

Mayfield Rest Home Limited

Mayfield House Care Home

Inspection report

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Hampshire
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02 February 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 31 January and 2 February 2017 and was unannounced. Mayfield House Care Home is registered to provide accommodation and support to 12 people. At the time of the inspection there were five people living there.

This was a comprehensive inspection that was carried out to check on the provider's progress in meeting the improvements required as a result of our inspection on 10 and 11 May 2016; when breaches of legal requirements were found in relation to staff recruitment, consent, notifications and clinical governance. Following that inspection, the provider sent us an action plan detailing how and by when they would meet the regulatory requirements. At this inspection, we found requirements in relation to: clinical governance, notifications and consent had been met. Requirements in relation to workers had been met in accordance with the provider's action plan. However, this improvement had not been sustained and the provider continued to be in breach of this regulation at the time of the inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider; throughout this report they will be referred to as the provider.

At our previous inspection in May 2016, we found the provider's recruitment procedure did not ensure that staff employed were of good character. At this inspection we found the provider had taken measures to ensure the staff recruitment files for those staff employed at the previous information contained the required information. However, these improvements had not been sustained or embedded into practice for new staff, nor had safe recruitment practices been followed.

People told us there were sufficient staff to meet their needs and we found there were enough staff. People's individual risks had been assessed and measures were in place to manage them safely. The provider had not ensured that all relevant service safety records were available for review at the time of the inspection, to provide written evidence of the checks completed, they have since requested copies of these documents.

People were protected from the risk of abuse, because staff understood and followed the correct procedures in order to identify and report any safeguarding concerns.

The provider had carried out a mental capacity assessment for people in relation to the application to deprive them of their liberty, and was able to show how decisions had been taken in people's best interests. The provider had informed CQC as required regarding applications to deprive people of their liberty.

Staff underwent an induction to their role, to ensure they had the required skills to work with people effectively. Further work was needed; to ensure that all staff were up to date with their required training and

were appropriately supported in their role, when providing people's care, through regular supervision and an annual appraisal of their work.

People were happy with the meals provided, which staff involved them in choosing. Staff had a good understanding of the risks associated with eating for each person and how these were managed. People were supported by staff to meet their healthcare needs.

People told us staff were kind and caring towards them and we observed they enjoyed positive relationships with the staff who provided their care. Staff were provided with a good insight into each person and their preferences to support them in providing people with individualised care. Staff were observed to involve people in making choices and decisions about their care provision. People told us staff respected their dignity. Staff were observed to provide people's care in a manner that promoted their privacy and dignity.

People told us staff knew them well. Since the last inspection the provider had completed new care plans for each person which were now presented in a clearer format. There was evidence people's care was reviewed with them. People were sufficiently stimulated and their independence was promoted.

The provider sought people's views on the service and took action in response to any issues raised. People were aware of the complaints service and how to make a complaint if required.

Processes were in place to audit the safety of the service and to identify any required actions; any issues identified, had been rectified for people's safety. The provider was in the process of updating their policies to ensure they all provided staff with up to date and relevant guidance.

People and staff liked the provider and found them to be approachable. The provider was the only manager and was stretched in their capacity to fulfil their role and duties. As a result, they had not been able to ensure that all of the improvements made had been sustained and embedded as required for people. They were exploring options for increasing the support available to them to ensure they could carry out their role fully.

Staff understood the purpose of the service. People were central to the care provided. The provider had monitored the culture of the service and taken action when they had noted that action was required in relation to staff morale for people.

We found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 consistently safe.

The provider had failed to ensure the improvements made to staff recruitment files had been sustained or embedded into practice. The provider had not followed safe staff recruitment practices.

There were sufficient staff deployed to meet people's needs.

People's individual risks had been assessed and measures were in place to manage any identified risks.

People were protected from the risk of abuse. However, the safeguarding policy needed to be updated.

