

Bellgarth Care Homes Limited

Belgarth Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection of Belgarth Care Home on 10 and 11 August 2015. One adult social care inspector conducted the inspection.

Belgarth Care Home is situated on the outskirts of Barrowford, approximately one and a half miles from Nelson town centre. The home is registered to provide accommodation, nursing and personal care for 47 people, including a separate unit for people living with a dementia or a mental disorder. At the time of the inspection there were 20 people accommodated in the home.

The registration requirements for the provider stated the home should have a registered manager in place. There was no registered manager in post on the day of our inspection as the previous registered manager had left in March 2015. 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.

Summary of findings

A regional manager was in day to day control of the home until a suitable manager could be recruited.

At the last inspection of 10 and 11 February 2015 we found the registered provider was not meeting the relevant legal requirements relating to ineffective quality assurance and auditing systems, failure to follow safe medicine procedures, failure to meet the requirements of the Deprivation of Liberty Safeguards (DoLS), failure to maintain clear and accurate records about people's care, failure to follow safe infection control procedures and failure to maintain a safe and suitable environment. The registered provider was asked to take action to make improvements.

From December 2014 meetings had been held with the registered persons, Care Quality Commission (CQC), the local authority infection control lead nurse, the safeguarding team and commissioners of services. Admissions to the home were suspended until commissioners were satisfied improvements had been made. Restrictions on admissions were lifted following our inspection visit. During this inspection visit we found action had been taken and further improvements were ongoing in respect of the premises.

People told us they did not have any concerns or complaints about the way they, or their relatives, were cared for. They said, "It's alright, they look after me" and "I'm safe and looked after." Visitors said, "The care has been first class in every respect from day one", "I am really pleased with the care my relative receives" and "My relative is content and happy; I am happy with the care."

Each person had a care plan that was personal to them and contained information about their likes and dislikes as well as their care and support needs. The care plans had been updated in line with any changing needs and showed some people had been consulted about their care.

There were opportunities for involvement in suitable activities both inside and outside the home. People said, "There are things to do" and "There is plenty going on." Throughout the day we heard laughter and friendly chatter. We noted staff spending time to sit and chat with people in a relaxed and friendly way.

People told us they enjoyed the meals. They told us, "I enjoy the meals; the food is very good here and there is always a choice available" and "If I don't like what is on

the menu they will make me something else." A visitor said, "The meals always look very good." Staff chatted amiably to people throughout the meal and we saw people being sensitively supported and encouraged to eat their meals. People were offered drinks and snacks throughout the day.

Staff had an understanding of abuse and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered.

People's medicines were managed safely and appropriate processes were in place for the ordering, receipt, administration and disposal of medicines.

The home was clean and hygienic. There were effective systems in place to support good practice and to help maintain good standards of cleanliness. One person told us, "My room is always clean and fresh." A visitor said, "It is always clean when I visit."

There were sufficient skilled and experienced staff to meet people's needs. People made positive comments about the staff team. They said, "They seem a good bunch and always around to help." Visitors told us, "The staff are fabulous" and "There are plenty of staff around; they are pleasant, polite and caring."

Employment checks were completed before new staff started work to make sure they were suitable. Staff had been provided with training and support to help them look after people properly.

People told us they were happy with their bedrooms. One person said, "I like my room very much." Some areas of the home had been redecorated and refurbished and offered comfortable, bright and interesting communal spaces. However, some areas were in need of further improvement to ensure people lived in a comfortable and suitable environment. We made a recommendation that the service complied with the dates on the development plan for the home.

Effective systems were in place to regularly assess and monitor the quality of the service. The systems had

Summary of findings

identified shortfalls and that improvements had been made. People's views and opinions about the running of the home had been sought which would help to monitor their satisfaction with the service provided.

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.

People received their medicines on time and accurate processes were in place for the ordering, receipt, storage and disposal of medicines.

The home had sufficient skilled and experienced staff to meet people's needs. There were enough staff to respond to people in a timely way and staff were available in all areas of the home.

Staff had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Good



Is the service effective?

The service was not consistently effective.

