

Franciscan Missionaries of St Joseph

Franciscan Convent Burnley

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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection of the Franciscan Convent – Burnley on 22 and 23 May 2017. The first day of the inspection was unannounced.

The Franciscan Convent is a home caring for the Sisters of the congregation of the Franciscan Missionaries of Saint Joseph. The service is registered to provide accommodation and personal care for up to 25 people. There were nine people living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), 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.

At our last inspection on 14 and 15 October 2015, we found the provider was not meeting all the relevant regulations. We therefore asked the provider to take action in relation to the notification of incidents and improve staff supervision and appraisal arrangements. Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations. During this inspection, we found the necessary improvements had been made. However, we also found there were shortfalls in the recruitment process of new staff and the implementation of the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report. We also made two recommendations about ensuring all safety checks were carried out in a timely manner and ensuring the provider has carried out assessments to demonstrate the quality of the service.

People living in the home said they felt safe and staff treated them well. There were sufficient staff deployed in the home to meet people's care and support needs. However, we found appropriate checks had not been carried out during the recruitment of a new member of staff. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Risks associated with people's care were identified and assessed. People's medicines were managed appropriately and minor shortfalls in the record keeping were rectified during the inspection.

Systems were in place to carry out safety checks on the environment. However, we found the gas safety certificate had expired. Arrangements were made to check the gas installations during the inspection and we were sent a copy of the new certificate following our visit.

Staff received training which equipped them for their roles and supported them in providing safe care for people. Staff spoken with told us they were well supported through a system of regular supervisions and meetings. Arrangements were in place for any new staff member to undertake a structured induction.

We found there was no evidence to indicate people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. In addition, consideration

had not been given to the appropriateness of Deprivation of Liberty Safeguard applications, in order to protect people's rights and freedoms.

There were appropriate arrangements in place to support people to have a balanced and healthy diet. People had access to a GP and other health care professionals when they needed them.

Care plans and risk assessments had been completed to ensure people received appropriate care. Whilst all care plans and risk assessments had been updated on a monthly basis, some information was brief and lacked detail in line with the wishes of people living in the home. As the care plans were reviewed as a whole, we found information was difficult to locate. The registered manager assured us the care plans would be separated into sections according to people's needs. Wherever possible people living in the home had been consulted about their care needs and had been involved in the care planning process.

Staff treated people in a respectful and dignified manner and people's privacy was respected. All people spoken with made complimentary comments about the caring nature of the staff and the registered manager. People were supported to remain as independent as possible.

People chose how to spend their time and the home had a calm, quiet and tranquil atmosphere. People attended the chapel on site for religious services throughout the day.

The registered manager was well respected and provided supportive leadership to her team. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. However, we found some shortfalls in the operation of the service. The registered manager sent us an update following the inspection detailing the actions she intended to take to address these issues.

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.

Whilst there were sufficient staff to meet people's care and support needs, appropriate checks were not always carried out before staff started working in the home.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs. There were arrangements in place to check the environment; however, not all safety checks had been carried out in a timely manner.

There were appropriate arrangements in place to manage and support people with their medicines.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005. Consideration had not been given to the whether an application should be made to the local authority under the Deprivation of Liberty Safeguards framework.

Staff had received training and were well supported via a system of supervision and appraisal.

People were provided with a balanced and healthy diet. However, people were not routinely offered a choice of food at mealtimes.

People were supported to access a range of health care professionals to help ensure their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

People chose how to spend their leisure time.

People knew how to raise concerns or complaints and were confident that the registered manager would respond effectively.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The home had a manager registered with the Commission. All people and staff were complimentary about the management of the service.

There were quality assurance processes in place. However, we found shortfalls in the recruitment processes and the implementation of the Mental Capacity Act 2005. We also found there was no evidence to demonstrate the provider had assessed the quality of the service.

Franciscan Convent Burnley

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.

We visited the Franciscan Convent – Burnley on 22 and 23 May 2017. The inspection was carried out by one adult social care inspector and the first day was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit, we spoke with six people living in the home, three members of staff, two cooks, the registered manager and the provider's representative.

We had a tour of the premises and looked at a range of documents and written records including four people's care records, one staff recruitment file and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person told us, "I feel very safe. Everyone is so understanding and we all share the same beliefs" and another person commented, "There is nothing to worry about here. The staff are so obliging and helpful." We observed that people were relaxed and comfortable in staff presence. Members of staff told us they had received appropriate training which helped to keep people safe and there were adequate staffing levels to meet people's needs.

