Fairways Residential Home Limited

Fairways

Inspection report

20 Westmoor Grove
Heysham
Morecambe
Lancashire
LA3 2TA

Tel: 01524855222

Date of inspection visit:
21 January 2016
26 January 2016

Date of publication:
09 May 2016

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 22 and 26 January 2016.

Fairways residential home is situated in Heysham, near Morecambe. It provides accommodation for up to 24 residents in a mixture of double and single rooms, in an old building adapted for the purpose.

There were 19 people living at the home on the day of inspection.

A registered manager was not in post at the time of the inspection. A registered manager is registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered provider had designated a member of staff to be the registered manager but they had not yet registered with the Care Quality Commission.

The service was last inspected on 05 February 2014. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

At this inspection carried out in January 2016, we found people were not always safe. The registered provider had failed to implement suitable systems to ensure risks to people's health and safety were appropriately monitored and managed. Care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. Plans had been reviewed at regular intervals however they did not always reflect people's individual needs. This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated activities 2014.

Risks were not consistently addressed and managed in a proactive way. Audits of accidents and incidents and audits of people's weights had not been carried out to identify and manage any risks to people who lived at the home. This was a breach of Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) 2014.

Robust recruitment processes were not in place to ensure people employed were of suitable nature. This was a breach of Regulation 19 of the Health and Social Care Act (2008) (Regulated Activities) 2014.

Staffing levels were conducive to meet people's needs. We observed staff being patient with people and meeting their needs in a responsive manner.

Arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Staff had a sound knowledge of safeguarding and were aware of their responsibilities for reporting any concerns. However processes in place were inconsistent to ensure all safeguarding alerts were communicated to the Care Quality Commission (CQC.) This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered provider had suitable arrangements in place for managing medicines. Medicines were safely kept and appropriate arrangements for administering them were in place. The registered provider carried out regular audits of medicines to ensure systems in place were being followed correctly by staff.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when people's health needs changed.

Staff had received training in Mental Capacity awareness and Deprivation of Liberty Safeguards. However we noted procedures were not always followed to ensure compliance with the Deprivation of Liberty Safeguards (DoLS). We identified two people being deprived of their liberty without legal authorisation. This was a breach of Regulation 13 of the Health and Social Care Act (2008) Regulated Activities 2014.

People were happy with the variety and choice of meals available to them. Feedback on the quality of food provided was positive from both people who lived at the home and relatives.

The registered provider kept a detailed log of all accidents and incidents that had occurred at the home. However during the course of the inspection we identified three serious incidents that had not been reported, as required to the Care Quality Commission. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009.

The home provided social activities for people who lived at the home. However, staff told they were sometimes limited to providing social activities due to other constraints. The registered provider advised us they were currently addressing this and were in the process of recruiting an activities coordinator.

Feedback from relatives and health professionals in regards to service quality was positive. The registered provider engaged with people who lived at the home and their relatives to ensure service quality was appropriate to people's needs.

Staff were positive about their work and confirmed they were supported by the registered provider. Staff received regular training and supervision to make sure they had the skills and knowledge to meet people's needs.

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People who lived at the home told us they felt safe. However we identified concerns which had the potential to cause harm. Risks were not appropriately monitored and managed. Robust systems were not in place to ensure people employed were of good character.

Processes were in place to protect people from abuse. Staff were aware of the processes and how to report abuse.

Suitable arrangements were in place for storage and management of all medicines.

Staffing levels were monitored by the registered provider to ensure the needs of the individuals who lived at the home were adequately met.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate.

Staff had received training in the area of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) but did not consistently apply the legislation to practice.

Relatives and friends were confident staff had the required knowledge to perform their role. Staff had access to ongoing training to meet the individual needs of people they supported.

Is the service caring?

Good

Staff were caring.

People who lived at the home, relatives and visitors were positive about the staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was sometimes responsive.

Care plans were in place for each person who lived at the home. There was evidence relatives were consulted with when developing the plans. However care plans did not always consistently reflect people's care needs.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

There was range of social activities on offer for people who lived at the home.

Is the service well-led?

