

T.L. Care Limited

Ingleby Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Ingleby Care Home is registered to provide personal care and accommodation for up to 56 older people, some of whom may be living with a dementia. The service is provided by TL Care Limited which is operated by the Hillcare Group. The home is purpose built and is set up over two floors, accessible by both stairs and a passenger lift. The ground floor offers residential care with the first floor offering dementia care.

We carried out our unannounced inspection on 18 and 22 December 2014. At the time of our inspection visit the service had 11 vacancies. The inspection team consisted of one adult social care inspector.

The registered manager had been registered with us since 20 January 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 the time of the inspection we found that the home was not providing nursing care to people who lived at the home. The registered manager confirmed that the home had not provided nursing care for a number of years. We discussed with the registered manager the importance of ensuring that the service held accurate registration in relation to regulated activities and advised them of the need to apply to deregister the regulated activities that they were no longer carrying on.

People told us they felt safe in the service and we found that staff were knowledgeable about their role and responsibilities in safeguarding vulnerable adults. Risks to the health and safety of people who used the service, staff and visitors, had been appropriately assessed and actions undertaken to minimise those risks.

Staff did not understand the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were failing to work within the law to support people who may lack capacity to make their own decisions.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People and staff told us that there were enough staff on duty to meet people's needs. The service had begun to take action to address shortfalls they had identified in the number of staff that they had employed. We looked at staff employment files and found that they were subject to rigorous pre-employment checks before they commenced work. When we spoke with staff they informed us of the checks that were carried out and the induction and training process they undertook when they took up employment. Staff told us that they were always completing training and that they felt well supported. From a review of training records we found this to be the case.

Systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. People told us that they were able to make their own choices and decisions and that staff respected these.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met and we saw that there was effective monitoring of people's nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were supported to arrange appointments with relevant professionals as needed.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care and support plans were developed with people who used the service to identify how they wished to be supported. We saw that were appropriate, for example where people's assessed care needs had changed, staff made referrals to other healthcare professionals to ensure the correct level and type of care could be delivered.

We found that people who used the service were provided with information about how they could raise any concerns and complaints as necessary. We found people's concerns were responded to appropriately by the registered manager and there were systems in place to enable the home and the provider to learn from complaints and incidents.

The provider had systems in place in which to seek the views of people who used the service and their relatives. There were also processes in place for monitoring and assessing the quality of the service provision, but we were unable to assess its effectiveness due to issues being repeatedly identified, and no action plans produced to address those issues.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood and recognised the signs of potential abuse and demonstrated a good understanding of the processes they would follow if they needed to act on concerns. People we spoke with told us they felt safe living at the service.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

People's medicines were managed so that they received them safely. There were appropriate arrangements in place for ordering, obtaining and checking medicines upon receipt into the home.

Good



Is the service effective?

The service was not effective.

Staff received training that was relevant to the needs of the people who used the service. They were supported by the registered manager through frequent supervision and an annual appraisal process.

Consent to care and treatment was not always sought in line with legislation and guidance.

People had access to healthcare services and received ongoing healthcare support. External healthcare professionals were involved in the ongoing assessment of people's needs when appropriate.

We found that people were supported to have sufficient to eat, drink and maintain a balanced diet.

Requires improvement



Is the service caring?

The service was caring.

Staff had developed positive and caring relationships with people who used the service. The staff team had taken time to get to know the people who used the service. Observations demonstrated that people were treated with kindness and compassion.

People's privacy and dignity was respected and promoted. Staff were discreet in their approach to offering care and support to people who used the service.

Care records demonstrated that people had been involved in development of care plans. People were supported to express their views and be actively involved in making decisions about their care, treatment and support.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs. Planning and delivery of care and support was person centred and focused on assessed needs. They were subject to regular review to ensure care remained responsive to the needs of the people who used the service.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

People we spoke with were aware of how to make a complaint or raise a concern. They were confident that their concerns would be dealt with appropriately and in a timely way.

Good



Is the service well-led?

The service was not well-led.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. They achieved this by ensuring that people who used the service and staff had opportunities to suggest ways in which the service could be improved.

The service had a process for monitoring and assessing the quality of the service provision, but we were unable to assess its effectiveness due to issues being repeatedly identified and the service's failure to produce action plans to address those issues.

Requires improvement



Ingleby 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 was 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 inspected the home unannounced over two days, 18 and 22 December 2014. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning officer from the local authority commissioning team about the service.

