Stilecroft (MPS) Limited

Stilecroft Residential Home

Inspection report

51 Stainburn Road
Stainburn
Workington
Cumbria
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Tel: 01900603776

Date of inspection visit:
21 July 2017

Date of publication:
08 September 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection which took place on Friday 21 July 2017. The inspection was undertaken by two adult social care inspectors and an expert by experience.

At our last inspection in October 2014 we judged the service to be good.

Stilecroft Residential Home provides accommodation and personal care for up to forty four older people. The main accommodation is provided in the original Victorian building which has been adapted for the purpose. There is an extension to the main property that has been appropriately and purposely adapted to accommodate people who have dementia. The home is in a residential area on the outskirts of Workington.

The home had a suitably qualified and experienced 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 previous manager remained registered at this location. We asked the area manager to deal with this matter.

We noted a number of issues in the home that potentially had a negative impact on the safety of people in the home. There were some matters in relation to infection control, trip hazards and potential legionella infection which needed attention. There were issues around evacuation in the event of a fire. Immediate action was taken on the day of the inspection to ensure people would be safe.

This is a breach of Regulation12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because these hazards posed a risk to vulnerable people and to visitors and staff in the home.

We judged that the systems to monitor quality in the home had failed to identify these matters in a timely manner.

This is a breach of Regulation17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the systems were not working effectively to identify the issues we identified during the inspection.

Staff understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training in safeguarding. The management team understood how to report any potential or actual abuse. Staff told us that there were 'whistleblowing' arrangements in place to support any concerns or complaints they had.

We checked on staffing levels and found these to have improved since our last inspection and were suitable to meet the needs of the people in the home, on the day of our inspection. The registered manager was developing deployment strategies to ensure staff were giving people good levels of support.

Suitable arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults. The registered provider had policies and procedures in place to ensure that any disciplinary matters could be dealt with in an appropriate manner.

Medicines were ordered, stored, administered and disposed of appropriately because the service had a very efficient system for supporting people who needed help with medicines.

Staff received suitable levels of training in subjects the provider judged to be appropriate. We noted that supervision and appraisal was in place in the home but that some of these meetings were out of date. We recommended that the systems for supervision and appraisal were reviewed and formal records kept in more detail.

The registered manager was aware of her responsibilities under the Mental Capacity Act 2005 when people were deprived of their liberty for their own safety. We judged that this had been done appropriately and that consent was sought for any interaction, where possible.

People told us they were happy with the food provided. Simple nutritional plans were in place.

Local health care practitioners were called on to see people and to give advice. People also saw other health care professionals like chiropodists and opticians.

We observed kind, patient and suitable care being provided. Staff made sure that confidentiality, privacy and dignity were adhered to. People were encouraged to be independent where possible.

Staff were trained in end of life care and we saw evidence to show that this was being done with sensitivity.

We looked at care files and saw that everyone had an assessment of needs and preferences and that care plans were then put in place. Some of these needed more detail when people had complex needs.

We recommended that care planning was reviewed and more detail put into some of the plans, especially when people are living with dementia.

We judged that people received good levels of personal care support.

People were happy with the activities and entertainments on offer. Everyone was given the opportunity to follow their own interests, where possible. There were plans to widen the options for people with dementia.

The provider had a suitable complaints policy and procedure in place. We had received some concerns that we judged needed more in-depth investigation and the area manager readily agreed to do this.

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 safe.

There were some hazards in the environment that might have endangered people in the home.

Staff understood their responsibilities in protecting vulnerable people from harm an abuse.

Medicines were well managed.

Is the service effective?

Good

The service was effective.

Supervision and appraisal systems were in place.

The team understood their responsibilities if people were judged to be deprived of their liberty.

People were very satisfied with the food on offer.

Is the service caring?

Good

The service was caring.

On the day of our visit people were treated in a caring manner with dignity, privacy and respect.

The registered manager was good at identifying people's need for advocacy.

Shared end of life care was done well in the home.

Is the service responsive?

Requires Improvement

The service was not responsive.

Everyone had an up to date care plan but we recommended that some more detail be in some plans.

People were satisfied with the activities and entertainments on

offer.

Complaints were suitably managed and the area manager readily agreed to look at an issue raised with CQC.

Is the service well-led?

Requires Improvement

The service was not yet well led.

The home had a suitably qualified and experienced registered manager.

The quality monitoring systems were of an acceptable quality but had failed to deal with some matters of safety and well being.

Records were of a good standard.

Stilecroft Residential 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.

