

Ms Catherine Burns

Feng Shui House (Blackburn)

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?

Good 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 23 January 2017. This was the first inspection since the service registered with the Care Quality Commission (CQC) in August 2016.

Feng Shui House (Blackburn) is a large detached house which provides accommodation for up to 16 older people in a mixture of single and double en-suite bedrooms. At the time of this inspection there were 10 people living in the home.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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. As the registered provider was also responsible for managing the 'sister' service in Blackpool, they were supported in the day to day running of the home by a deputy manager.

During this inspection we identified two breaches of Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff. Required checks had not been carried out when applicants had worked previously with vulnerable adults or children and a complete record had not always been maintained of people's employment history. In addition the rights of people who were unable to consent to their care in Feng Shui House (Blackburn) were not always properly protected. This was because the required Deprivation of Liberty Safeguards (DoLS) applications had not always been made to authorise any restrictions in place.

Staff had received training in safeguarding adults from abuse. They were able to demonstrate their understanding of the correct action to take if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff told us they would be confident to use the whistleblowing policy that was in place should they witness poor practice in the service.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff. We saw that staff received the essential training and support necessary to enable them to carry out their role effectively and care for people safely.

People who used the service told us they felt the staff had the skills and experience to meet their needs. People were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff.

We found the system for managing medicines was safe. Records we reviewed showed staff worked in cooperation with health professionals to help ensure that people received appropriate care and treatment.

The standard of fixtures and fittings in the service was high. Feng Shui principles had been used in the décor

of the property to help promote the well-being of people living in the service. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. Care records had been regularly reviewed to ensure they were an accurate reflection of people's needs.

Systems were in place to help ensure people's health and nutritional needs were met. People who used the service told us the quality of the food was good. We observed that, where necessary, staff offered people gentle support and encouragement to eat.

Staff told us they enjoyed working in Feng Shui House (Blackburn). They told us the principles on which care was delivered meant people were treated as individuals and staff had the time to promote well-being through discussions and activities which occurred on a daily basis. They told us the registered provider and deputy manager were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

Systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as questionnaires and meetings, for people to comment on the facilities of the service and the quality of the care provided. All the people we spoke with told us they would feel confident to make a complaint although they had not had a reason to do so.

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.

Recruitment processes were not sufficiently robust to ensure people who used the service were protected from unsuitable staff.

People were cared for by sufficient numbers of staff who knew the correct action to take if they witnessed or suspected abuse.

People were cared for in a safe and clean environment. A safe system of medicines management was in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Effective systems were not in place to protect the rights of people who were unable to consent to their care in Feng Shui House (Blackburn).

Staff received the necessary induction, training and supervision to enable them to be able to deliver effective care.

People were positive about the quality of food provided in the home. Systems were in place to monitor the health and nutritional needs of people who used the service.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us staff were always kind and respectful; this was confirmed by our observations during the inspection.

Staff demonstrated a commitment to providing high quality personalised care. They had a good understanding of the care needs of people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Care records contained sufficient information to guide staff on the support people required. The records were reviewed regularly to ensure the information contained within them was fully reflective of each individual's needs.

A range of activities were provided to help maintain the well-being of people who used the service.

Systems were in place to ensure people were able to provide feedback on the care they received in Feng Shui House (Blackburn).

Is the service well-led?

Good ●

The service was well-led.

The registered provider was responsible for the management of the service. The principles and values on which the service was provided were well understood by staff.

Staff told us they enjoyed working in Feng Shui House (Blackburn) and were able to make suggestions as to how the service could be improved.

A number of quality assurance systems were in place to help ensure people received safe and appropriate care.

Feng Shui House (Blackburn)

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 23 January 2017 and was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential services for older people.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us; a notification is information about important events, which the provider is required to send us by law. We contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority contract monitoring team to obtain their views about the service; no concerns were reported to us.

During the inspection we spoke with seven people who used the service and one visiting relative. We also spoke with the registered provider, the deputy manager, two members of care staff and the cook. We also spoke with a community based health professional and a local minister who visited Feng Shui House (Blackburn) during our inspection.

We carried out observations in the public areas of the service. We reviewed the care records for four people and the medication records for all people living in the home. In addition we looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

We looked at four staff personnel files and saw that the recruitment system was not as safe as it should have been. It was not robust enough to protect people from being cared for by unsuitable staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider's recruitment policy did not meet the requirements of the current regulations. This was because it did not make it clear that additional pre-employment checks were required when applicants had worked previously with vulnerable adults or children. Schedule 3 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 states that providers should make all reasonably practicable attempts to find out why the person's employment in any such setting came to an end; this is to help protect people from being cared for by unsuitable staff. We found that these required checks had not taken place for three of the staff who were employed to work in the service. In addition we could not find evidence that the provider had taken the necessary steps to follow up on a reference from a person's previous employer which indicated they would not re-employ the person. This meant there was a risk that the provider might employ people who were unsuitable to work with vulnerable groups.

