healthy. For example, staff told us and care records showed that one person needed a pureed diet. We saw that staff provided food of this consistency at lunch. There were instructions in people's care plans from speech and language therapists where necessary, and we observed that in practice these instructions were adhered to.

Information in people's care plans indicated that consideration had been given to people's ability to make their own choices and decisions in respect of the Mental Capacity Act 2005 (MCA). The registered manager told us that she was in the process of reviewing the mental capacity of all the residents in line with good practice. She told us that Deprivation of Liberty Safeguards (DoLS) had been granted for two people who lived at the home and that she was in the process of applying for Deprivation of Liberty Safeguards to be put in place for the five remaining people who needed them. DoLS are part of the MCA. They are a legal process that is followed to ensure that people are looked after in a way that protects their safety and wellbeing but does not inappropriately restrict their freedom. These applications and decisions are made in people's best interests by the relevant local authority supervising body.

Decisions had been made in people's 'best interest' in line with the MCA, where they lacked the capacity and understanding to voice their preferences and choices about their care. For example, we saw that a best interest decision had been taken recently for one person related to an operation they required. The details of the multiple parties involved in the decision, the discussions that took place, and the outcome, were all recorded and documented in the person's care records. We asked staff if they had been involved in best interest decisions for people living at the home. One member of staff said, "I went to one three weeks ago for X (person's name). There was me, the family, GP, care manager and community nurse present. The decision was made that we should go ahead". We spoke with the relative of one person's with limited capacity to ask if they were included in the decision making process where significant choices had to be made in their relation's best interests. They told us, "We have attended best interest decisions (meetings) about certain decisions". This showed the provider was acting in line with legislation and guidance where people lacked the capacity to make their own decisions.

Staff told us they were satisfied their training requirements were met and they felt equipped with the necessary skills to fulfil their roles. One member of staff told us, "There is

Good

Is the service effective?

plenty of training on offer. I am doing a Level 3 Learning Disabilities Diploma now". They told us they were able to refresh training as and when required. Training records showed that staff had received training in key areas such as safeguarding people from abuse, infection control and the safe handling of medicines. Staff had also undertaken training in areas relevant to the needs of the people they supported such as courses related to epilepsy awareness and diabetes.

Staff told us and records confirmed they received regular supervision. Appraisal meetings had not yet been undertaken since the provider took over the service in July 2014, although there was an annual appraisal system in place. We saw that the supervisions were used as a two-way feedback tool through which the registered manager and individual staff could discuss work related issues, training needs and personal matters if necessary. Staff told us they felt fully supported by the registered manager and provider.

Good

Is the service caring?

Our findings

We asked people and their relatives if they found the staff and the service caring. One person told us, "I think it's a nice place here and the staff are nice people". Another person said, "The staff ask if we are alright". One person's relative said, "The staff are excellent with X (person's name)". A second person's relative told us, "The staff interact with X (person's name) fine from what I have seen".

One member of staff told us, "We deliver a caring and loving service here. It is not just a job to us. I have been on duty many a time when a staff member has rang up and asked how someone is because they were off-colour the day before".

Staff interacted with people in a pleasant, polite, caring and respectful manner. There was camaraderie between people and staff, and a calm and happy atmosphere within the home. We saw staff supported people appropriately with activities of daily living, such as eating and mobility. Staff spent time with people and were not rushed when assisting them. They took time to sit with people and ask them about their day. We heard staff complimenting one person who had returned from the hairdressers on their "beautiful" hair style. Staff included people during care delivery, explaining what they were going to do before assisting them. One member of staff said, "We fully explain things to people – even those who can't speak. We have non-verbal signs that we use".

Relatives told us that they were kept informed about important decisions to be taken in respect of their relations' care, although not always about every aspect of their relations' care, unless they asked. People said staff included them in making decisions about their care and those who were able to tell us said they were aware of the care records that existed about them. People's care records reflected people's life histories and staff were knowledgeable about people's needs, likes, dislikes and the activities they liked to pursue.

Some of the people who lived at Scottlyn were not able to converse with staff verbally. We saw one person became frustrated when they could not communicate their needs to a staff member. This staff member tried several different techniques to establish what the person wanted before gently taking them by the hand and saying, "Come on, you show me what you mean". The person responded positively to this. The staff member demonstrated they had considered the person's diverse needs and they displayed a patient and caring attitude when interacting with the person.