Improvements were required to aspects of medicines safety, such as ensuring the medicines competency of all staff was assessed and that the medicines policy was updated.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Decisions about people's care had been made in accordance with the legal requirements of the Mental Capacity Act 2005.

Further work was required to ensure staff were fully supported in their role through them consistently meeting the provider's training, supervision and appraisal requirements.

Risks to people associated with nutrition and hydration had been identified and managed effectively.

People were supported effectively by staff to meet their healthcare needs.

Is the service caring?

Good 

The service was caring.

People enjoyed positive relationships with the staff who

provided their care.

People were listened to and their views informed the care they experienced.

People's privacy and dignity was upheld in the provision of their care.

Is the service responsive?

Good 

The service was responsive.

People received care that was responsive to their individual needs. People were sufficiently stimulated and their independence was promoted.

The provider sought people's feedback and responded appropriately to any issues raised.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Processes were in place to monitor the quality and safety of the service.

Notifications had been submitted as required.

The provider was liked by people and staff and was approachable. However, they were stretched in their role and duties. They had not ensured that all legal requirements had been met.

The provider had monitored the culture of the service and taken the required actions when they noted improvements to staff morale and teamwork were required.

Mayfield House 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 January and 02 February 2017 and was unannounced. The inspection was completed by one inspector.

Before the inspection the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the inspection the registered manager informed us they had not received this request. Prior to the inspection we reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the five people, a relative and a person's representative. We spoke with four care staff, the registered manager who was also the provider and their partner who supported them with the service. Following the inspection, we spoke with: the manager for a day service some of the people accommodated attended, a safeguarding officer for the local authority and a GP.

We reviewed records which included three people's care plans, five staff recruitment records, three staff supervision records and records relating to the management of the service.

The service was last inspected in May 2016 when four breaches of the regulations were found.

Is the service safe?

Our findings

At our previous inspection in May 2016 we found the provider's recruitment procedure did not ensure that staff employed were of good character. The provider informed us the required actions would be completed by 30 October 2016. At this inspection we found the provider had taken measures to ensure the staff recruitment files for staff employed at the previous inspection contained the required information. However, these improvements had not been sustained and the recruitment files for the three staff recruited since the last inspection were missing some pre-employment information. One file did not contain details of when the staff member had completed their full-time education, in order to establish the date their full employment history commenced. Two staff's employment histories were not complete; there was not a satisfactory written explanation for any gaps. One record did not contain any proof of identity for the staff member as required.

The provider had not ensured they were familiar with and had followed safe staff recruitment practices. They did not have an up to date recruitment policy at the start of the inspection to guide them; although they reviewed and updated their policy, to include the relevant information, during the inspection.

The provider had obtained an Adults First check for a staff member, which meant the staff member could work under supervision with people, before a Disclosure and Barring Certificate (DBS) certificate had been obtained. The DBS is a criminal records check to help ensure that people are suitable to work with vulnerable adults. Records demonstrated, and the provider confirmed, that this staff member had been rostered to work on three shifts, where they had been left unsupervised for two hours on each shift. This potentially placed people at risk as they had been left alone with this staff member, without all of the relevant checks having been fully completed as per DBS guidance.

A staff member had disclosed information on their application form; which indicated a further risk assessment of their suitability to work with people was required. The provider had failed to fully investigate the nature of the information provided, to establish whether it meant the applicant may not be suitable to work with people, or to complete a written risk assessment to demonstrate why they believed the applicant was of a suitable character to work with people. We discussed this with the provider on the first day of the inspection. On the second day of the inspection they told us the staff member would not be rostered until they had completed the relevant investigations and risk assessment to ensure people's safety. Following the inspection, the provider submitted written evidence to demonstrate how they had assured themselves of this staff member's suitability to work with people.