We found all the personnel files we reviewed contained a completed application form. The provider had an employment continuity check form in place but we noted this had not been completed for one person whose application form showed there were unexplained gaps in their employment history. In order to protect people who use the service it is necessary for providers to obtain a full employment history for all applicants, together with a satisfactory written explanation of any gaps in employment. We could not find evidence on one personnel file that the provider had received satisfactory evidence of a person's conduct in previous employment relating to vulnerable adults. Following the inspection, as requested, the provider sent us copies of two references received for the person but as these were dated after the inspection we were unable to confirm they had been in place prior to the person's employment in the service.

Staff personnel files showed checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

All the people we spoke with told us they felt safe in Feng Shui House (Blackburn). Comments people made to us included, "I've never felt unsafe" and "It's rather nice when you don't have to be unsure about living here."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place; these provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding and knew the correct action to take if they witnessed or suspected abuse. We noted that as the service had only opened in August 2016 most of the staff we spoke with were recently recruited and had completed safeguarding training as part of their induction to working in the home.

We saw that the service had a whistleblowing policy in place. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained details of organisations outside of the service that staff could contact if they felt they had not been listened to. Staff we spoke with were aware of the whistleblowing policy. They told us they were confident that they would be taken seriously by the managers in the service if they raised any concerns. One staff member commented, "100% they [managers] would listen to me."

We looked at the staff rosters and noted that sufficient numbers of staff were in place on each shift to meet the needs of people who used the service. Comments people made to us about staffing levels included, "I've not even counted them; never thought about it. They [staff] are great, they treat you like ordinary people" and "Staff always come straight away, they are very good that way."

During the inspection we noted there was a relaxed atmosphere and staff regularly took the time to sit and chat with people. Staff we spoke with told us this was why they particularly enjoyed working in the home. We noted all call bells were answered promptly throughout the inspection.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. We noted all staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We noted that the medicines trolley was left on a corridor on the ground floor of the home during the inspection. Although the trolley was locked it was not secured to a wall as required for security purposes. The deputy manager told us the trolley was normally kept in the basement area where it was secured to a wall.

We checked the medicines administration record (MAR) charts for the ten people using the service on the day of the inspection. We found all the MAR charts contained photographs of each individual and a record of any known allergies; this reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. All the MAR charts were fully completed to show that people had received their medicines as prescribed. During the inspection we observed staff took the time to explain to people why they were prescribed particular medicines.

We saw that care plans were in place in relation to 'as required' medicines. However, these care plans needed to be more detailed to help ensure that staff were aware of the symptoms a person might display to indicate they required the medicine if they were unable to ask staff directly.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounge and dining room, bathrooms and toilets were clean. On site laundry facilities were provided. We saw that all the equipment was in working order and the laundry looked clean and well organised.

Our observations during the inspection showed staff used appropriate personal protective equipment (PPE), including disposable aprons and gloves when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection. Hand sanitising gel and hand washing facilities were also available around the building. These were observed being used by staff undertaking their duties. This helped to protect staff from potential infection when delivering personal care and undertaking cleaning duties.

All the people we spoke with during the inspection were positive about the cleanliness of the home. Comments people made to us included, ""The owner certainly looks after the property, it's first class and everything's got to be perfect" and "The cleanliness of the house is excellent."

Care records we looked at contained information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. Risk assessments had been regularly reviewed and, where necessary updated to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in the home.

We noted that people who lived at the home had been provided with personal alarms to use if they wanted to request assistance; these were a lightweight pendant worn around their neck. The pendants enabled people the freedom to live independently in the home, safe in the knowledge that if they needed assistance or had a fall, they could get help quickly.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Although fire drills had taken place the records of these drills did not provide an evaluation of the process; this information is important to ensure any lessons learned are recorded and shared with staff.

Records were kept of the support people who lived at Feng Shui House (Blackburn) would need to evacuate the building safely in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us they understood the principles of the MCA and would always seek consent from people before they provided any care or support; this was confirmed by our observations during the inspection. Staff told us they had an excellent understanding of both the verbal and non-verbal communication used by people who used the service. One staff member told us, "Most people can tell us what they need or want. We get to know people and are aware if they are upset or in pain." Care records we reviewed reminded staff of the importance of gaining consent from people before any care was provided.