Requires Improvement

The service was sometimes well led.

The registered provider had failed in their duties to ensure they met their legal obligations in reporting to the Care Quality Commission all safeguarding incidents and serious injuries which had occurred at the home

The registered provider had good working relationships with the staff team. Staff, relatives and professionals all commended the skills of the registered provider.

Regular communication between the registered provider and the staff team was positive.

Fairways

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.

This inspection took place on 22 and 26 February 2016 and was unannounced. On the first day, the inspection was carried out by an adult social care inspector. The adult social care inspector was accompanied by an inspection manager on the second day.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with six staff members at the home. This included the registered provider, the home manager, three staff responsible for delivering care and the cook.

We spoke with three people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of people who lived at the home.

We also spoke with three relatives and one health care professional to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files relating to six people who lived at the home and recruitment files relating to five staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it

was conducive to meeting the needs of people who lived there.

Requires Improvement

Is the service safe?

Our findings

One person who lived at the home told us, "I feel safe here."

Relatives were complimentary about the standard of care provided to ensure the safety of people who lived at the home. One relative said, "My [relative] can't fully verbally communicate but it is obvious they feel safe and secure." Another relative said, "They made sure [relative] was safe."

Although people who lived at the service and relatives told us people were safe, we found safety, was sometimes compromised.

During the course of the inspection we looked at how the registered provider assessed and managed risk. We did this to ensure people who lived at the home were suitably supported and any risks to their safety and well-being were being appropriately managed. We found risks were not consistently managed by the registered provider.

We looked at records relating to accidents and incidents. Completed accidents and incident records showed in the past year one person had fallen eighteen times over a ten month period. We looked at the persons care records and noted two care reviews had taken place during this period but had failed to address this person was at risk of falls. Despite the frequency of this occurring and staff being aware of these behaviours, staff had not put any controls in place to prevent this from re-occurring to protect the person.

On the second day of the inspection we discussed our findings with the registered provider. The registered provider said they had not carried out any formal falls audits as this would have been the job of the registered manager. They said standards had slipped due to the absence of the registered manager but were now aware of the importance of carrying out a falls audit. They said the new manager at the home was carrying out a formal falls audit that morning.

We looked at weight records maintained by the registered provider. Monthly records of weights were documented but no one had audited the records to look at people's overall weight loss. We noted two people had lost a significant amount of weight over a three month period. Records for one person showed a nutritional screening assessment had taken place but this had failed to identify the person was losing weight. Another person had been referred to their doctor for weight loss but the registered provider had failed to implement any system to monitor and promote food intake.

We spoke with the home manager about these findings. They acknowledged improvements to the monitoring of weight were required and said they were going to change the weight monitoring documentation immediately.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) as the provider had failed to do all as reasonably practical to manage the risks to ensure safe care and treatment.

On the first day of the inspection we carried out a visual check of the premises. Windows did not have restrictors in place to limit the opening of the windows. This meant the building was not secure and there was a risk people who were in a confused state may try to leave the building through the windows. We spoke with the registered provider about these concerns and highlighted the Health and Safety Guidance regarding falls from height in care homes. The registered provider was unaware of this document and agreed to take immediate action. We were later provided information to show action had been taken to secure the windows.

We looked at recruitment processes carried out by the registered provider to ensure they were robust. To do this, we looked at five staff files belonging to people who had been recruited since the last inspection. Three of the five staff members had failed to complete a full employment history within their application. There was no evidence to show the registered provider had explored these gaps in employment. A full employment history allows a provider to ensure they can account for the previous history of the person and allows providers to assess the suitability of the applicant. Records relating to two staff members also demonstrated the registered provider had failed to seek references from people's past employers to check the persons work record and previous work conduct.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have suitable systems and processes in place to ensure people who were employed were of good character and had the competence, skills and experience which are necessary for the work they are performing.

We discussed this with the registered provider and highlighted the concerns. The registered provider agreed to action this straight away. Later in the inspection we were given a new application form which clearly stated employment history must be explained and references from the previous employer would be sought.

We looked at how safeguarding procedures were managed by the provider. The registered provider told us all staff received safeguarding training and refresher courses to top up knowledge. We noted when safeguarding incidents had occurred the registered provider had taken action to prevent any incidents from re-occurring.

Staff told us they had completed safeguarding training and all staff were all able to describe the different forms of abuse. The care staff we spoke with were confident if they reported anything untoward to the registered provider or the management team this would be dealt with immediately. One staff member said, "I'm confident I could identify any abuse occurring. If I thought it was occurring, I would report it to the manager or the Care Quality Commission, (CQC.) Staff were also aware of their rights to whistle blow. One staff member said, "I would report it to CQC or the police."

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. We noted there was constant over sight from staff in the main lounge area. This allowed staff to react and respond to situations that had the potential to cause harm. Staff had time to sit with people to discuss their needs and respond in a timely manner.

We spoke with staff members about staffing levels at the home. Feedback in regards to staffing levels was mixed. One staff member said, "We are ok unless we have an emergency." Another staff member described some days as "difficult," and, "busy." Staff members confirmed however extra staff could be called in to help out in such emergencies. Staff also said management were willing to help out if people's needs increased.

The registered provider told us they did not use any formal dependency tools to assess staffing levels. They

said if staff expressed concerns with staffing levels they would review staffing arrangements. We noted the registered provider had previously listened to staff concerns about staffing levels and had recruited a cleaner to allow staff more time to carry out their roles.

We spoke with staff and the registered provider to ascertain what systems were in place for provision of staffing in an emergency. The registered provider explained there was an emergency on call system in place for management support outside of office hours. Staff were happy with the on call system in place. The registered provider did not use agency staff but had a bank of their own casual staff to cover in emergencies. This allowed for consistency of staffing.

We looked at how medicines were managed within the home. We saw they were checked and confirmed on admission to the home by the home manager. Medicines were stored securely within a trolley in a dedicated staff office. Only designated staff had access to the medicines trolley. Storing medicines safely helps prevent mishandling and misuse. Tablets were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles and clearly labelled when they were opened. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis".

Controlled drugs were kept in a separate controlled drug cabinet to meet legislative requirements. We checked the systems in place for administering and storing controlled drugs to ensure they met the requirements of the law.

We observed medicines being administered to two people. Medicines were administered in a person centred way, taking into account peoples preferences and wishes. Records belonging to each person had a photograph upon them so the person could be identified prior to medicines being administered. Medicines were administered to one person at a time. Staff observed people taking their medicines before signing for it.

As part of the inspection we looked around the building to ensure it was clean and appropriately maintained. We found communal areas were clean and tidy and there were no odours. Radiators were fitted with thermostatic valves to prevent people from scalding. Systems were in place for monitoring the risk of legionella.

We looked at documentation relating to equipment used within the home. We noted patient hoists, the lift and fire extinguisher had been serviced within the past twelve months. Gas and electrical safety checks were also in situ.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

On the first day of inspection we were alerted to two people who wished to leave the home. Both people were asking repeatedly to leave the premises but their wishes were denied. Daily records confirmed requests to leave the building were repeatedly made by each individual on a daily basis. We checked whether the service was working within the principles of the DoLS guidance to deprive people of their liberty.

The home manager was unable to confirm whether or not DoLS applications had been made for these people. They explained this was not their job and the registered provider would have this information. They told us they were aware DoLS applications had been made for some people but unable to confirm who. We looked in people's individual care records and noted there were no DoLS applications in situ for the two people who were requesting to leave.

On the second day of the inspection the registered provider confirmed no DoLS applications had been made for these people as these people had only been admitted to the home within the past six weeks. The registered provider said they were in, "The midst of doing these," and agreed to complete these applications immediately.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider was depriving people of their liberty without lawful authority.

Care records maintained by the registered provider also failed to consistently address people's capacity and decision making. We noted capacity assessments were not routinely carried out when people lacked capacity. We spoke with the registered provider about this. They told us the Community Mental Health Team undertook these for each person and they would only be involved if the best interests meeting took place at the home. The registered provider agreed they would be more proactive within this area and would start carrying out their own capacity assessments for each person where it was appropriate.

We spoke with two staff members about their knowledge of the Mental Capacity Act and DoLS. One staff member was unaware of the Act. The other staff member said they were aware of it as they had, "Some dealings with this," in recent times when reporting deaths in relation to people who had DoLS applications

made on their behalf.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The staff we spoke with said they were provided with appropriate training to carry out their role. One staff member said, "I'm more than happy with training offered." Another staff member said, "I was put on training straight away when I started at the home."
We noted staff had been provided with training in safeguarding of vulnerable adults, safe administration of medicines and first aid. Staff had also been encouraged to complete national vocational qualifications, (NVQ's) during the course of employment.

The registered provider maintained a training matrix to record all staff training and skills. This training matrix was also used to plan forthcoming training needs.

Staff were provided with induction training from the registered provider. Staff told us they were expected to carry out a period of shadowing at the start of employment. The home manager confirmed they were currently being supervised by the registered provider. This period of shadowing allowed people the opportunity to become more competent within their role prior to working unsupervised.

We spoke with staff about supervision. Staff told us they felt supported within their role and confirmed supervisions took place approximately every three to six months. Staff said they could approach the registered provider or home manager in between these times if they had any concerns.

Feedback from people who lived at the home in regards to food provided was positive. One person said the food was good. Another person said the food was ok.

Relatives we spoke with were complimentary about food provided. One relative said they often ate with their family member when they visited over meal times and described the food as good. Another relative said, "My [relative] has a good appetite and they are always happy with food provided."

We observed meals being provided at lunch and dinner whilst visiting the home. We observed staff members speaking with each person before meal times to ask them what they would like to eat and giving details to the cook. There was a pictorial menu displayed on the wall showing main meals for the day. This acted as a prompt for people when making choices.

We observed a variety of foods being offered and served. Food was plentiful and looked appetising. People were offered a variety of fluids alongside their meal. Both meal times observed were a leisurely affair and people were not rushed. People sat eating lunch, chatting to other people who lived at the home. We observed staff enquiring about people's comfort and to ensure people were happy with their food. People were offered alternative foods when it was noticed they had not eaten what they had initially asked for. When people required assistance with eating this was provided in a dignified way.

We looked in the kitchen and noted there were ample stocks of food in place. The cook explained they had a loose fixed menu but people could choose alternatives to what was on the main menu. The cook said they were in the process of changing the fixed menu as they had consulted with people who lived at the home and they had made suggestions to improve on the foods offered.

The cook said the registered provider informed them of any changes to people's dietary needs so they could then adjust people's diets accordingly. The cook had a good knowledge about the need to modify people's diets if they had any health needs. Allergens were discussed with people as part of the pre-admission

process.

Individual care files showed health care needs were monitored. Records demonstrated people who lived at the home had regular appointments with general practitioners, dentists, chiropody, dieticians, specialist health practitioners and opticians. Relatives told us they were always kept up to date if people's health deteriorated.

On the first day of inspection we spoke with a visiting health professional. They told us they were happy with the care provided by staff at Fairways. They were confident staff were competent and well equipped with the necessary skills to carry out their role. They said staff were able to use their own initiative but would also seek help from other health professionals if they had any concerns.

Good

Is the service caring?

Our findings

People who lived at the home were complimentary about staff who worked at the home. One person said, "The staff are very kind." Another person said, "they look after me well." And, "they are nice girls."

Relatives said the care provided to people was good. One relative said, "I've found the home to be very good. The staff are caring." Another relative said, "He was well cared for." Staff were also described as, "Attentive."

Staff praised the kindness of other work colleagues. One staff member said they planned for their relative to come and stay at the home as staff were so caring.

We observed positive interactions throughout the inspection between staff and people who lived at the home. We observed staff responding to a person who was upset. Staff offered lots of comfort to this person and reassurance to ease any distress. They spoke clearly to the person giving them a comprehensive explanation as to why an event had occurred which had made them upset. They also apologised for any actions that had occurred which had caused the upset. During the inspection we also noted staff took time out to reassure a visiting relative who was also upset. Staff spent time listening and reassuring the relative.

We observed general interactions between staff and people who lived at the home. Staff took time to sit with people and engage in conversation. Staff made small talk with people to prompt and develop conversation. This also showed staff had an interest in each person. Staff were aware of people's likes and dislikes and engaged in conversation with people about their interests. Staff showed a good understanding of the individual choices and wishes for people within their care.

Staff also enquired about people's well-being and took action if people looked uncomfortable or unwell. We noted staff intervened when one person had fallen asleep and looked uncomfortable. Staff helped the person get into a more comfortable position. Another staff member identified one person as having a croaky voice and offered to get the person a drink to sooth their throat. We observed an incident when a staff member accidentally opened a door and banged a person on the arm. The staff member apologised immediately and checked the person over to ensure they were not harmed. The staff member stayed with the person until they were confident they had not harmed the person in any way.

Staff demonstrated patience and understanding. One person made continued, repeated requests throughout the day. Staff spent time with the person and consistently offered reassurance to them.

Privacy and dignity was promoted at all times. We observed staff members knocking on people's doors and asking permission to enter rooms. We noted one person displayed some behaviour which challenged the service. These behaviours often compromised the person's dignity. Staff acted appropriately to maintain this person's dignity at all times, even when displaying behaviours which challenged. Two people had opted to share a room. A privacy screen was used in the room to protect people's privacy and dignity.

Relatives said they were welcomed at the home at all times and were always offered privacy with their loved ones.

Staff took pride in people's appearance. People were dressed in appropriate and clean clothing. We noted the registered provider had advised staff to look for any poorly maintained clothing in wardrobes and to remove where appropriate with the person's permission. One relative told us prior to Christmas, each person who lived at the home were offered the opportunity to select a new outfit. The registered provider then wrapped the outfit up and gave each person the outfit as a gift at Christmas. People could then wear the new outfit on Christmas day.

Requires Improvement

Is the service responsive?

Our findings

One person who lived at the home told us they had no complaints and described their time at the home as a, "Happy time." Another person said, "It's not bad here. I'm not complaining. Overall it's alright. I've no complaints. I just get on with living."

Relatives we spoke with all said they were happy with the care provided. One relative said, "I have always found the home to be very good." Another relative said, "We only have good things to say about the home."

People who lived at the home and their relatives were aware of their rights to be able to complain and were aware of whom to report complaints to. Relatives spoke highly about the ways in which any complaints were listened to and acted upon. They were confident they could approach management at any time to discuss concerns and were assured any concerns would be taken seriously. One relative said, "I've never had to make any complaints. The registered provider receives suggestions to improve care well."

The registered provider confirmed they had not received any formal complaints about the service provided. They said they acted promptly to stop any concerns developing into complaints. We noted one incident where people who lived at the home had expressed some dissatisfaction. The registered provider took immediate action and implemented changes.

We looked at care records belonging to five people who lived at the home. The registered provider carried out a pre-assessment of each person before they moved into the home. This captured relevant information relating to the care support requirements of the person. This ensured people's needs were documented and met from the onset of the service.

Care plans addressed a number of areas including mobility, personal care, communication, mental health, hobbies and interests and lifestyle preferences. We noted however care plan actions were not always consistently applied by staff. One person's care records stated the person should wear their glasses at all times. On the second day of inspection the person did not have them on. No staff made reference to this and left the person without glasses for the full morning.

Care plan reviews regularly took place, however we noted care reviews did not always capture relevant information which should trigger a change to a person's care plan. For instance one person's care record had not been updated following a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) being put in place. Another person's records had not been updated to show the person was at risk of falls. This placed people at risk of harm. We discussed this with the registered provider who agreed to look into how care plan reviews took place and agreed to update all care plans accordingly.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider was not maintaining an accurate, complete and contemporaneous record in respect of each person who lived at the home.

We looked at activities provided at the home for people. We noted a pictorial noticeboard was displayed in a communal area detailing activities on offer. Activities included a visiting external singer and a sports group. There were also photographs on display from activities that had occurred at the home.