The improvements made to staff recruitment files had not been sustained or embedded into practice, nor had safe recruitment practices been followed. This was a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were sufficient staff to meet their needs. One person said "Yes, there's enough staff," this was confirmed by a person's relative. Staff told us there were "Mostly enough staff" and that people's care needs were met. We observed there were sufficient staff to meet peoples' care needs. However, rosters

showed there were periods on staff shifts when there was only one member of staff on duty. If people's care needs were to increase and they were to require two staff to support them with their personal care, then staffing would need to be reviewed, to ensure sufficient staff were deployed at all times of the day, to meet people's care needs safely.

A person told us risks to them were managed safely, for example, staff stayed with them whilst they bathed, which they did not mind, for their safety. People's individual risks had been assessed and measures were in place to manage any identified risks. For example, a person was at risk of urinary tract infections so staff were guided to promote the consumption of fluids with the person. People had been assessed for the risk of them falling and any factors identified which could increase the risk of them falling, were managed. Staff were knowledgeable about people's mobility needs and were able to tell us whose mobility fluctuated and how these risks were managed. The provider was in the process of writing new risk assessments for people, three had been completed and the remaining two, were in the process of being updated for people.

Arrangements were in place to ensure people would be safe in the event of fire. The fire safety officer last inspected the service on 25 January 2017 to check that works from a previous inspection of 8 August 2016 had been completed for people's safety; which they had. The provider had prepared a generic Personal Emergency Evacuation Plan (PEEP) for the service which documented how people would be evacuated in the event of an emergency. However, each person requires an individual PEEP; the provider was aware of this requirement and was in the process of completing these for each person. There was a business continuity plan in place to ensure the service could continue to run safely for people in the event of an emergency.

Records showed relevant checks had been completed in order to manage the risk of Legionella for people, which is a water borne illness. Small electrical items had been tested for safety in December 2016. The provider told us the gas safety had been assessed on 20 March 2016 and that the next test was booked for 28 March 2017, but was unable to provide written evidence of these checks. Since the inspection they have provided a copy of this report. There was also a lack of written evidence to demonstrate that the safety of the fixed electrics had been assessed as required. Following the inspection, the provider supplied evidence that the fixed electrics had last been tested in April 2015. The provider needs to ensure that relevant service safety records are kept and are available at all times.

A person told us "I feel safe with staff." A relative told us their loved one was safe within the service. Staff understood their safeguarding role and responsibility to report any concerns, staff told us they had undertaken safeguarding training. Records showed of the eight staff, six of them had completed safeguarding training. The provider told us they were in the process of booking further safeguarding training for staff in March 2017.

There was a generic safeguarding policy; which the provider was in the process of reviewing. This work needs to be completed to ensure staff can access to up to date safeguarding information specific to the service, for people's safety.

The GP told us there were no issues with medicines safety at the service. Staff told us they had undertaken medicines training. Records showed staff had undergone medicines training, but had not completed a medicines competency assessment, to assess their competence at administering medicines. The provider told us they had obtained the paperwork to commence these and they completed two staff medicine competency assessments during the course of the inspection. However, it will take time to complete them all and to embed this practice within the service.

We observed staff administer a person's medicines. They checked the content of the person's blister pack against their medicine administration record (MAR) to ensure they were administering the correct medicine. Once they had administered the medicines they ensured the MAR sheet was signed. We noted people's MAR sheets had been correctly signed, there were no omissions. The provider told us they checked people's MAR sheets daily for completeness.

People's MAR charts provided staff with written but not pictorial guidance about how much and where topical creams were to be applied for people. The use of pictorial guidance is good practice as it provides visual guidance for the application of topical creams. We brought this to the attention of the provider who told us they would look into this.

The provider told us they did not document the date people's topical creams were opened. They were aware usage of these medicines was time limited and to manage this risk they disposed of people's creams monthly. Although this managed the risk for people, it was not an efficient use of medicines which could be disposed of unnecessarily. We brought this to their attention and they told us they would speak to the pharmacist about obtaining labels to date people's creams.

Arrangements were in place for the safe storage and disposal of medicines. No controlled drugs were in use currently. These are medicines which require a higher level of security. Storage and recording arrangements were in place if they were required.