We saw that care records contained mental capacity assessments. However these assessments did not relate to specific decisions as required under the MCA. The deputy manager told us that a DoLS authorisation had only been submitted to the local authority for one person who used the service. However when we looked at the care records for another person we noted they were assessed as lacking capacity; this was due to them being unable to communicate any decisions or choices due to their health condition. We were told this person had been moved from a different care home where they had been subject to DoLS but that an application had not been submitted in relation to their care at Feng Shui House (Blackburn) at the request of their relative; this meant there was a lack of legal safeguards in place to protect the person's rights. The deputy manager told us there was another person who sometimes lacked capacity to consent to their care in the service but no DoLS application had been submitted to allow for an assessment to take place to determine if any restrictions in place were in the person's best interests.

The lack of effective systems to protect the rights of people who were unable to consent to their care in Feng Shui House (Blackburn) was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with who used the service told us staff always asked for their consent before any care was provided and that no restrictions were in place. Comments people made to us included, "I am free to go wherever; I can go where I want whenever I want" and "I am not restricted, I'm quite comfortable."

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed

showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. This included areas such as infection control, moving and handling, pressure care and fire safety.

Staff we spoke with were positive about the training they had received and considered it had prepared them well for their role. One person told us, "Absolutely there is enough training." Another staff member commented, "We get good training; [name of deputy manager] is good at that."

All the people we spoke with during the inspection told us they considered staff were skilled and competent to deliver effective care. One person commented, "Staff are very efficient." Another person told us, "Staff are all very friendly; the girls know what they are doing."

Staff told us they could always approach the managers in the service for advice or support, including out of office hours as there was an on-call system in place. Records we reviewed showed the deputy manager had introduced formal supervision sessions for all staff. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We saw that there was a standard supervision agenda in place which covered topics including safeguarding, feedback from people who used the service and colleagues and the staff member's view about the delivery of the service.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

People gave us positive feedback about the quality of food provided in the service. Comments people made to us included, "Food is marvellous" and "The food is very good. I could have a cooked breakfast if I wanted but I just have toast and cereal. Lunch is very good. They come round with drinks morning and afternoon; if I wanted water they'd just bring it."

The service had not yet been awarded a food hygiene rating since the home had only been operational since August 2016. We found the kitchen was clean and tidy. Checks were carried out to ensure food was stored and prepared at the correct temperatures. We saw that there were plentiful supplies of fresh produce as well as tinned and dried goods.

We spoke with the cook on duty who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. We observed both the breakfast and lunchtime meals and noted people were able to choose what they wanted to eat. There were three choices of hot meal available at lunchtime and all meals were well presented and looked appetising and nutritionally balanced. We noted drinks and snacks were served to people throughout the inspection.

We saw that the tables in the dining room were set with tablecloths and condiments and people were encouraged to sit together for their meals; this helped to make the mealtimes a sociable and enjoyable experience. We noted staff offered gentle support and reassurance to people to encourage them to eat as much as possible.

We noted there was a plan in place to move the dining room to a newly built orangery at the rear of the building which was in the process of being finished. The provider told us this would offer more room for

people to sit at mealtimes and would mean that the current dining room could be used as a second lounge. This would allow people who used the service to have more space and privacy if they so wished.

We saw that the standard of décor and furniture in the home was very high. The registered provider told us that Feng Shui principles had been used when choosing colours throughout the home in order to improve the experience of people who used the service. They told us they also intended to put up some signs to help orientate people and maximise their independence.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. All the staff told us they attended handover meetings at the start of each shift. They told us that all important information was also recorded in the communication book so that staff could refer to this throughout their shifts.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and appointments with district nurses and GPs. The community based health professional we spoke with during the inspection told us they were very impressed with the standard of care provided in the home. They told us, "This home provides probably the best care I have seen. Staff are proactive in ensuring people get the care they require."

Is the service caring?

Our findings

All the people we spoke with told us staff at Feng Shui House (Blackburn) were kind, caring and respectful. Comments people made to us included, "Everybody's kind to me; they're all very charming", "Very kind, very obliging" and "Staff are very nice, very helpful and kind."

During the inspection we observed warm and friendly interactions between staff and people who used the service. Staff took the time to engage people in conversation and listen to people's responses. This was confirmed by a relative who told us, "Whenever I come carers are in the lounge, interacting with residents, just talking." We also saw that staff knocked and waited for an answer before entering people's bedrooms. This was to ensure people had their privacy and dignity respected.

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history and important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The managers and staff we spoke with clearly demonstrated they knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately. Staff also demonstrated a commitment to providing high quality, personalised care. One staff member told us, "I think people get good care here. I would be happy for a family member to live here. I want to be looked after here when I am that age."

The visiting local minister we spoke with told us they had been approached by the service to provide communion to those people who wished to participate in order to help meet their spiritual needs. The minister told us that in their opinion staff were, "happy and pleasant, kind, very welcoming and very helpful."