All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

Some areas of the home had been redecorated and refurbished which helped to ensure people lived in a comfortable and suitable environment. However, some areas of the home were in need of further improvement.

People told us they enjoyed their meals. People were given the support and encouragement they needed and were offered choices of meals.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Requires improvement



Is the service caring?

The service was caring.

People told us they were happy with the approach taken by staff and we observed staff responding to people in a kind and friendly manner and being respectful of people's choices.

Staff took time to listen and respond appropriately to people. People using the service told us they were able to make decisions and choices.

People's dignity and privacy was respected and they were supported to be as independent as possible. Care workers were knowledgeable about people's individual needs.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People received care and support which was personalised to their wishes and responsive to their needs. Each person had a care plan that was personal to them which included information about the care and support they needed.

People were supported to take part in a range of suitable activities, both inside and outside the home. People were able to keep in contact with families and friends.

People had no complaints about the service but knew who to speak to if they were unhappy. Processes were in place to manage and respond to complaints and concerns.

Is the service well-led?

The service was well led.

The registered manager for this service left in March 2015. A regional manager was in day to day charge of the home until a suitable manager could be recruited. The registered provider had taken reasonable steps to recruit a manager to be registered with the commission.

The quality of the service was effectively monitored to ensure improvements were on-going.

There were effective systems in place to seek people's views and opinions about the running of the home.

Good



Belgarth Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection of Belgarth Care Home took place on 10 and 11 August 2015. The inspection was carried out by one adult social care inspector.

At the last inspection of 10 and 11 February 2015 we found the registered provider was not meeting the relevant legal requirements. The registered provider was asked to take action to make improvements. During this inspection visit we found action had been taken and further improvements were ongoing in respect of the premises.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We also looked at reports and spoke with commissioners and the infection control lead nurse and were advised improvements were being made.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with four people living in the home and with one visitor. We spoke with two nurses, two care staff, the domestic and the area manager. Following the inspection visit we asked the registered provider to send us a copy of the business development plan and we also spoke with two visitors.

We observed care and support being delivered by staff. We looked at a sample of records including three people's care plans and other associated documentation, two staff recruitment and induction records, training and supervision records, maintenance and servicing records, minutes from meetings, complaints and compliments records, people's medication records, policies and procedures and audits.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. People living in the home said, “It’s alright, they look after me” and “I’m safe and looked after.” Visitors told us, “Everyone is very kind” and “All the staff are very caring; I have no concerns about my relatives care.” During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was caring and patient.

At our last inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected against the risks associated with the unsafe use and management of medicines.

During this inspection visit we found action had been taken to ensure people’s medicines were managed safely. We found the home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to. Nursing staff had received training to help them to safely administer medication and regular checks on their practice had commenced to ensure they were competent.

We found accurate records and appropriate processes were in place for the ordering, receipt, administration and disposal of medicines. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. Appropriate arrangements were in place for the management of controlled drugs which are medicines which may be at risk of misuse. Controlled drugs were stored appropriately and recorded in a separate register. We checked one person’s medicines and found it corresponded accurately with the register.

People were identified by a photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. There were clear instructions on the MARs. Medicines were clearly labelled and codes had been used for

non-administration of regular medicines. There were records to support ‘carried forward’ amounts from the previous month which would help to monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use.

We observed the morning medicine rounds were completed in a timely way and discussions were underway with people’s GPs to ensure regular reviews of people’s medicines were undertaken. This would help to ensure they were receiving the appropriate medicines. We saw the medication system was checked and audited on a monthly basis and there was evidence prompt action had been taken in the event of any shortfalls

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected against the risk of acquiring infection.

During this inspection visit we found the areas that we looked at were clean and hygienic. Prior to our inspection visit the local authority infection control lead nurse had visited the home. We were told improvements had been made.

Infection control policies and procedures were available. Records showed all staff had received infection control training. There were two designated infection control leads who were to receive additional training and would conduct checks on staff infection control practice and keep staff up to date.

We noted staff hand washing facilities, such as liquid soap and paper towels, and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Hand hygiene checks were completed regularly to ensure staff were following procedures. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of clinical and sanitary waste.