We noted people's preferences were taken into account when planning activities. One person who lived at the home had previously worked in a helping profession and still liked to use these skills. This person was supported to carry out tasks around the home. This increased the person's well-being and gave them a sense of purpose. Staff said it also reduced any likelihood of any behaviour which may challenge from occurring.

Staff told us they were responsible for organising activities whilst on shift. There was no structured activities plan in place. Two staff said it was sometimes difficult to find the time to carry out organised activities as well as providing direct care. The registered provider used to employ an activities coordinator but they had changed roles within the organisation. On the second day of inspection the registered provider told us they were taking action to remedy this and was interviewing that day for a new activities coordinator.

On the first day of inspection we observed staff handing out magazines to people who lived at the home. One staff member took time out to sit with a person to read the magazine to them. On the second day of inspection we observed a sports coach visiting the home. The sports coach was promoting gentle exercise with people. People were laughing and enjoying the session.

We noted various opportunities for activity around the home. There were books and magazines in the living room and a reminiscence box and board games in one of the communal areas. The registered provider said people enjoyed talking and reminiscing.

Requires Improvement

Is the service well-led?

Our findings

Prior to the inspection taking place we analysed data held upon our system about the registered provider. We noted the home was at risk of under-reporting incidents which are notifiable to the CQC. During the inspection we identified five safeguarding incidents and three serious injuries which had not been reported to the CQC. We spoke to the registered provider about these incidents and they acknowledged there had been confusion about reporting them.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered provider had failed to report notifiable events as stated in the regulations.

We looked at what audit systems were in place to ensure safe and effective care was delivered. The registered provider had some quality assurance systems in place. The registered provider had completed audits in regards to administration of medicines, infection control, kitchen hygiene and domestic arrangements within the home. A care plan audit had also been completed in October 2015. This was not signed to show who carried out the audit and did not signify which files were audited. This audit had failed to identify the inaccuracies we found during the inspection.

People who lived at the home, relatives and visitors were aware of who was in charge and who to go to when they had concerns. During the inspection we observed relatives asking the registered provider for advice and guidance. Relatives we spoke with told us they were more than happy with management arrangements within the home. They praised the registered provider for their willingness to listen and their approachability.

Members of staff commended the style of the provider and their caring and supportive personality. One staff member said, "[Registered provider] is very supportive, they support us with everything." Another staff member said, "We can approach [registered provider] whenever we need any help."

Communication between the team was good. The registered provider held staff meetings and senior meetings on a regular basis. One staff member said, "We have staff meetings whenever the need arises." Records demonstrated there had been two staff meetings within a seven month period.

The atmosphere of the home was warm and welcoming and team work played an integral part in the running of the home. One health professional passed comment on the comradery of the staff team and described the teamwork as good. On the second day of inspection we saw staff supporting each other to deal with a challenging situation. This enabled staff to be more effective and reduced the risk of staff becoming stressed.

The registered provider told us they fostered an open culture within the home. They wanted staff to be open and honest and not hide anything from them. The registered provider acknowledged the importance of involving staff in decision making within the home.

The registered provider was committed to seeking views about the quality of service provision as a means to improve service delivery. A relative's survey was carried out in October 2015. Seven relatives responded; all provided positive feedback. Comments included, "[Relative] is happy here." And, "People are treated with dignity and respect and offered choices."

The registered provider also carried out residents and relatives meetings to discuss service quality. Relatives were invited to make suggestions at the meeting as a means to improve the service. We noted one suggestion was taken on board and implemented following a meeting in July 2015. We also noted however there had been no more meetings since July 2015 despite there being an agreement to hold a meeting in October 2015.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider failed to notify the commission without delay of incidents which occurred whilst services were being provided in the carrying of the regulated activity. 18 (1) (2) (a) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to assess the risks to the health and safety of service users and doing all that is reasonably practicable to mitigate such risks. 12 (1) (2) (a) (b)

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 registered provider had failed to gain lawful authority to deprive people of their liberty. 13 (5)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure accurate, complete and contemporaneous records were maintained in respect of each person who lived at the home 17 (2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider failed to have systems in place to ensure people employed were of good character. 19 (1) (a)