We looked at staff records to assess how the provider managed staff recruitment. The provider had only employed one member of staff since the last inspection. We noted the recruitment process included a written application form and a face to face interview. However, there were no sections on the form to allow the applicant to add their signature or declare any past criminal convictions. We also noted the new member of staff had not provided a full history of employment. Whilst written references had been obtained, a criminal records check had not been carried out. Further to this, the recruitment and selection procedure did not reflect the requirements of the current regulations.

The provider had failed to operate an effective recruitment procedure. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager informed us an application for a criminal records check had been submitted to the Disclosure and Barring Service (DBS). This service carries out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

At our last inspection, we found the provider had not referred two accidents causing serious injuries to the local safeguarding team. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the visit the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. At this inspection, we found the necessary improvements had been made.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals as appropriate, for example to the GP. We saw the registered manager had collated the accident and incident data over the last 12 months in order to carry out an analysis. We noted there had been no serious injuries since the last inspection.

People told us the provider employed sufficient staff to keep them safe and meet their care and support needs in a timely way. Confirming this approach, one member of staff told us, "We have plenty of time to sit and chat to the Sisters. It's an important part of the job." The home had a rota which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. We noted there were enough

staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible in line with people's changing needs. In addition to the care staff, the provider also employed ancillary staff including cooking and housekeeping staff.

Wherever possible, people were supported to manage their own medicines and were provided with appropriate storage facilities. We saw risk assessments were in place to ensure people understood what medicines they were prescribed and when they should be taken. We noted the risk assessments had been reviewed on a regular basis to ensure the information was up to date. Senior staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken.

A monitored dosage system of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored in a locked trolley and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. However, whilst staff had access to set of medicines policies and procedures, a copy of the NICE (National Institute for Health and Care Excellence) guidance on Managing Medicines in Care Homes was not available. This is important as the guidance sets out nationally recognised standards of good medicine management.

The medicine administration records (MARs) were mostly pre-printed by the supplying pharmacist and were well organised and presented. However, we noted people's preferred name and title had not been always been added to the MARs and allergies were not always clearly stated on the records. The registered manager addressed these issues during the inspection. We saw audits of medicine management had been carried out to help reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered appropriately and recorded in a separate register. We checked two people's controlled drugs and found they corresponded accurately with the register. Systems were in place to regularly check the amounts of these medicines.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff had received training in this area and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment, infection control and first aid. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

We saw individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Risks people might experience included those relating to restricted mobility, falls, skin integrity and nutritional needs. Records showed that risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant the staff were provided with up-to-date information about how to reduce risks.

A fire risk assessment was in place, which had been checked by the Fire and Rescue Service earlier in the year. Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and

responsiveness in the event of a fire alarm. We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We checked the arrangements in place for the maintenance of the premises. The provider employed a handyman who carried out regular checks on window restrictors, water temperatures and fire systems. We checked the five year electrical safety certificate which was dated May 2012 and were advised by the registered manager that a check of the electrical installations had recently been carried out and she was waiting for the certificate. The gas certificate was dated February 2015 and was valid for a year. This meant it was considerably out of date. Arrangements were made during the inspection to have the necessary gas safety checks carried out and we were sent a copy of the new certificate dated 25 May 2017 following the inspection.

We recommend the service seeks appropriate advice and guidance from a reputable source in order to ensure all safety checks are carried out in a timely manner.

Is the service effective?

Our findings

People living in the home told us staff had the right level of skills and knowledge to be able to provide them with effective care. One person told us, "The staff are kept fully up to date with their training, such as health and safety and moving and handling" and another person commented, "The staff do their job very well."

The Mental Capacity Act (MCA) 2005 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.

We found staff knowledge of the MCA was basic and they were unsure how the principles of the Act applied to their everyday practice. On looking at people's care files we found there was limited evidence to demonstrate the relevant requirements of the MCA were being met. People's capacity to consent to their care and treatment was not adequately assessed and recorded in their care plans and there were no assessments seen to demonstrate people's capacity to make specific decisions about their care and support. This is important to ensure the MCA's code of practice is followed and people's rights and freedoms are respected.

Our findings showed the provider had failed to act in accordance with the MCA 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

On looking at one person's care file and talking to the registered manager, we found the person's needs and circumstances meant that they lacked capacity and were not free to leave the home due to risks to their safety. However, consideration had not been given to a DoLS application.

The provider had failed to apply for the lawful authority to deprive of a person of their liberty. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.

At our last comprehensive inspection, we found the provider had failed to ensure staff had received appropriate training, supervision and appraisal to enable them to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the

inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

Staff spoken with were keen to increase their knowledge and improve their understanding, in order to provide the best quality of care for people as possible. Arrangements were in place to ensure new members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation induction, familiarisation with the organisation's policies and procedures, the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Since our last inspection, the registered manager had developed a staff training matrix which helped her to monitor and plan future training. Members of staff spoken with told us they had been provided with appropriate training. One member of staff told us, "We have lots of training. I find it really interesting." We noted staff were provided with a range of training courses including, fire safety, safeguarding vulnerable adults, MCA and DoLS, health and safety, food hygiene, first aid and moving and handling. The registered manager told us the training was delivered by an external trainer who visited the home at regular intervals. Staff also completed specialist training in line with people's needs, for example dementia awareness. In addition, all existing staff were expected to complete the Care Certificate in order to refresh their knowledge and skills.

Staff spoken with told us they were provided with regular one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. The staff confirmed they found the supervision process helpful to them in their work. We saw records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. They told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. According to the records seen all staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

We looked at how people were supported to have a balanced diet. People spoken with made complimentary comments about the food provided. One person said, "The food is very good. We have good cooks, who know our likes and dislikes." Weekly menus had been developed following consultation with people living in the home and were rotated every three weeks. The details of the daily menu were displayed on a board in the dining area; however, we noted people were not routinely offered a choice of food at meal times. We saw the meal served on the first day of the inspection looked appetising and well presented.

There were systems in place to ensure the cooks were fully aware of people's dietary requirements. People's weight and nutritional intake were monitored in line with their assessed level of risk and referrals had been made to the GP, dietician and speech and language therapist as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

Where appropriate, people's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. People living in the home had access to ongoing healthcare support and several people arranged their own appointments.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such as the district nursing team, chiropodists and speech and language therapists. People's healthcare needs were considered within the care planning process. We noted assessments had been

completed on physical and mental health as necessary. This helped the staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. One person told us, "We have very good staff. They are always very kind and helpful" and another person commented, "The staff are very caring and very understanding of our needs." We saw that staff interacted well with people in a warm and friendly manner and noted that people were comfortable in the presence of the staff who were supporting them.

We observed the home had a quiet, tranquil and calm atmosphere. The ethos of the home was based on the Catholic faith. People attended the chapel in the early morning for Mass and in the early evening for prayers. We noted there was an upper floor balcony which overlooked the chapel. This was used for any person who could not attend the full service due to illness. This enabled them to attend and leave whenever they wished without disturbing the service. A funeral service was held in the chapel during our visit and we noted the service was relayed over loud speakers to allow the staff and people being cared for in bed to hear the ceremony. We noted the service was highly personalised and it was clear the person was a well-respected member of the congregation.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood people's personal beliefs and this helped them to meet people's individual needs. They also demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them.

People's privacy and dignity was respected and people could spend time alone in their rooms or in the various sitting areas around the home if they wished. One person told us, "The staff always knock on the door and respect our privacy." There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting. We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "It's important everyone remains as independent as possible. It's vital to their well-being and means they can achieve what they want."

People were supported to be comfortable in their surroundings. People told us they were happy with their rooms, which they had personalised with their own belongings and possessions.

People were encouraged to express their views as part of daily conversations and any queries or worries were discussed with the registered manager. Wherever possible, people were also involved in the care planning process and we saw people had signed their plans to indicate their participation and agreement. Staff had a good understanding of people's diverse needs and how these were to be valued and respected. People spoken with felt their spiritual and religious needs were met and

respected by staff.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "The staff respond immediately if we need any help" and another person said, "If I have any queries or want something doing I know it's going to be dealt with very quickly."

At the time of the inspection, the home only accommodated Sisters of the Franciscan Missionaries of Saint Joseph. This meant all people considering a move to the home were well known by congregation. The registered manager therefore explained that pre admission assessments were not normally carried out and discussions about people's needs were carried out when people arrived in the home.

We reviewed four people's care records and noted individual care plans varied in detail. The registered manager told us that some people led independent lives and had expressed a wish to only have minimal information held about them. We noted there were detailed care plans and a series of risk assessments in place for people who required staff support to meet their needs. The care plans covered all aspects of people's needs and we saw evidence to indicate the plans had been reviewed on a monthly basis. However, the reviews and updates were written on the care plan as a whole rather than in separate sections. This made information on specific needs difficult to locate. The registered manager assured us the plans would be separated according to need and put in individual files. Wherever possible, people had signed their care plan to indicate their involvement and participation.