The provider was not 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 time of our inspection visit the service was occupied by 45 people, with 21 people receiving dementia care and 24 people receiving residential care. The inspector spent time on each of the floors talking to people who used the service, visitors to the home and staff. With the permission of individuals we looked in people's bedrooms, we also spent time in and viewed all other areas / facilities within the home, including bathrooms and all communal areas.

During the inspection we reviewed a range of records, including care records, care planning documentation, medication records, staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit, we spoke with seven people who used the service, two relatives of people who used the service, five staff members, including the kitchen assistant, supervisor, and three care assistants. We also spoke with the registered manager and the newly appointed regional manager of the service.

Is the service safe?

Our findings

We saw that 98% of staff had completed and held current and up to date training in the safeguarding of vulnerable adults (SOVA). We spoke with staff about their understanding of protecting vulnerable adults from abuse. Staff demonstrated good knowledge and understanding of safeguarding procedures and they demonstrated that they were able to identify types of abuse and spoke confidently of the procedures they would follow if they had any concerns. The service had policies and procedures in relation to the safeguarding of vulnerable adults. These documents were accessible to staff and provided very clear guidance.

People we spoke with told us that they felt safe living at the home. One person told us, "I know I am safe, if I wasn't they would know about it", and, "I have never had concerns like that ever, the home and all the staff are very, very good." Another person said, "I feel safe when they (staff) are around."

Relatives that we spoke with told us that they had no concerns over the safety of their family members. One person said, "It adds to the peace of mind that they are being well looked after."

The service had considered emergency events and had made plans to ensure the safety of people who used the service in the event that an emergency should arise. We saw that personal emergency evacuation plans (PEEPS) were in place in each of the four sets of care records we looked at. PEEPS provide staff with information about how they can ensure individuals safe evacuation from premises in the event of an emergency.

We spoke with the registered manager and looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw certification and documentation that identified relevant checks had been carried out on the boiler, water tanks, fire extinguishers and portable appliance testing (PAT) available throughout the service. We also saw that there was a maintenance log which staff could report maintenance issues in. We saw that issues raised in this log were actioned in a timely fashion by the maintenance person in order to minimise any potential risks they may

pose to people who used the service. This showed that the provider had developed a maintenance system to protect people who used the service against the risks of unsafe or unsuitable premises.

Any accidents or incidents that occurred within the service were reported appropriately and these reports were analysed on a monthly basis to identify any patterns or trends. We saw that this analysis was used to minimise the risk of these incidents recurring.

The service used a dependency assessment tool, based on the assessed needs of those people who used the service, to determine the minimum staffing levels required. We saw that this was subject to regular review. As at December 2014 this tool demonstrated that the service was running below the required staffing levels on both of the two units. We spoke with the registered manager about this and they informed us that the gaps had been covered by staff picking up more shifts and staff who worked bank shifts (bank staff are employees who are employed to work as and when required rather than structured contractual hours). We saw that they had begun the recruitment process to recruit two full time equivalent posts to ensure adequate staffing.

We saw that there were effective recruitment processes and checks in place to ensure safety and suitability was explored prior to offering employment to staff. We saw that the provider had a recruitment policy and that in line with that policy, checks to ensure people were safe to work with vulnerable adults, called a Disclosure and Barring Check, were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of six members of staff who had been recruited to the service in the past 12 months. There were checks on their identity, references from previous employers and details of the interview process in place. We saw that each of these members of staff had completed an induction prior to working unsupervised in the service.

We found that people's medicines were managed so that they received them safely. We saw that there were appropriate arrangements in place for ordering, obtaining and checking medicines upon receipt into the home.

Is the service safe?

Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. Medicines were managed by designated staff members, namely senior care assistants. When we

spoke with these staff they spoke with confidence about the procedures that they followed in relation to medicines management and described the ordering, checking, administering and disposal processes.

Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards are designed to protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed and is lawful. We found that the service were in the process of completing a number of these applications following a recent visit from the local authority, but that they were not supported by appropriate mental capacity assessments.

We saw in one person's care records that a care plan referred to the fact they were unable to leave the home without an escort. We asked staff why this was and they told us it would not be appropriate due to safety concerns. We saw that no capacity assessment had been completed in relation to this particular area to determine capacity and if appropriate to enable best interest decision making. In another person's care records we saw that the care plan relating to personal hygiene and dressing stated, 'Lacks capacity to carry out and maintain personal hygiene care and dressing'. Again there was no capacity assessment completed. This goes against the fundamental principles of the Mental Capacity Act 2005 which assumes capacity until appropriate assessment proves otherwise.