There were sufficient domestic and a laundry staff available. Cleaning schedules had been introduced and were monitored by the area manager. There were audit systems in place to support good practice and to help maintain good standards of cleanliness. One person told us, “My room is always clean and fresh.” A visitor said, “It is always clean when I visit.”

Is the service safe?

From looking at records we saw equipment was safe and had been checked and serviced regularly. Training had been provided to ensure staff had the skills to use equipment safely and keep people safe.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. Individual risks had been identified in people's care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. We noted people's injuries and bruising had been recorded and monitored. This would help to make sure people were safe and looked after properly.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. There was information about recognising and reporting abuse displayed in the hallway for people living in the service and their visitors to read. Records showed staff had received safeguarding vulnerable adults training and further training was planned. Staff spoken with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

We looked at the recruitment records of two members of staff. We found a number of checks had been completed

before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

During the last inspection we noted both long and short term staff sickness was high and had resulted in a high reliance on agency staff. During this inspection visit we looked at the staff rota and found sufficient skilled and experienced staff to meet people's needs. We found one nurse and 4 care staff throughout the day and one nurse and 3 carers at night. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff and the use of agency staff was limited. This helped to ensure people were looked after by staff who knew them. Staffing numbers were kept under review to ensure people's choices, routines and needs were met. During the inspection we observed there were enough staff available to attend to people's needs; people's requests were responded to in a timely way and staff were available in all areas of the home.

People told us they were happy with the staff that supported them and there were enough staff to support them when they needed. One person said, "They seem a good bunch and always around to help." Visitors told us, "The staff are fabulous" and "There are plenty of staff around; they are pleasant, polite and caring." Staff told us, "Everyone works well together. We have enough staff."

Is the service effective?

Our findings

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. One person said, “I like my room very much.” A visitor said, “My relative’s room is nice; he has all his bits and pieces around him.” Staff made positive comments about the design and decoration of some areas of the home.

At our last inspection we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected against the risks associated with unsafe or unsuitable premises. We found a number of areas were in need of repair and maintenance to ensure people lived in a safe environment.

We were aware extensive building work to improve some areas of the home had been planned for some time and this had impacted on the improvements to other areas of the home. Prior to our inspection we were told a date to commence work was still being sought. Following the inspection the registered provider showed us the plans for the proposed building works. A commencement date was still being negotiated.

We looked around the home. We did not enter all areas of the home but found improvements had been made and some areas had been redecorated and refurbished. This helped to ensure people lived in a safe, comfortable and suitable environment. However, we noted two carpets were secured with gaffer tape, a number of double glazed units had failed, wallpaper missing in the dining area and a number of low divan beds in unoccupied bedrooms. Following the inspection the registered provider sent us a copy of the development plan for the home. We noted there were clear timescales for action. This information helped us to determine the registered provider’s plans for future improvements and would help us to monitor how this was being progressed.

We found areas of the home that offered comfortable, bright and interesting communal spaces which were suitable for people living in the home. Bedrooms were mainly single occupancy with suitably equipped bathrooms and toilets located within easy access or commodes provided where necessary. Aids and adaptations had been provided to help maintain people’s

safety, comfort and independence. The gardens were safe and maintained. There was a maintenance person. We looked at records and found an effective system of reporting required repairs and maintenance was in place.

We looked at how the service trained and supported their staff. Following our last inspection visit we were told there were inaccuracies with the training records. During this inspection we looked at individual training records and the training plan. We found a programme of training was underway and staff had attended a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding vulnerable adults, moving and handling, fire safety, infection control, first aid, food safety, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Additional training had also been provided and included diabetes, falls, dementia and mental health awareness, nutrition, cleaning principles and equality and diversity. We found there were effective systems to ensure training was completed in a timely manner. More than half of staff had achieved a recognised qualification in care; records showed other staff were working towards achieving this.

Records showed there was an induction and training programme for new staff which would help make sure they were confident, safe and competent. Staff told us all new staff were provided with induction and training and worked with more experienced staff until they were competent to work as a team member. We also looked at the records of agency staff who were worked in the home and found they had been provided with an induction and introduction to the home.