We saw that staff had signed each care plan following the monthly reviews to confirm they had read the new information. Staff spoken with were familiar with the content of people's plans and were confident the information was accurate and up to date. In our discussions with staff it was clear they knew people well and respected them as individuals. They talked openly and warmly about people's care wishes and preferences.

We saw charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, nutrition and hydration and pressure relief. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

The provider had systems in place to alert staff to people's changing needs which included a handover of information at the start of each shift. We sat in during a staff handover and noted people's needs were discussed in detail. This helped to ensure staff were kept well informed about the care of people living in the home and any deterioration of health.

People spoken with told us they wished to spend time following their own leisure pursuits and did not want to participate in arranged recreational activities. People had access to an extensive library on site and the mobile library visited the home on a regular basis. People also spent time in the chapel and participated in

daily religious services. People told us they often visited the local town and enjoyed visiting charity shops. In circumstances where people had ill health the staff spent time chatting and carrying out hand massages in line with people's preferences.

Information on how to raise a concern or complaint was provided in the service user guide people received when they first moved into the home. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

The registered manager told us that formal complaints were rare as she encouraged people and their relatives to alert her to any issues or concerns to enable her to resolve them informally. The registered manager also told us that the Sister responsible for the running of the Convent would ensure that if any concerns were raised with them these were brought to the attention of staff and resolved immediately.

We looked at the complaints book and noted there had been no complaints received since the last inspection. The registered manager assured us there were systems in place to investigate any complaints or concerns.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person told us, "The manager is very efficient, kind and friendly" and another person said, "The manager is very approachable. I am able to talk to her about anything."

At our last inspection, we found the registered manager had not notified us of two incidents in the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

Our records showed, the registered manager had submitted appropriate notifications to the Commission since the last inspection and was aware of her responsibilities and obligations under the regulations.

During the inspection, we found the registered manager carried out several audits to monitor the quality of the service. These included checks on the medicines systems, staff training, supervision and appraisal systems and the environment. We saw a sample of the completed audits during the inspection. However, we found there were shortfalls in the recruitment arrangements for new staff and people's capacity to make their own decisions was not fully considered and recorded in line with the requirements of the Mental Capacity Act. The registered manager sent us an update following the inspection setting out the actions she intended to take to address these issues.

The manager in post was registered with the commission and had responsibility for the day to day operation of the service. The registered manager was visible and active within the home. She was regularly seen around the home, and was observed to interact warmly and professionally with people and staff. All people and the staff spoken with thought highly of the registered manager. One staff member told us, "The manager sets a high standard and is very committed to the Sisters and the staff" and another member of staff commented, "The manager is very good at her job. She often works alongside us and has given me confidence to learn and develop." The registered manager carried out regular supervision checks and observations of staff at work to ensure good standards of practice were maintained. Staff members spoken with said communication with the registered manager was good and they worked together in a well-coordinated and mutually supportive way.

The registered manager told us she was committed to the continuous improvement of the service. She described her key achievements in the last 12 months as improving the staffs' knowledge of the safeguarding procedures and providing people with person centred care. The registered manager also described her plans for improvement over the next 12 months as embedding the principles of the Mental Capacity Act 2005 within the care planning system, reformatting people's care plans and improving the administrative systems. Prior to the inspection, the registered manager set out further improvements for the service in the Provider Information Return. This demonstrated the registered manager had a good understanding of the service.

During the inspection, we spoke with the registered manager about people living in the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service. She told us she was proactive in developing good working relationships with partner agencies in health and social care.

People living in the home told us they did not wish to participate in formal residents' meetings or complete a satisfaction questionnaire. This was because they preferred to resolve any issues through conversation and discussion with the registered manager. We were informed people living in the home held their own meetings, but these were informal and there were no minutes available.

The registered manager was supported in her role by the nominated individual and the provider's representative who visited the home on a regular basis. However, there was no evidence to indicate what assessment and monitoring, had been carried out by the provider's representative during her visits to ensure compliance with the regulations. This is important so the provider has assurances the home is operating in accordance with the regulations.

We recommend the service seeks advice and guidance to demonstrate the provider has carried out quality assessments of the on-going operation of the service.

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 The provider had failed to act in accordance with the MCA 2005. Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to apply for the lawful authority to deprive of a person of their liberty. Regulation 13 (5).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate an effective recruitment procedure. (Regulation 19 (2)).