Staff delivered care which promoted people's independence, privacy and dignity. We heard one staff member knock on someone's bedroom door and ask for their permission to enter, before doing so. We observed staff promoting people's dignity. For example, one staff member ensured that one person was appropriately attired in a public area of the home when their clothing had dislodged. People were encouraged to be as independent as possible and meet their own needs wherever they were capable of doing so. For example, one person who had difficulty with eating had been provided with adapted equipment to enable them to maintain their independence and feed themselves without assistance as much as possible.

We saw the provider had policies in place related to equal opportunities, religion, diversity and ethnic and cultural backgrounds for staff to adhere to.

The registered manager told us that no people living at the home currently had an advocate acting on their behalf; other than those family members who were actively involved in their care. Advocates represent the views of people who are unable to express their own wishes, should this be required. The registered manager explained that she would contact people's care managers to arrange an advocate should they require one in the future, if they had no family members willing and able to support them.

Good

Is the service responsive?

Our findings

People told us they enjoyed living at the service and their needs were met. One person said, "I like it here. If I am not feeling well they get the doctor for me". Another person told us, "The optician came a few weeks ago. I am getting new reading glasses". One person's relative told us, "They see to X's (person's name) needs and what he is needing". Another person's relative said, "X had a 'bad turn' a few weeks ago. She was in hospital and the home now have a special mattress and lifting harness to use".

We spoke with two people who told us they were supported by the service to enjoy activities in the local community such as attending day centres where they played bingo and cards. During our visit we saw one person went out to visit the shop independently and others to attend appointments with support from staff. People enjoyed relaxing in the lounge, watching television and doing jigsaws. Staff told us they engaged people in craft activities regularly. One person left the home during our inspection to stay with their family for a few nights over the Christmas period. The service promoted people's wellbeing, social needs and community involvement.

Care was very much person centred and staff had in-depth knowledge of the non-verbal signs and behaviours that particular individuals displayed. We saw staff used such knowledge to ensure that the care they delivered was appropriate and resulted in positive outcomes for people. Staff explained the specific expressions and behaviours that some people used to communicate their needs to the staff team, and the reason linked to each of these. For example, one staff member said, "X (person's name) pats her tummy when she needs the toilet". One person's relative told us their relation could not communicate verbally with staff, but that staff had a good rapport with them and she was able to "Let them know in a fashion" what she wanted.

Our observations showed that people were given choices in their day to day lives. For example, a member of staff asked one person, "Which table would you like to sit at?" and another person was asked if they wanted to go out in the afternoon to the shops.

We looked at people's care records which contained a comprehensive set of care plans that reflected people's needs. Care records also contained information about people's personal preferences, their likes and dislikes and who was important in their lives and had input into their care. There was evidence of regular systematic reviews and evaluation, to ensure that people's care remained appropriate, safe and up to date. Tools used to monitor people's care needs such as behaviour, personal hygiene and epilepsy seizure monitoring charts were in place where necessary. The registered manager told us the contents of these records were constantly assessed and reviewed, so that the service could respond to any changes in circumstances and seek input into people's care if need be from external healthcare professionals.

People's care records demonstrated the provider had been responsive to their needs. They showed the provider had sought appropriate intervention and healthcare treatment for people when necessary. We spoke with two external healthcare professionals who confirmed that staff were responsive to people's needs and they contacted them for help, advice and input into people's care, as and when required. One healthcare professional told us, "I find the service responsive. We organised a session with the wider team and they took a lot of things on board. Personally I have no worries with the care".

We talked with staff about the processes they would follow to appropriately support people to make a complaint. All of the staff we spoke with confirmed they had not been required to assist anyone to make a complaint. One member of staff said, "Nobody has complained to me but I am aware of the process. I would add it to the book and let all the relevant parties know". Staff told us there was a structured complaints policy in place for them to refer to. People's relatives told us they had not had any reason to complain about the service. Records maintained within the home confirmed that there had not been any complaints raised in the 12 months prior to our inspection.

The registered manager told us and records showed that staff and resident's meetings took place where people and staff had the opportunity to feedback their views about a range of topic areas. Minutes showed that people were asked, for example, if they were happy living at the home, if they were happy with the care they received and also the food they were served. Staff told us they had the opportunity to feed back their views either at staff meetings or supervision sessions, or by approaching the registered manager directly.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had been operated by the provider for five months, since July 2014. There was a registered manager in post who had worked at the home for several years when it was operated by previous organisations. She had continued in her role when the current provider took over the running of the service. It was clear through our discussions with the registered manager that she knew people well and sought to secure the best possible outcomes for them.