Staff told us they were supported and provided with regular supervision and appraisal of their work performance. Records supported this. This would help identify any shortfalls in staff practice and identify the need for any additional training and support. One member of staff said, “I get the support and training that I need.” We saw records of checks completed on staff practice.

Staff told us handover meetings, handover records and a communication diary helped them keep up to date about people’s changing needs and the support they needed. Records showed key information was shared between staff

Is the service effective?

and staff spoken with had a good understanding of people's needs. We were told the regional manager participated in the handover meetings and would follow up with appropriate action as needed.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The food is alright and I get enough of what I want to eat", "I enjoy the meals; the food is very good here and there is always a choice available" and "If I don't like what is on the menu they will make me something else." A visitor said, "The meals always look very good."

The menus and records of meals served indicated people were offered meal choices and also alternatives to the menu had been provided on request. The cook was aware of people's likes and dislikes and spent time talking to people about the menu and their preferences. During our visit we observed breakfast and lunch being served in both dining areas. The dining tables were appropriately set and condiments and drinks were made available. People were able to dine in other areas of the home if they preferred and equipment was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. Staff chatted amiably to people throughout the meal and we saw people being sensitively supported and encouraged to eat their meals.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty

Safeguards (DoLS), with the regional manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS.

The regional manager and staff expressed a good understanding of the processes relating to MCA and DoLS and all staff had received training in this subject. At the time of the inspection applications had been made for DoLS which would help to ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives and this was clearly recorded in the care plans. People's consent or wishes had been obtained in areas such as information sharing, photographs and the delivery of care and treatment although not in the gender preference of staff. The regional manager gave assurances this would be reviewed which would help make sure people received the help and support they needed and wanted.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We recommend that the service complies with the dates on the improvement plan to ensure people live in a comfortable and suitable environment.

Is the service caring?

Our findings

People who we spoke with told us they were happy with the approach taken by staff. Comments included, “I think the care is good. People try to do their best”, “Staff are caring; it is okay” and “Staff are respectful, kind and considerate.” Visitors said, “The care has been first class in every respect from day one”, “I am really pleased with the care my relative receives” and “My relative is content and happy; I am happy with the care.”

During our visit we observed staff being respectful of people’s privacy and supporting people to be as independent as possible, in accordance with their needs, abilities and preferences. There was a primary nurse and keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee their care and support. From our observations and from our discussions with people, we found staff had a good understanding of people’s needs. We noted calls for assistance were promptly responded to and staff communicated well with people.

The service had policies in place in relation to privacy and dignity. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. Staff were seen to knock on people’s doors before entering and doors were closed when personal care was being delivered. Privacy screens were available for use in shared rooms although we noted the first floor bathroom did not have a privacy curtain in place.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices.

We looked at two people’s care plans and found they, or their relatives had been involved in ongoing decisions about care and support and information about their preferred routines had been recorded. This helped ensure people received the care and support they both wanted and needed. Visitors told us they were kept up to date with any changes to their relative’s health and well-being and were involved in care plan reviews.

Is the service responsive?

Our findings

People told us they were happy with the service they received and had no complaints. They were confident to raise any concerns and were confident they would be listened to. One person said, “I’m content and I have no complaints about anything.” Visitors said, “I am 100% confident to raise any concerns with the staff and I’m certain I would be listened to” and “I am really pleased and have no issues at all.”

The complaints procedure was given to people at the time of admission and was displayed in the hallway. This advised people how to make a complaint to the service and how and when they would be responded to. However, the contact details of the other agencies who could be contacted, such as the local commissioners and the local ombudsman were not clear. The regional manager assured us this would be reviewed. We were told people who used the service and their visitors were encouraged to discuss any concerns during day to day discussions with staff and management.

There had been no complaints since our last inspection visit in February 2015. However, from our discussions and from looking at records we found people’s minor concerns were actioned and recorded in their care plan. This made it difficult to determine whether there were recurring problems or whether the information had been monitored and used to improve the service. The regional manager gave assurances this would be actioned.

During our last inspection we found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found people’s records did not sufficiently guide staff on their care and support needs which could potentially place them at risk of receiving inappropriate care.