We saw that care records included some details about the care people wished to receive at the end of their life. The deputy manager told us they recognised there was scope for further improving this information to help ensure staff were aware of people's wishes and preferences regarding end of life care. They told us they would ensure end of life care plans were reviewed with people who used the service where they were willing to discuss these matters.

We spoke with the registered provider about access to advocacy services should people require their support in relation to the care they received. The registered provider had information about the local advocacy service that could be provided to people and their families if this was requested although we noted the contact details for this service needed to be updated.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

We asked the registered provider to tell us how they ensured people received care and treatment that met their individual needs. The registered provider told us that they always completed a detailed assessment of the support people required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff. Care records we reviewed confirmed this assessment had taken place.

We were told that on admission to the home each person was given a copy of the service user's handbook. This included information about the services provided at the home as well as details about the training and experience of staff. All the people we spoke with told us staff were always responsive to their needs. One person commented, "You get help whenever you need it".

The registered provider told us the aim of the service was to ensure people were stimulated and offered activities to support their health and well-being. We were told that a deliberate decision had been made not to provide a TV in the lounge area in order to promote conversation between people who used the service and staff. This was confirmed by a staff member who told us, "Residents are enriched and not sat in front of the TV all day. We use the papers to talk about the news or do activities people want." During the inspection we observed staff regularly sat in the lounge area to discuss both recent and past events with people. We noted that each person was provided with a TV in their bedroom should they wish to watch particular programmes or spend time alone.

Staff told us there was no scheduled plan of daily activities as they would always ask people what they wished to do each day. We reviewed the log of activities and saw that people had participated in arts and crafts, armchair exercises and quizzes. Staff told us that activities also took place each evening and that people really enjoyed the regular bingo sessions which were held.

We noted that a hairdressing salon had been constructed in the home. This was furnished to a high standard and was intended to ensure that people had a pleasurable experience when they visited the salon. A hairdresser visited the service on a weekly basis.

People who used the service told us they were generally happy with the level of activities provided although three people told us they would enjoy more trips out. Comments people made to us included, "I like to listen to people talking; we get on very well together" and "We don't do much but we do have the hairdresser which is good. We can watch TV. We have not had any trips out yet; I would be interested if they had things going on."

We looked at the systems in place to enable people to provide feedback on the care they received in Feng Shui House (Blackburn). We noted the complaints procedure was included in the service user handbook which people received on admission. This contained information about how people could make a complaint if they were not happy with the service they received and the timescales for a response to be made. We were told no complaints had been received in the six months since the home had opened.

All the people we spoke with told us they would speak with the registered provider or deputy manager if they had any concerns or complaints about their care. They told us they were confident any concerns they raised would be taken seriously although no one had had any cause to make a complaint. One person commented, "They'll listen to us if we want something." Another person told us, "The owner is very approachable but I have not needed to talk with her about anything I'm not happy with."

We saw that two resident meetings had taken place since the service became operational. Minutes of these meetings showed that people had commented positively about the care they received. One person had stated, "Staff treat me with dignity and respect." Another person had commented, "Carers look after me well and there are plenty of them. I'm happy here."

Is the service well-led?

Our findings

The service was not required to have a registered manager in place as the registered provider was an individual who was responsible for the management of the service. As they were also responsible for the management of the 'sister' service in Blackpool, a deputy manager supported them in the day to day running of the service.

The registered provider told us they spent part of each day at Feng Shui House (Blackburn); this was confirmed by all the staff we spoke with. They told us they found the registered provider and the deputy manager to be supportive and approachable.

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS.

We discussed the philosophy of the home with managers and staff. We were told that the aim of the service was to ensure that people were offered individualised care which aimed to promote emotional well-being through meaningful activity and social inclusion. This was confirmed by a staff member who told us, "The ethics here are what I believe in. Everyone is an individual and everyone is treated as their own person."

All the staff we spoke with told us they enjoyed working at Feng Shui House (Blackburn) and told us the leadership in the service was excellent. This was confirmed by comments we saw in the staff survey carried out by the registered provider. Comments staff had made included, "Well managed home. A pleasure to work for. I have been encouraged to go further in my career" and "As a carer at Feng Shui House (Blackburn) I have been well educated about all aspects of my job role. I have been given numerous opportunities to progress by doing exams and courses."

We saw that staff meetings had been held within the service. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to.

There were a number of quality assurance systems in place in the service including regular audits of medicines, the environment, equipment and infection control. We noted that none of the audits completed had identified any corrective actions were required.

The registered provider had completed satisfaction surveys with people who used the service. We saw that

all of the surveys which had been returned contained positive feedback about the care people received. Comments people had made included, "I have been very happy up to date" and "I am more than happy with my care."

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 11 HSCA RA Regulations 2014 Need for consent There was a lack of effective systems in place to protect the rights of people who were unable to consent to their care in the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff