

Beaconsfield Care Limited

Beaconsfield Residential Care Home

Inspection report

13 Nelson Road
Southsea
Hampshire
PO5 2AS

Tel: 02392824094

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 10 November 2016.

Beaconsfield residential care home provides accommodation and support for up to 22 people with mental health needs. The Home is a four storey Victorian building; It has a dining room, three lounges and a paved area at the rear of the building. It is situated only a short distance from Southsea beach and a few minutes' walk from a shopping precinct. The home is registered with the care quality commission (CQC) to accommodate 22 people and the home was at full occupancy at the time of the inspection.

During this inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to person centred care, staffing, good governance and fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of this report.

At the time of the inspection the home 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 people living at the home told us that they felt safe. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns.

We saw appropriate arrangements were in place for the management of medicines. Systems were in place to manage and reduce risks to people. In people's care files we saw comprehensive risk assessments and care plans to mitigate risks.

Recruitment practices required strengthening. Staff had been appointed and commenced working at the home prior to the Disclosure and Barring service (DBS) check having been received. This exposed people to the risk of being supported by unsuitable staff.

We found there was not enough suitably trained and experienced staff on duty to meet people's social and emotional needs. Staffing levels were not determined using a formal calculation based on the needs of people using the service. We observed interactions were task led and people were sat around with little stimulation offered.

We checked whether the service was working within the principles of the MCA. We found that the provider had followed the requirements in DoLS authorisations and related assessments and decisions had been appropriately taken.

People's nutritional needs were met depending on their individual assessed needs and people were positive about the quality and quantity of food provided. People told us they were offered choice at mealtimes and

were able to request additional snacks if they were hungry in between meals.

People told us they were supported by staff that were kind and caring. Staff maintained people's privacy and dignity and promoted their independence.

People were not supported to live full and active lives. There was no stimulation or attempts made to engage people in meaningful activity. People had expressed the wish to attend an activity but this had not been addressed by the management.

We were told that there had been no complaints received. People told us they felt confident to raise complaint with staff but currently did not have any issues of concern.

We found there was no system in place to assess and monitor the quality of the service provided to ensure improvements were implemented to the service provided.

We saw meetings had been conducted regularly with people and staff. Surveys had been sent and an analysis undertaken of the results. Improvements to be implemented had been identified but not consistently actioned.

Staff and people spoke of a positive culture and a management that were approachable and supportive

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe

People may not always get the care and support they required because there were insufficient numbers of staff to meet their needs.

The provider did not always ensure staff were of good character before they commenced working with vulnerable people.

The staff had completed risk assessments which included plans to mitigate the risks to people.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

Staff had not received adequate training for them to undertake their roles. We found gaps in staff training in areas such as mental health awareness, challenging behaviour, breakaway techniques and mental capacity.

The registered manager demonstrated a good understanding of the Mental Capacity Act and people's rights were protected.

People we spoke with were complimentary about the food.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us the staff were kind and caring.

During the inspection, we observed people were left for long periods, watching television and smoking. We saw little interaction between staff and people.

People were treated with dignity and respect and people's independence was promoted. However, promoting equality, recognising diversity, and protecting people's human rights was not demonstrated.

Requires Improvement ●

Is the service responsive?

Not all aspects of the service were responsive

People were not provided with opportunities to engage in activities that were meaningful to them.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people. People's care was reviewed regularly in conjunction with them.

There was a complaints procedure in place. People living at the home said they would feel comfortable speaking with staff if they had concerns.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led.

There were no systems in place to identify, assess and monitor the quality of the service people received.

The staff we spoke with felt the home was well managed and expressed feeling supported to undertake their work.

People spoke positively about the manager and felt they were approachable.

Requires Improvement ●

Beaconsfield Residential 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 inspection was carried out on 10 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector from CQC (Care Quality Commission) who is a registered mental health nurse.

We asked people for their views about the service and facilities provided. During our inspection we spoke with; four people that lived at Beaconsfield care home, four members of staff, which included; the registered manager, administrator and two care staff.

We looked at documentation including; three care files and associated documentation, four staff records including recruitment, training and supervision, three Medication Administration Records (MAR), a variety of policies and procedures and safety and maintenance completion of works and certificates.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider completed 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.

We liaised with the local authority and local commissioning teams and we reviewed previous inspection reports and other information we held about the service. This was to seek intelligence about the service in advance of the inspection and help inform our inspection judgements.

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Beaconsfield residential care home. A person told us; "I feel really secure here. It's very good." A second person told us; "I'm safe living here. My room is my private space and nobody comes in to my room." A third person said; "I'm safe. No worries here with how staff run the place."

We looked at three staff recruitment files to see establish if robust recruitment procedures were in place. The 'staffing policy' dated March 2016 and the 'recruitment policy' which was not dated detailed staff were recruited according to their ability and suitability. The policies detailed that the home must have received a DBS (criminal record check) and two written references for new staff members before being confirmed in post. We found two staff had commenced in post prior to completion of all the checks detailed. We clarified with the registered manager that the start date on the induction list was the date that staff would have commenced in post. We identified both staff members had started working at the home before the DBS was issued. We informed the registered manager of our findings and we were told the new staff would have been attending training and not providing care without the outcome of the checks being received. We asked the registered manager for the off duty to confirm this but the registered manager was unable to provide these for the time frame required. Furthermore, we found a conviction had been identified on one of the records and the registered manager had not explored this or conducted a risk assessment to demonstrate that this had been discussed. This meant vulnerable people were at risk of being cared for by unsuitable staff.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, we looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs. We saw that there was only 13 staff employed at the home. We were told staffing levels were not calculated using any formal method based on people's dependency. The registered manager told us; "The staffing levels are like that because they have always been that way. There isn't a formal calculation. I've been here 18 years and that's what the levels are. I'm sure other staff could be brought in if needed." We looked at the past four weeks off duty and saw two waking staff on each night. In the day during the week there were two carers until 14.00. In addition to this there was a cleaner, cook, maintenance, administrator and the registered manager. After 14.00, the staffing compliment reduced to two staff, one carer and the registered manager. This was the same number of staff at weekends. We asked people and staff whether there were sufficient numbers of staff deployed to meet people's needs. A person said; "I don't take much notice of staff. It's quiet here so there seems enough." A staff member told us; "I feel there are enough staff on at night. There are only the odd couple of people that come down during the night, most people stay in bed. I've no concerns about staffing." A second member of staff said; "I feel there are enough staff."

We found there were insufficient numbers of staff to meet people's needs as the provider did not have systems in place to ensure that people were cared for by adequate numbers of staff. During the inspection, we noted the staff spent the majority of their time in the dining area which was in the basement of the home.

There were three lounges on the first floor where people occupied their time smoking and watching television. We observed little interaction between people and staff during the day. Staff engagement with people was task orientated and centred round administering medication and mealtimes.

We saw people smoked in undesignated areas and there was no staff presence to intercept and deter people from doing this. A person was heard shouting out through the day and we did not observe staff enquire after the person or offer one to one time as a means of distraction. Another person was a falls risk and we observed them attempting to go down the stairs. Another person living at the home stopped them and told them that they had to wait for staff to come and get them as they were not to go down the stairs on their own. There was no staff member around at the time and the person had to wait halfway down the stairs until the person found a staff member to come and assist them.

This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We discussed safeguarding procedures with each of the staff we spoke with. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they 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. One member of staff said; "Abuse could be a person being bullied, physical abuse, neglect. If I had any concerns, I would report them straight to the manager. I know they would deal with it properly."

We looked to see what arrangements were in place to manage people's finances. We saw two people had official appointees with the local authority. The administrator at the home also managed three people's money. We saw this was care planned in conjunction with people as they had requested this and signed that they wanted the administrator to manage their money. Financial records were maintained for each person. This included a log of money brought into the service, expenditure and any money taken out. This was signed by the person and administrator to ensure there was an audit trail. The registered manager and administrator confirmed the people had capacity and if they requested a change to their financial arrangements that this would be accommodated and care planned.

Systems were in place to manage and reduce risks to people. In people's care files we saw comprehensive risk assessments and care plans to mitigate risks. We saw risk assessments were devised depending on people's individual needs. For example, in one care file we saw comprehensive risk assessments and care plans regarding the support the person needed when eating, showering, making a hot drink, and attending appointments. There was a risk management assessment plan which incorporated risk assessment of the environment, social, medication and smoking. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence.

We looked at how the service managed people's medicines and found that arrangements were safe. The medicine management system used to ensure people received their medicines as intended by the prescriber was clear and effective. We found medicine boxes were clearly marked when opened, stored appropriately and all accounted for. All the medicines we counted were accurate and the amount corresponded with the records kept by staff.

The home had when required medicines (PRN) protocols in place. These explained what the medicine was, the required dose and how often this could be administered, time needed between doses, when the medicine was needed, what it was needed for, if the person was able to tell staff they needed it and if not what signs staff needed to look for along with any potential side effects. This ensured 'as required'

medicines were being administered safely and appropriately.

People who used the service were protected against the risks of unsafe or unsuitable premises. We saw in the health and safety checks file evidence of service records for gas installation, electrical wiring and portable appliance testing (PAT). Checks had been completed on fire safety equipment and fire safety checks were completed in line with the provider's policy. A series of risk assessments were in place relating to health and safety and daily checks undertaken relating to the environment; surfaces, floors, carpets, stair treads, room temp, condition furniture, radiator covers, window restrictors, first aid box and lighting.

People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated. The PEEPs indicated whether a person could self-evacuate or would require physical assistance. We also saw there was an on-call rota for staff to contact out of hours and a business continuity plan in place. This showed us the service had plans in place in the event of an emergency situation.

We saw accidents and incidents were documented in the incident book. We saw appropriate action had been taken when an incident had occurred. For example, when a person fell over their shoes and incurred a superficial cut to their head. The person declined to go to their GP so the registered manager had contacted 111 for advice. Another person had got up off their chair, lost balance and fallen over. The action taken was documented and included the person receiving pain relief and being commenced on hourly observation. The person had been seen by their GP following the incident and blood tests had been done. There had been adaptations made to the environment; grab rails, a chair for shower and slipper boots obtained to ensure the person had appropriate footwear. We saw no accident/incident analysis had been undertaken to ascertain pattern/trends to prevent future re-occurrence. The registered manager confirmed they didn't do one but indicated they would look in to this. At the time of the inspection an evaluation of incidents was completed in individual care records.

Is the service effective?

Our findings

We looked at the homes induction policy which stated that all new staff should receive a structured induction programme within six weeks of appointment and a foundation training programme within six months of appointment. We saw the home did not have an induction programme. The care certificate was not being undertaken and there was no induction framework to support new staff in preparing for their role. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control. The registered manager stated staff previously did an NVQ (National Vocational Qualification) but told us funding was no longer available to access NVQ's. We saw from the training matrix that there were 13 support staff, three staff had an NVQ 3 and two staff had an NVQ 2.

We looked at the training, development and support that staff received in order for them to undertake their roles effectively. A staff member told us; "I've done my NVQ 2. We have also watched videos relating to safeguarding, health and safety. We receive enough training for the role." We saw staff had completed training in courses such as medication, safeguarding, mental capacity, fire safety, first aid, infection control and moving and handling. All of these courses were due for renewal according to the training records. We also saw no evidence that staff had received recent training specific to Mental Health services such as mental health awareness, dealing with challenging behaviour and breakaway techniques.

Staff told us they received regular supervision, which was done quarterly. We looked at four staff files and saw records maintained confirmed this. This would help identify any shortfalls in staff practice. We did not see an appraisal of people's work performance. We asked the registered manager who told us; "Supervision is conducted every three months but I have never done an annual appraisal."

This meant staff had not been adequately assessed or supported to obtain the required level of competence to undertake their role unsupervised. This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. If the location is a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find. According to the training records, staff had received mental capacity training but when asked what mental capacity and deprivation of liberty safeguards meant for people, they were unable to answer. The registered manager demonstrated a good understanding and we saw that appropriate mental capacity assessments had been conducted that were decision specific rather than blanket assessments indicating that people didn't have capacity. The registered manager confirmed there was one person living at the home with DoLS. We were informed the person had their suitcase packed and had done since moving in to

the home. There was an alarm on the door which was identified on the authorisation. We noted that the person had an independent mental health advocate (IMCA). The IMCA role is to support and represent the person in the decision making process. Essentially they make sure that the Mental Capacity Act (2005) is being followed. Everybody else living at the home was deemed to have capacity to consent to their care and treatment and would be free to leave if they requested this.

We asked people whether they were unduly restricted or discouraged from going out unaccompanied. A person told us; "I have freedom. I have my own key to the front door so I come and go as I please." A second person said; "I like it because it feels like home. I have my own key and do my own things. I can come and go without bother."

We looked at how the home sought consent from people who lived there. We saw people had signed their consent forms which were kept in their care files. People also confirmed that staff sought their consent prior to providing care and support. Staff member said; "Always ask for consent before doing anything."

We looked at how people were supported to maintain good nutrition and hydration. People living at the home had a nutritional risk assessment and care plans in place which detailed people's dietary needs. For example; If the person needed a specialised diet such as if they were diabetic. There was nobody living at the home that required a soft or pureed diet and thickened fluids. People were able to eat independently and did not require practical support at these times. People were weighed monthly and a food diary was completed for each person. There was one person identified as losing weight and they had been accompanied to the GP and exploratory investigations were underway to identify the cause for their weight loss.

We looked at food stocks and found there were ample supplies of food on site. They were quality produce obtained and we saw varied foods available to meet people's individual needs and preferences. We received positive feedback from people regarding the quality of the food and the choices of food provided. A person told us; "It's good food." A second person said; "The food is lovely. We get enough to eat and drink." A third person said; "The food is good. We get lots of choices and can ask between meals if we are ever hungry. We get plenty to eat and drink."

We saw people had access to health professionals as necessary. There was an identified social worker for the home and we saw the chiropodist and optician visited the home. There were only a few people living at the home attending a dentist as other people had declined. The GP offered an annual physical health check but there was low uptake on people having this. The registered manager was in the process of speaking to people about influenza and vaccination.

Is the service caring?

Our findings

We asked people living at Beaconsfield if they liked living at the service and whether they were happy with the care they received. A person told us; "I love it here. The care is very good." A second person said; "I'm settled and happy here."

People at the home were complimentary about the staff. A person told us; "Staff are absolutely brilliant." A second person said; "The staff are really supportive, they are very good."

When we observed interactions between people and staff they were positive but conversation centred round tasks. For example, medication administration and mealtimes. The people living at the home looked unkempt; people had dirty hands and nails. We saw one person with food down their top. We looked in this person's file and although it identified in their care plan that they were difficult to motivate with personal care tasks, we did not see sufficient staff engagement to enable staff to achieve positive outcomes for people.

We asked people who used the service if they felt they were treated with dignity and respect by the staff who cared for them. A person said; "I've got my own key, staff knock on my door." A second person told us; "The staff are respectful. They always knock, respect my privacy." A third person said; "I've no concerns. Staff knock, they don't just walk in."

Staff described how they protected people's privacy and dignity when engaging with people or performing personal care tasks; A staff member told us; When we support personal care, we respect people's dignity. We maintain confidentiality and we never talk in front of others or over people. When a person needs prompting to change their clothes, we do it discreetly."

People were supported to make their own choices. People could choose when to get up in the morning, what to eat for breakfast and what they were going to wear. We looked to see how people's independence was promoted. We observed people exercising their autonomy and informing staff when they wanted their medication. People had been risk assessed as to whether they were safe to have tea making facilities in their bedroom if they wished to make a hot drink independently.

Staff told us how they encouraged people to be independent. A staff member told us; "We encourage people to tidy their room, people bring their washing down to staff." A second member of staff said; "People clean their rooms and we help people with things." People confirmed they had autonomy to make their own choices. A staff member said; "People make all their own choices; personal care, what food to eat, what they wear and do."

There was an advocacy service and a corporate appointee available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointees enable an external body to monitor people's finances on their behalf if they did not have a good understanding of money management.

The registered manager was not able to demonstrate how the service promoted equality, recognised diversity, and protected people's human rights. There was no information contained within people's care files identifying what people's needs were or guidance to staff on how to meet people's individual needs. We recommend that this is explored with people to ensure that people's needs are being met.

At the time of the inspection there was nobody in receipt of end of life care. The registered manager had attended end of life training and end of life wishes and support had been discussed with people. The registered manager confirmed that they tried to discuss people's end of life wishes at reviews but that it was difficult for people to consider that discussion.

Is the service responsive?

Our findings

During our inspection, we observed people sat around and saw little stimulation offered to people living at the home. We asked people what activities were undertaken. A person told us; "I don't need activities. I like doing my own things." A second person said; "I feel there is enough going on at the home. I don't want to do anything." A third person said; "I visit family, read books, watch tv and go to the shops. I wouldn't want to do anything else."

We were told the service did not have an activities coordinator. During our inspection we saw little engagement between staff and people who used the service, unless it was task orientated. We asked the registered manager and they told us there weren't any scheduled activities. We were informed that staff had tried bingo but people walked out half way through so they just did parties. A staff member told us; "We have parties to celebrate certain occasions; people's birthdays, Halloween and Christmas." A second staff member said; "People don't really ask to go out. One person does ask to go to football."

We saw one person attended the salvation army but there was nobody else engaged in community activities. We saw the home had referred a person to a befriender service to support the person to go out in to the community but they had not engaged because the befriender that had been assigned to them was very young. Staff had taken the person out for the occasional coffee at the precinct but this had not been explored further to support engagement in the local community.

During the inspection we did not see any one to one activities taking place, which would provide social interaction and stimulation. People were sat around smoking or watching television. One person had been asking to go to a football match since June 2016 and this had not been facilitated. It was evident from the resident meeting minutes that people had been asking to engage in social activity but this was not being supported. This meant care was not being provided in line with people's preferences and wishes.

This was a breach of regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Before a person moved into the home, an assessment of their needs was undertaken and the service gathered information from a variety of sources such as social workers, health professionals, and the person. We saw brief life histories captured on file but they did not contain the level of detail required to guide staff. We recommend that this is explored and elaborated further with people in order to develop a personalised activity programme to enable people to be stimulated and fulfil their aspirations.

We saw people had care plans and documentation in place that helped to ensure they received the care and support they required in relation to their health care needs. The care plans were legible, easy to follow and securely stored. These included areas such as support with psychological, medication, physical, activities, self-help living skills, family and other. This meant staff had the required guidance to provide care consistently.

We saw people's care was reviewed with people May and October 2016. People's care was also reviewed annually in conjunction with their care coordinator through the care programme approach (CPA). A CPA is a framework which is used to determine how mental health services will support the person. A care coordinator is identified and oversees the CPA and they are responsible for planning the care and support people receive.

We saw mixed evidence to indicate that the service had been responsive to people's needs. We saw that one person had been struggling with determining the time and whether it was day or night. The administrator had purchased a speaking clock to support them with deciphering this. However, we also saw that one person had requested a change in the menu and a second person had asked at the resident meetings to attend a football match. The service could not demonstrate how this had been responded to and actioned.

We looked at how complaints were handled. The service had policies and procedures in place to deal with formal complaints but when we looked at the complaints book there had been no complaints documented. A person told us; "I've no complaints. I would speak to the staff." A second person said; "I've no complaints. The staff and management are approachable so I would just speak to them if I had an issue."

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people living at the service for their views on the management and the home. The feedback we received was positive. People spoke favourably of the registered manager and expressed holding them with high regard. A person told us; "The manager is very nice." A second person said; "The management are supportive. I can go to them anytime." A third person said; "They are good. They've been here a long time, I know them well."

Staff told us they felt the home was well-led and that the manager supported them in their role. One member of staff said to us; "The manager is lovely, caring and approachable. They want the best for people." A second member of staff said; "I enjoy working here. It's difficult but fun too. The manager is very approachable." We looked to see if the staff were appropriately supported by management to fulfil their role. We found staff had not received an induction in line with the care certificate and there were gaps in the training staff received. Staff received regular supervision but there had been no appraisal of their work performance.

We found the provider did not have a quality assurance system in place. Provider audits were not conducted and the provider was not available during the inspection to demonstrate they provided any service oversight or support to the registered manager. The registered manager told us they did not conduct audits either and informed us that they didn't know they were required to conduct them. We asked the manager whether they had a copy of meeting the regulations for providers as the registration requirements and fundamental standards were detailed within the handbook.

The registered manager stated they were not good on computers and the administrator had been off ill so they hadn't got a copy. The registered manager printed a copy during the inspection and told us they would implement audit processes and ensure they were following the regulations.

We commenced the inspection prior to the registered manager being on site and when we asked to see policies and procedures, staff confirmed that they didn't have access to the policies and procedures as they were locked in the administrator office. We were told the administrator was currently off work due to illness. This meant staff did not have access to the required guidance to support them to undertake their work. When the registered manager arrived they confirmed there was no other policy and procedures file and acknowledged that staff had not had access because they were locked in the office.

Furthermore, when we looked at the policies and procedures we found they were not dated to indicate when they had been reviewed or representative of the current legislation.

This is a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities)

Staff told us communication throughout the team, including with the manager was good and that they felt supported to raise concerns or discuss people's care at any time. The staff told us they had a stable team with few changes, meaning continuity of care for people who lived at the home.

We saw staff meetings were conducted regularly. Topics discussed during the meetings included; service users, complaints, people's rooms, maintenance, training, staff, health and safety, leisure activities, counting medication and any other business that staff wanted to discuss. Staff told us they felt able to contribute to the meetings and the manager listened to them. A staff member told us; "We have team meetings once a month. I feel like I can contribute and the manager takes on board what we say."

The registered manager captured people's views regarding the quality of the service through sending an annual survey to people and healthcare professionals. A survey had been sent just before we undertook the inspection and the registered manager informed us that they were still in the process of collecting the surveys in order to analyse the information. We saw one survey had been returned by a healthcare professional and they had identified; the decoration was tired and the furniture needed replacing. The registered manager told us they had responded to this feedback and started decorating, refurbished one bathroom and changed the flooring. They told us there were plans to replace the hall and stairs carpet, chairs and they would commence on the bedrooms when they could.

We looked at the results from the analysis undertaken of the 2015 satisfaction survey. We saw 93.33% of people rated the quality of the meals 'good' or 'very good' and 6.66% rated them 'fair'. We saw an analysis of the results obtained was conducted in each category which generated a response and the registered manager had identified actions to respond to the feedback and facilitate improvements to the service. For example, an investigation was undertaken as to the reasons for the 17 answers in the fair/poor results to ascertain ways to improve people's dignity and privacy.

Resident meetings were conducted quarterly and provided people a further opportunity to give their feedback regarding the service received. We looked at the resident meeting conducted in June and September 2016. We saw the purpose of the meeting had been detailed and complaints, issues with food, staff, care received or anything to make life better had been discussed.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to provide care and treatment that was reflective of people's choice and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured good governance in the home.
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 failed to have effective recruitment and selection procedures that comply with the requirements of this Regulation.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's care and treatment needs.