There was a medicines policy, however, this was a generic one and not tailored to the needs of the service; the provider told us this was in the process of being reviewed. This work needs to be completed and the policy will require regular review to ensure it remains relevant.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

At our previous inspection in May 2016, we found that where people were unable to give consent to their care and treatment because they lacked capacity to do so, the provider did not act in accordance with the MCA. At this inspection we found the provider had met legal requirements.

People had signed their care plans where possible and where they could not do so, their records demonstrated their verbal consent for their care had been sought. People's care records documented what types of decisions they had the capacity to make for themselves and the types of decisions which might require a MCA assessment. This provided staff with guidance about when they might need to make a MCA assessment for the person.

There was evidence MCA assessments had been completed for people in relation to specific decisions they were unable to make for themselves, such as whether they agreed with the restrictions in place upon their liberty. The provider told us they had organised a best interest meeting with health care professionals in order to make a decision for the person which they lacked the capacity to make for themselves. Legal requirements had been met when people lacked the capacity to make specific decisions.

Records showed of the eight staff, five had undertaken MCA training and further training had been booked for the remaining staff to undertake this training in February 2017. Staff spoken with were able to demonstrate their understanding of the MCA as it related to their role in supporting people with their care.

Staff underwent an induction to their role, to ensure they had the skills required to work with people. Records showed two members of staff had undertaken the Care Certificate, which is the industry standard induction for staff who are new to care.

There was a staff training matrix showing what training the provider required staff to undertake; although it did not state how often this training should be undertaken. The provider told us that all training was completed three yearly apart from fire training which was updated annually. Records showed staff training in: infection control, food hygiene, medication administration and diabetes care had taken place in January 2017. Further staff training had been booked in relation to: first aid, epilepsy, and the MCA. However, not all staff were up to date with the provider's training requirements. The provider informed us some courses had

been booked for these staff to attend and where staff had missed the face to face training already provided then they would be required to undertake this training on-line to ensure they had the required knowledge to support people effectively. Further work was required to ensure all staff were up to date with their required training.

Records showed four of the eight staff had achieved a level three Qualifications and Credit Framework (QCF) award and the provider held a level four award. Staff were supported to undertake professional qualifications in social care.

The provider told us staff received supervision every three months. Records showed staff were receiving supervisions. However, one member of staff had only received two supervisions in 2016 and although another staff member had received the provider's required four supervisions in 2016, they had not received supervision since August 2016, a period of five months. This staff member confirmed they had not had a one to one supervision for a while, but said they did not feel unsupported in their role; their next supervision had been booked for the week of the inspection. The provider needed to ensure staff supervisions took place regularly in accordance with their requirements to ensure staff were adequately supported within their role.

The provider told us they had completed an annual appraisal with one member of staff to date and had provided the remaining staff with their pre-appraisal paperwork. An appraisal provides staff with the opportunity to reflect on their performance over the past year and to identify their development and training needs for the forthcoming year. The provider needed to complete this process for all staff, to ensure they were appropriately supported in their role, when providing people's care.

People said they chose the meals with staff support. They told us and records confirmed, that staff weighed them monthly. A relative told us "The food is excellent. There is always a good choice and they celebrate people's birthdays."

People had salad for their lunch on the first day of the inspection and a hot meal that evening; they clearly enjoyed their meal. Staff sat with people whilst they ate, this made the experience more pleasant for people, as staff were not standing over them. Staff supported people with cutting up their meal as required.

People's records documented their dietary needs and whether they required their food to be cut up. If people were at risk of choking then they had been assessed by the Speech and Language Therapy service. Some people were at risk of choking due to rushing their meal and we observed staff were on hand if required. Staff had a good understanding of the risks associated with eating for each person and how these were managed. For example, when a person had experienced weight loss, staff had recorded what they ate and alerted the person's GP, as required. We observed people were offered hot and cold drinks across the day and they could also access the kitchen for a drink in between if required. Risks to people associated with nutrition and hydration had been identified and managed for them effectively.

People's records demonstrated they had seen a range of health care professionals, including: dentists, opticians, chiropodists, SALT, GP and physiotherapists. A GP told us they gave people an annual health check and that staff referred people to them appropriately, which records confirmed. During the inspection staff were organising a person's healthcare following liaison with the GP, to ensure their healthcare needs were met. A relative told us how staff supported their loved one to maintain good oral hygiene. People were supported by staff to ensure their health care needs were met.

Is the service caring?

Our findings

A person told us "Staff are ever so kind" and another commented "It is good living here." People told us there were "Nice staff" at the service. A relative told us "Staff are kind and caring."

We observed staff created a homely and cheerful atmosphere for people. Staff told us they had a good rapport with the people they cared for. People's care records documented their preferred term of address which staff used. We observed plenty of friendly interactions between people and staff which were often accompanied by appropriate laughter. Staff were observed to touch people gently and appropriately if required, when providing their support. People were observed to be calm, happy and relaxed in the company of the staff.

Staff cared about people; they asked people how they were, checked whether they were comfortable and asked if they were enjoying the activity or their meal. Staff were heard to warmly validate people's achievements such as when a person completed a puzzle; this made the person smile and feel good about themselves. The provider told us they observed the care staff provided to ensure they were forming positive and caring relationships with people.

People's records provided information about: their personal history, family, who was important to them, their communication needs, preferences, needs, preferred foods, what they liked or did not like and the areas they required support with. People's preferences regarding the gender of staff they wished to support them with personal care were noted. A person's records stated they liked a lie-in and their daily notes confirmed this was respected by staff. This information provided staff with a good insight into each person and their preferences to support them in providing people with individualised care.

Staff told us they supported people to make choices about their care. They said they asked people what they wanted to wear and supported and encouraged them to make choices. We heard staff ask people across the course of the inspection about what they wanted to do and checking with them where they wanted to be. Staff were heard to ask people if they would like assistance with tasks, rather than making an assumption that they required help; this gave people the opportunity to decide for themselves if they needed help. Staff asked people what they wanted to watch on the television to ensure they were involved in the decision.

A person told us they were able to spend their time how they wished to. Another person's records documented that they liked to have time to relax on their own. We observed this person spent as much time as they wished in their bedroom which staff respected.

We observed people had filled their bedrooms with their possessions and the decor reflected their personal taste. People had been involved in making decisions about the decoration and furnishing of their bedrooms.

A relative told us their loved one was always well presented. We observed people were dressed neatly, in clean clothes, that were suitable for the weather. Some of the women wore nail varnish as per their

preference. The day service manager confirmed people were very smart and well cared for. People were well kempt and well presented.

A person told us "Staff respect my dignity." Staff were able to describe to us how they upheld people's privacy and dignity during the provision of their care, for example, by ensuring that their bedroom door remained closed. We observed that when people required personal care, staff spoke to them quietly and discreetly about this. People's care was then provided in private with the bedroom door closed in order to maintain their privacy and dignity.

Is the service responsive?

Our findings

People told us staff knew them well. A person told us they were asked for their views about their care and confirmed they had reviews of their care. Another person told us that they liked to be busy and enjoyed books, colouring, drawing, magazines and games. They commented "Yes, I have enough to do." Another told us they liked reading books of which they were supplied with plenty.

Since the last inspection the provider had completed new care plans for people which were now presented in a clearer format. They had just finished updating everyone's care plans in the new format. Each person's care plans documented how often they then wanted their care to be reviewed by staff. In addition people had an annual review of their care to which they were asked who they wanted to attend.

Each person had a care needs summary sheet a copy of which they kept in their bedroom. This provided an overview of their individual care needs to ensure staff had easily accessible written guidance.

Staff were knowledgeable about each person and understood their needs and preferences about their care. Staff told us they learnt about people's care needs when they commenced their role by reading people's care plans. Then they were updated on an on-going basis about people's welfare through the staff shift handover and by reading any comments about people's care in the communication book. This provided details of any incidents that had occurred or information staff needed to be aware of for people's welfare and safety.

Staff were able to respond to people's individual needs. People who experienced epilepsy had care plans which detailed the characteristics of their seizures and there was guidance for staff on how to respond to a seizure. Staff told us they had undertaken epilepsy training and knew how to respond if a person had a seizure. Records showed six staff had previously undertaken this training and epilepsy training had been booked for staff to undertake on 17 February 2017, to enable them to complete or refresh their knowledge in this area.

Where people's behaviour challenged staff this had been documented and the required measures for staff to be able to respond appropriately. Staff demonstrated a good understanding of each person's behaviours and were able to respond accordingly. For example, we observed that when a person became unsettled, staff were observant and intervened to provide the person with re-assurance and sought to address the cause of them becoming unsettled for them.

People had individual activity schedules. These demonstrated that four people spent time out of the service at least one day a week attending day services. A person confirmed that staff took them to the day centre, which they thoroughly enjoyed. Staff were actively seeking opportunities for another person to attend external groups. People were also supported to attend activities such as church if they wished and to assist with the food shopping for the service if they wanted. An external facilitator visited the service weekly to run an art/craft group with people. Staff told us they spent time with people baking which they enjoyed. The service had: books, games, a TV, DVDs, puzzles and colouring books for people to enjoy. People were

observed to spend time on the activities they enjoyed as detailed in their care plans. For example, a person enjoyed French knitting, we saw staff had helped them make their knitting into items such as coasters and pencil pots which were used around the service; this validated the person's efforts and work. The provider told us a person was being supported by staff with their reading and writing skills, which records confirmed. People's activity records demonstrated they were provided with a range of stimulation and activities.

Staff encouraged people to be as independent as possible with their care. A person told us they did their clothes washing with staff support. Staff were heard to ask a person if they could clean the person's bedroom together. People were encouraged to help with food shopping and food preparation for example, by preparing vegetables and laying the table. A person needed to complete exercises to maintain their mobility and staff were observed to encourage the person do them and to walk to maintain their mobility. People were supported to retain their independence.

People had keyworkers in place whom they met with weekly. This enabled people to provide their feedback on how they were and to raise any issues they wished to about their care.

A person told us "I can tell staff any problems," whilst another commented "If anything goes wrong I just tell staff." We observed a person raise an issue with a member of staff about a problem with a tap in the bathroom; the staff member listened, re-assured the person and then went off to investigate for the person.

No written complaints had been received by the service since the last inspection. The provider told us they read the complaints policy and discussed this with people at the resident's meetings, which people and records confirmed.

People's views on the service were sought through resident's meetings the last of which was held on 19 November 2016. Minutes from the meeting demonstrated people's views about the meals had been sought and where people requested a change this had been implemented. People's views had been sought and acted upon.

People had completed a satisfaction survey on 21 September 2016. All of their responses to the questions asked which related to: the food, management, activities, interests, choices and privacy and dignity, were that the service was good or very good. No issues were raised by people that required action. People's families and professionals had also been asked to provide their views on the service through surveys. These demonstrated a good level of satisfaction with the service provided.

Is the service well-led?

Our findings

At our previous inspection in May 2016 we found the provider had not notified CQC of the outcome of their applications to deprive people of their liberty. In the providers action plan dated 18 August 2016 they informed us the required actions would be completed by 30 September 2016. At this inspection we found the required notifications had been submitted.

At our previous inspection in May 2016 we found there was a lack of effective records, systems and processes in place to assess, monitor and improve the quality and safety of services and to mitigate risks associated with people's health, safety and welfare. In the providers action plan dated 18 August 2016 they informed us the required actions would be completed by 30 September 2016. At this inspection we found the requirements of this regulation had been met.

The provider completed a monthly audit of the medicines; this was last completed on 21 January 2017. They checked: stocks of boxed medicines, medicines storage, medicine records, the use of 'as required' medicines and medicines disposal. The pharmacist last audited the provider's medicines on 29 November 2016; no actions were required as a result of this audit. Processes were in place to audit the safety of medicines within the service.

Other audits of the service included: an infection control audit which was completed on 17 August 2016. One issue was identified with an item of broken furniture, which records showed had been addressed for people. A health and safety checklist was completed on 30 August 2016 and as a result overhanging branches were cut back for people's safety. A fire safety risk assessment had been completed, this identified that a fire door was slow to close; records showed this had been rectified. The provider kept a maintenance record book which documented any deficits with the building and the date of their completion. Processes were in place to audit the safety of the service and to identify any required actions, which had been taken for people's safety.

There was a process in place to document any falls people experienced, this detailed when and where people fell, what happened, any injuries and the actions taken for the person. This enabled the provider to identify any trends in relation to people's falls. They had also recently obtained a copy of the local authorities post-falls observation record. Although they had not yet had cause to use it, this will enable the provider to more readily demonstrate how people's welfare and safety post any fall has been monitored for their safety.

Any accidents people experienced were noted in their records and the accident book as required, which was then reviewed by the provider. Staff did not complete incident forms which can provide a fuller account of accidents. However, due to the size of the service the provider was kept fully informed by staff of any incidents when they occurred to ensure they could take any actions required, for people's safety. They told us that if anyone experienced an accident then this was highlighted in the staff communication handbook, discussed at the staff shift handover and the staff meeting and if required the person's care plan was updated. Processes were in place to ensure the provider was made aware of risks to peoples' safety and that

any required action was taken.

The provider had commenced the process of reviewing and updating the service policies. They had reviewed and updated policies on: health and safety, accidents, nutrition, risks, food safety, Mental Capacity Act 2005 and data protection to date. This was a work in progress which the provider still needed to complete. They also needed to be able to demonstrate that this was a dynamic process, whereby they regularly reviewed and updated policies.

A relative told us "The manager is visible." They also told us they felt they could raise any issues which they needed to. A person's representative confirmed that the provider was "Very pleasant and approachable." A GP told us the provider was "Very caring and always went the extra mile for people."

The provider was visible within the service. They spent time working with people alongside staff on the roster. People were observed to be very relaxed in their company and happy. Staff told us they could talk with the provider about any issues.

Although the provider had taken action to address three of the four breaches identified at the last inspection. They had not ensured that all of the improvements made had been sustained and embedded as required for people. The provider told us they felt they had sufficient time to carry out their managerial duties and to work on the staffing roster. They said that especially when experienced staff were rostered they were able to set aside time to carry out their managerial work. They told us they were looking into the possibility of using a consultant who was already providing staff with face to face training, in order to support them in strengthening the processes, procedures and audits within the service. They were also looking at using a member of staff to provide them with additional support in the office with their role. The provider was aware that their resources as a registered manager were stretched and that to drive further improvement in the service they needed to seek support.

The provider had a statement of purpose dated March 2016 which included: "We place the rights of service users at the forefront of our philosophy of care. Our mission expresses our founding aspiration to provide opportunities for all.we encourage our service users to exercise their rights in full." We observed people were central to the care provided. Staff understood the purpose of the service.

Records showed staff meetings had been held on 20 June 2016 and 26 September 2016. At the June 2016 meeting the culture of the service was discussed with staff in terms of the need to improve staff morale and teamwork. The minutes of the September 2016 meeting, demonstrated there had been an improvement in the culture and staff changes had taken place, as a result people were happier. Staff told us there was a "Nice working culture." The provider had monitored the culture of the service and taken action when they had noted that action was required for people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to establish and operate effective recruitment procedures to ensure that persons employed were of good character. The provider had not protected people by ensuring that the information specified in Schedule 3 in relation to each person employed was available. This was a continuing breach of Regulation 19(1)(a)(2)(a)3(a).</p>

The enforcement action we took:

We issued the provider with a warning notice which they are required to meet by 09 June 2017.