During this inspection we found there had been an improvement in the way information about people’s care and support was recorded. This helped make sure people received personal care and support that was responsive to their needs. The care plan system had been reviewed since our last inspection visit and was being improved to be more person centred and to reflect more of people’s preferences and routines. Each person had a care plan that was personal to them and contained information about

their likes and dislikes as well as their care and support needs. The care plans included information about the support people needed with processes in place to monitor and respond to changes in their health and well-being.

The care plans had been updated on a monthly basis and in line with any changing needs. People living in the home, or their relatives, told us they had been involved in discussions and decisions about care and support. Visitors told us they were kept up to date and involved in decisions about care and support and in reviews of their relative’s care plan. Records showed some people living in the home had been involved in their care planning. The regional manager told us she was developing systems to increase people’s involvement in the care plans.

There had not been any new admissions to the home so we looked at a previously completed pre admission assessment and spoke with staff. We noted an experienced member of staff carried out a detailed assessment of a person’s needs before they moved into the home. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. We noted the assessment covered all aspects of the person’s needs, including personal care, mobility, daily routines and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

People were able to keep in contact with families and friends. Visiting arrangements were flexible. Visitors told us they were able to visit at any time and were made to feel welcome.

From looking at records and from discussions with staff and people who used the service, it was clear there were opportunities for involvement in suitable activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer and activities were arranged for small groups of people or on a one to one basis. Each person had a record that indicated their daily routines and any activities they enjoyed. This meant the activity coordinator was able to tailor people’s activities to their individual needs and preferences. Activities included singalongs, crafts, hand

Is the service responsive?

and nail care, games, baking, doll therapy and reading. On the first day of our visit we noted people going to the local café. People said, “There are things to do” and “There is plenty going on.”

Throughout the day we heard laughter and friendly chatter. We noted staff spending time to sit and chat with people in a relaxed and friendly way.

Is the service well-led?

Our findings

The registered manager for this service had left in March 2015. A new manager had been recruited and had been in post from April but had left in July 2015. At the time of our inspection visit we were told applications had been received for the post of manager and deputy manager; we were told suitable applicants would be invited for interview. The registered provider had taken reasonable steps to recruit a manager to be registered with the commission.

A senior manager, who was a regional manager for the company, had been responsible for the day to day management of the home since February 2015 and would remain in the home until a suitable manager was recruited. Staff described the regional manager as 'fair' and 'approachable'. They told us improvements were being made and said, "Everyone is much happier; it is a nicer place to work."

The registered provider and the regional manager were working with the Care Quality Commission (CQC), the safeguarding team and commissioners of services to ensure improvements were made. An improvement plan was in place and meetings had taken place to monitor progress with this. A restriction on admissions to the home had been imposed and was removed following the inspection visit.

During our last inspection visit we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Checks on systems and practices had been completed but matters needing attention had not been recognised or addressed.

During this inspection visit we found effective systems were in place to regularly assess and monitor the quality of the service. They included checks of the medication systems,

activities, staff training, care plans, infection control and environment. There was evidence these systems had identified shortfalls and that improvements had been made.

During our last inspection visit we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The home had not notified us of the outcome of DOLS applications.

During this inspection we found the regional manager and staff expressed a good understanding of the processes relating to MCA and DoLS and all staff had received training in this subject. At the time of the inspection applications had been made and the regional manager was aware of the notification process.

Systems to seek people's views and opinions about the running of the home had been reviewed. We observed the regional manager welcoming any visitors to the home to help promote ongoing communication and discussion. People's relatives had been asked to complete a customer satisfaction survey to help to monitor their satisfaction with the service provided. People living in the home had also been involved in a recent survey about the meals. Consideration would be given to obtaining the views of visiting health and social care professionals.

Meetings had been held for people living in the home and their families although had been poorly attended. The regional manager was aware of the need for developing systems which would ensure people were kept up to date with any changes to the service.

Staff told us they were able to raise their views at regular staff meetings. They told us they were able to raise any concerns in confidence with the regional manager. They were confident their concerns would be listened to.

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.