We received positive feedback from people, their relatives and staff about the registered manager and provider. One relative told us, "The manager is nice". One person's relative said, "Things are well led". One member of staff told us they enjoyed a good relationship with the registered manager. They said, "I think X (registered manager) is brilliant; I always find you can turn to her about anything. She goes through quite a bit of information with us and if we need advice she is always here". Another member of staff said, "The owner X (provider) is good to work for. He has a big input. He comes to our meetings and he asks if people have any concerns and we address them".

External healthcare professionals told us that they enjoyed a pleasant relationship with the registered manager who they believed ran an effective service, and who responded to their requests for information and any instructions they gave about the delivery of people's care. The atmosphere within the home was positive and members of the staff team told us that morale was good. One staff member said, "I enjoy working here".

The registered manager had systems in place to measure the quality of care delivered and changes in people's needs, to ensure that where changes were necessary these were identified and actioned. For example, people's personal hygiene, bowel movements, weight and behaviours were monitored. In addition to this daily notes about each individual were maintained, a diary was used to record important future appointments or tasks to be undertaken, and a staff communication handover book existed to pass important information between changing staff shifts. These tools enabled the registered manager to monitor care delivery and identify any concerns should they arise.

The registered manager told us and records showed that health and safety audits and analysis of accident and incident information were carried out monthly. However, we found that fire safety checks had lapsed in recent weeks and audits related to infection control and medication had not been carried out since the new provider took over the business. The registered manager told us that these had been done historically (and records confirmed this) and that following our discussions at inspection, they would be reintroduced immediately.

The registered manager also confirmed that a legionella risk assessment of the building had not been carried out in line with the requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the Health and Safety at Work Act 1974. She told us she was unaware of the need to have a Legionella Risk Assessment completed on the building, but that following our inspection she would arrange for this to be done. The registered manager also confirmed that legionella control measures, such as the monitoring of water temperatures within the home were not carried out. We discussed the importance of such control measures with the registered manager, who recognised that action needed to be taken in this area to reduce the risk to people's safety and their potential exposure to infection. From a safety perspective we found no evidence that there had been an impact to either the care delivered or people's safety as a result of this lapse in fire safety checks, audits or the management of environmental risks.

We asked the registered manager if people had Personal Emergency Evacuation Plans (PEEPs) in place and she told us these had not been considered. We discussed the importance for these plans, especially for those people who were immobile or who relied on two members of staff to support them. The registered manager told us that this would be addressed.

Improvements were required in these areas to ensure that systems to monitor all elements of the service and care delivered, were in place and effective. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence that the registered manager acted on matters raised as a result of the analysis of accidents and

Requires Improvement

Is the service well-led?

incidents carried out monthly, and she made the relevant changes in care delivery and risk assessments. However, this was not always on a formalised action plan which would be easier to monitor.

We saw that staff meetings and separate residents' meetings had taken place regularly in the past, where a variety of issues related to the operation of the service and people's individual needs were discussed. At the time of our inspection there had not been a staff meeting or residents meeting for approximately a three-month period. The registered manager told us that the recent change in ownership of the business, and the subsequent refurbishment of the home, had meant that these meetings had not been as regular as they had been previously. The registered manager told us that these meetings would be arranged again as soon as practicable. Staff and people told us they felt supported and could approach the registered manager with any concerns or issues, at any time.

During our inspection we enquired about the number of safeguarding incidents, other serious incidents and applications to deprive people of their liberty (that had been submitted to the local authority and granted), that had arisen within 12 months prior to our inspection. We established that we had not been notified of one safeguarding incident, one serious injury and two authorised DoLS applications in line with the requirements of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered manager acknowledged she had failed to make the necessary notifications and said this was due to a lack of understanding of the requirements of this regulation. She gave her assurances that this would not happen again and has submitted these required notifications retrospectively. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service. We are dealing with this breach outside of this inspection process.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who used the service and others were not protected against the risks of inappropriate or unsafe care and treatment, as effective systems were not always in operation. Regulation 17 (1)(2)(a)(b)