This was a breach of Regulation 11 (Need for consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff had received training to ensure that they were appropriately trained to deliver effective care to people who used the service. There was a training programme in place covering a range of training that was directly linked to the needs of people who used the service. For example, at the time of the inspection we saw that 100% of relevant staff had completed training in the following areas; infection prevention and control, dementia awareness, health and safety / Control of Substances Hazardous to Health (COSHH) and person centred care. Over 90% of relevant staff had completed training in relation to, moving and handling, food hygiene, fire awareness and use of wheelchairs. We saw that additional training was made available to staff in relation to nutrition, continence, challenging behaviours and pressure area care.

We spoke with the manager about the additional training needs they had identified. They confirmed that they had been identified as a result of the assessed needs of people who used the service and were being provided to ensure staff held a greater understanding of these needs. The registered manager spoke positively about the training programme rolled out by the provider.

We found that staff received regular supervisions and annual appraisals. These processes were used to discuss with staff areas for their professional development. We saw that a number of staff had enrolled on or completed additional vocational training. Staff told us that they felt they were well supported by the registered manager and the provider. Staff we spoke with told us, "We are always being offered more training" and "There is always training going on for us to attend."

We spoke with people who used the service about the staff who provided care and support to them. People told us, "They (the staff) are fabulous."

From our observations we found that staff routinely obtained verbal consent from people before engaging them in any care interventions. We saw that they asked people if they could offer them support and that they acted in accordance with their wishes.

When we spoke with people who used the service they told that staff listened to their wishes. One person said, "They try to get me to join in with activities, but I like to be in my room with peace and quiet. They seem to respect that."

We found that 95% of staff had completed Mental Capacity Awareness and Deprivation of Liberty Safeguard (DoLS) training.

We spoke with a kitchen assistant about their role in ensuring people were encouraged to maintain a healthy and balanced diet. They spoke with us about nutritional needs of people who lived at the home. They were knowledgeable about people's dietary requirements and were able to identify those people who lived with illnesses that affected their diet, such as diabetes and people who had compromised swallowing reflex. We saw that kitchen staff were given the opportunity to explore people's preferences, likes and dislikes regarding foods. They spoke confidently about the use of fortified diets for people whose weight was in decline. They told us how they made and offered build up drinks, including fortified milkshakes, and snacks each day. They had recently attended refresher

Is the service effective?

training in relation to nutrition and relevant food hygiene and safety training. This meant that staff were appropriately trained and equipped with an appropriate level of knowledge to ensure that people who lived at the service were encouraged to maintain a healthy, balanced diet.

We saw clear evidence in care records relating to weight monitoring. Where people demonstrated unstable weights, we saw more regular monitoring was initiated. Weights were monitored by care staff and audited on a monthly basis by the registered manager who also shared the analysis with the regional management team. This meant that where concerns about weight stability were identified there was effective monitoring in place.

A relative we spoke with told us that their family member had purposefully lost a significant amount of weight when they came to live at the home following assessment of their health. They told us that they found the weight loss was well managed and commented that it had had a positive effect on their relatives health.

We reviewed four sets of care records and saw documentation that showed us people's health and social needs were assessed before they moved into the service.

This was done to help ensure that people's care and support was appropriately planned and could be delivered effectively. We saw that care plans were subject to regular review and that these reviews

addressed any changes to people's care needs. This meant that the service took a proactive approach to ensuring that changes in people's needs were identified and took action to ensure they could continue to meet their needs effectively.

We saw that reviews and ongoing assessment had identified that the home could no longer continue to meet the needs of one person. We saw that healthcare professionals had been involved, appropriate assessments completed and multi-disciplinary meetings held to determine what would be the next step in ensuring this person continued to receive effective care.

Care records we looked at demonstrated that where appropriate people had access to a range of healthcare support. For example we saw regular visits from GP's, dentists, chiropodist and optician. This meant that people were supported to have access to healthcare services and support.

Is the service caring?

Our findings

People we spoke with told us that they liked living at the home and that staff were caring and understanding. People told us, “I really like living here, they (the staff) are ever so good” and another person said, “They (the staff) are all lovely, we like to sit and have a chat and a gossip”.

Relatives that we spoke with told us that they felt their family members were well looked after and cared for. One relative said, “I really cannot praise it enough, my mum has flourished since coming to live here.” This relative went on to say, “Relationships she has with staff are lovely, they really do know her, her needs and her wishes,” and “They don’t just deliver care, they do care and it is all about my mum and her needs.” Another relative said, “All the staff are wonderful and really they are like a second family. I admit I was initially weary of some of the younger staff but they are lovely, they are just so caring.”

We observed a number of interactions between staff and people who used the service across the whole home. We saw that staff treated people with kindness and compassion. People were addressed by their chosen names and appeared to be very at ease with the staff around them. Whilst carrying out observations on Barwick Lodge (this was the unit on the first floor) we saw that people who used the service were very comfortable with staff, referring to staff with nicknames and staff engaging in the laughter that followed when they responded. The communal lounge on this unit was filled with laughter and chatter throughout our observations and had a very nice atmosphere.

We observed that staff were respectful of the wishes of people who used the service before engaging people in any care or support. We saw that staff explained what would happen and asked the person if that would be okay. All of these interactions demonstrated kindness and compassion. We saw one person, on more than one

occasion, become visibly distressed and anxious, at times appearing to be disorientated. Staff continued to offer reassurance to this person and remained patient and caring throughout the day. When we spoke with staff about the needs of this person they displayed a lot of empathy when discussing the reasons for their anxiety and distress.

We were told by people and staff that they were encouraged and able to express their views and were involved in making decisions about their care and support. They told us that they were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice and respected their decisions.

We saw that staff carried out a lot of proactive support and care. For example, approaching people and asking if they required any assistance rather than waiting to be asked. This meant that staff pre-empted the support needs of people who used the service and made themselves available to offer that support as and when it was required. These proactive approaches to support included various aspects of care, such as helping someone to use the facilities. At each occasion we saw these interactions to be carried out discreetly and with respect. This meant that people who used the service experienced care and support in a manner that upheld their dignity and privacy.

From the discussions we had with staff it became very clear that the staff had a good understanding of the background of people who used the service. They told us about the jobs people had in the past, how this contributed to some of the behaviours people displayed and how the staff encouraged these memories and actions. When we looked at these people’s care records we saw that the information staff had provided to us about individuals was accurate. This demonstrated to us that staff had taken the time to understand the people they provided with care and support to ensure they could build caring and positive relationships.

Is the service responsive?

Our findings

We looked at the care records relating to four people who used the service. These demonstrated that the needs of people who used the service were assessed with care and support planned and delivered in a way to meet the assessed needs. Care plans were reviewed at monthly intervals as a minimum, with reviews completed as and when appropriate if people's health needs changed. These records demonstrated that changes in people's needs were identified and as appropriate referrals were made to other health professionals, to help ensure that people's needs were met in a safe and effective way. For example, we saw one person had begun to lose weight without explanation. Staff ensured that the frequency of monitoring of this person's weight was increased from monthly to weekly and referrals were made to relevant healthcare professionals to ensure care was responsive to these changes. This meant that the assessment of people's needs, including the delivery plans remained accurate and responsive to the needs of the individuals.

The care plans we reviewed were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. They contained details about people's preferences, wishes and choices. The files contained information relating the current health of the individuals, but also included previous histories (both social and health). This meant that staff could respond appropriately to any reoccurrence of these matters.

We spoke with seven people who used the service. People we spoke with gave us examples of when staff had responded to changes in their needs. One person told us about a time where they had required an emergency appointment with their doctor. They told us that the staff had arranged a home visit and they felt that this met their needs at that time.

During our observations we also saw staff respond appropriately to the needs of people who used the service. One person complained of having a headache and generally feeling unwell. Staff interacted with this person to find out exactly how they were feeling. They then spoke with one another to determine what care interventions had already been completed and offered the person some pain relief.

Some of the people who lived at the service had marked problems with their memory. This meant that some people found it difficult to recall past memories and events, or in some cases have discussions with us. We carried out a Short Observational Framework for Inspection (SOFI). SOFI involves us carrying out focused observations of people in order to better understand the experiences of these people.

During the SOFI we saw that staff encouraged people to engage in a wide range of social activities. The National Institute of Clinical Guidance (NICE) states within its quality statement 30, 'It is important that people with dementia can take part in leisure activities during their day that are meaningful to them. People have different interests and preferences about how they wish to spend their time. People with dementia are no exception but increasingly need the support of others to participate. Understanding this and how to enable people with dementia to take part in leisure activities can help maintain and improve quality of life'.

We saw that games were played in the communal lounge area and that people who sat in the lounge were keen to participate and join in. One of the games that was played was a card game that encouraged people to think about numbers and anticipate the next cards to be drawn. Enlarged props were used to ensure people could see the cards and numbers from all around the lounge. It was clear that the activity brought stimulation to the people who were engaged in it and those who chose to observe it, as well as being fun and filling the room with laughter.

The service had a complaints procedure available within the home. This was a provider-wide procedure which provided a statement of assurance to complainants that any complaint received would be fully investigated and responded to. This procedure was made available to people who used the service within their 'welcome packs' and was also on display throughout the premises. The procedure contained details of who would be responsible for addressing and investigating the complaint, the timescales that could be attributed to investigation and details of who the complainant could approach if they were unhappy with the outcome. This procedure was supplemented by a formal complaints investigation process which was for the use of staff and offered guidance in how to initially handle and report any complaints that may have been raised to them.

Is the service responsive?

We saw that the service had received one complaint in the previous 12 months. This complaint had been investigated and had involved regional management, another independent home manager from the provider group, and human resources in the engagement of the investigation process. The outcome was feedback to the complainant and senior management in line with the complaints procedure. This meant that the service had effective procedures in place to allow for people to raise complaints and ensure appropriate investigation.

People we spoke with, who used the service, told us that they were aware of how they could complain, but said that they had experienced no reason to do so. They said, “I know I can but I have had no reason to, it’s been wonderful”.

Is the service well-led?

Our findings

The home carried out a wide range of audits as part of its quality programme. The regional manager carried out frequent visits as part of a quality monitoring process and performed quality audits in respect of the following areas; care plans, finances, health and safety, quality, human resources and occupancy. We looked at audits completed in the four months predating the inspection (July to September 2014) and saw that each audit was similar in nature with repeat actions being identified at each visit. For example, in July, August, September and October comments in the action plan all stated, 'Monthly weight record – frequency of weight monitoring to be circled. This is not consistent within the care plans' and 'Care plan audits to be implemented on each unit and actions agreed to address the shortfalls', the following month the action plan stated, 'Care plans to be implemented on each unit and actions agreed to address shortfalls – discussed with home manager the need to implement action plan to make required improvements'. No internal action plans had been developed following these audits, to demonstrate how and when the identified areas for improvement would be tackled. Additionally the audits completed had not picked up on some of the areas we identified as issues, for example, inappropriate application of the principals of the Mental Capacity Act 2005.

This was a breach of Regulation 17 (Good governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence of internally controlled audits being completed by the registered manager and senior staff. This included areas such as medication audits, maintenance audits and monthly weights. These audits included a 'Quality Audit Process' that was completed by the registered manager twice a year. We saw that where issues were identified the manager instructed action plans and we saw evidence of these issues being taken forward for improvement.

During 2014, the registered manager informed CQC of notifiable incidents that the service was required to tell us about in a timely fashion.

The service was registered to carry on a number of regulated activities including, 'diagnostic and screening

procedures' and 'treatment of disease, disorder or injury'. During our inspection we found that the home was not providing nursing care to people who lived at the home. The registered manager confirmed that the home had not provided nursing care for a number of years. We discussed with the registered manager the importance of ensuring that the service held accurate registration in relation to regulated activities and advised them of the need to apply to deregister the regulated activities that they were no longer carrying on.

We saw that the service encouraged people who used the service, their relatives and staff to engage in how the service could be improved. They held regular 'resident meetings' which were minuted and which demonstrated the engagement between the service and its users. These minutes demonstrated that the home were open and transparent about external inspections and visits by the local authority, sharing findings and recommendations with the group. The group was used as a way to introduce new staff members to people who used the service, for example the recently appointed activities co-ordinator. This provided a platform for people to offer suggestions, praise or raise concerns about the service.

People were encouraged to complete a 'customer survey'. 25 people had been sent the survey and the service got a 96% response rate. The feedback contained within this survey was very positive and people were encouraged to detail what worked and what didn't from their own experiences.

The home had a registered manager in post that was well known and visible throughout the home. Staff and people who used the service told us that they were aware of who she was and what her role was in the service.

The staff that we spoke with told us that the registered manager was very supportive and that they felt the home was well led as a result.

We saw that the service engaged with, and took part in, quality monitoring processes that were led by the local commissioning authority (this is the authority who are responsible for placements into the service). We spoke with the lead commissioner for this service and were informed that the local authority had no concerns about the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.