This inspection took place on Friday 21 July 2017 and was unannounced. Two inspectors visited the home at 7 a.m. and were joined at 9 a.m. by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. All members of the team were experienced in the care of older adults and in the care of people living with dementia.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the provider for completion. The PIR 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. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the local social work team, the local authority commissioners and with health professionals about the delivery of care and services. On the day of the inspection we met two health care professionals. We had also received some information from three members of the public. We also attended a meeting after the inspection visit where representatives of a person using the service met with the local authority and with other professionals.

We walked around all areas of the home including the kitchen, laundry and communal areas. We looked at arrangements for food and fire safety. We checked on infection control around the home. We were also invited into bedrooms.

We met all the people in residence during the inspection. We spoke with people in groups and also spoke in depth with fourteen people. We met four relatives, friends and other visitors. We spoke with nine members of staff including the registered manager, the area manager, her deputy, six care assistants, the activities organiser, two kitchen staff and two housekeeping staff.

We read nine care files in depth and we looked at all the medication administration records. We also looked at the fire and food safety records, the records of maintenance in the home and at two records of money kept on behalf of people in the home. We looked at records of activities and entertainments. We saw records of meals taken and the menus. We saw audits of falls and of medicines and care plans contained in the reports made monthly by the area manager.

We also undertook a Short Observational Framework for Inspection (SOFI) which is a recognised tool for observing the well being of people living with dementia.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt, "Quite all right...safe and not worried about anything." One person said, "I feel safe here with staff on hand...safer for us than at home."

People also spoke about staffing levels and generally people thought the staffing levels were safe. One person said, "The staff work very hard. I am not sure if that's not just what the job is. I think there are enough staff...they are just busy that's all."

We also learned that people were happy with medicines support. One person said, "The staff help me with my tablets and they never miss me out...very satisfied with that. They explain it to me if I am not sure."

A visitor said, "I have never seen anything untoward...could be a few more staff sometimes...I used to work in care so I know what it is like, they do have their call buzzers I know"

The inspection team walked around the home and we found it to be generally quite tidy and clean in all areas. We did, however discover some potential hazards in the environment. Some cupboards in the home were not locked during our visit. This included an upstairs store cupboard that was left open with cleaning materials and large amounts of alcohol hand rub on view. The door to the steep cellar steps and the laundry was unlocked and easy to access. The registered manager dealt with these issues when we made her aware.

We also found an oxygen cylinder left in one of the lounges. This was removed when we pointed this out to staff. We saw that the registered person had been advised on the good practice for the storage of oxygen. This had yet to be completed.

Hallways and some lounge flooring had been replaced with good quality carpets but there were still some trip hazards in hallways because there were changes to levels on these floors where different areas of the home met. These changes in levels had not been dealt with when the flooring was laid.

The home was generally clean and we learned that the head housekeeper took the lead on infection control and the control of hazardous materials. We learned from staff that there had been no serious outbreaks of illness in the home. Staff were aware of how to prevent cross infection. Personal protective equipment was readily accessible. Staff had attended training in these matters.

Some areas of the home including some toilets, bathrooms and the laundry were being considered for on going upgrades so that surfaces would be more impervious to liquids. When we visited in 2014 we asked the service to consider an upgrade to the laundry. The laundry had good quality flooring and we were told that some of the machinery had been replaced. The work surfaces in the laundry needed replacement or repair. We noted that the red laundry bags (soiled linens) were left in corridors with soiled clothes in them, and the registered manager dealt with this as soon as she was informed. These matters could pose a risk of cross infection.

We also learned from Allerdale Borough Council that the home had a temporary sink in the dementia care dining room. Their concern was that the dirty water that staff had to empty might harbour infection. The risk of legionella was heightened by this practice.

Externally the home had scaffolding from ground to the roof at one side of the building. The registered manager told us that the wall of the house was in need of repair. She said that this would need rebuilding. People were living in bedrooms near to this potential hazard. The fire door and the fire escape were partially blocked by the scaffolding for this building work. This would have limited the escape route for most of these five people, and for any staff, if there was a fire situation. We discussed this issue with the registered manager and she and her team had not been aware of this blocked escape route despite the scaffold being in place for five weeks. Immediate action was taken with people moved from these rooms and the registered manager assuring us that there would be extra staff on duty in case of the need for evacuation. Cumbria Fire and Rescue visited shortly after the inspection and further action was taken to ensure people remained as safe as possible.

This is a breach of Regulation12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because these matters posed a risk to people in the home, staff and visitors.

We had evidence to show that the staff team had received training in safeguarding matters. We spoke with staff who said they could report any concerns to the registered manager or to a senior member of the company. We had evidence to show that the registered manager had made appropriate safeguarding referrals to the local authority. Staff had completed a local initiative called the 'safeguarding passport' which ensured they understood their responsibilities. The local safeguarding officer had been invited into the home to give informal training.

We spoke with staff who told us they could talk to the registered manager or the deputy about any concerns and that the company had a whistleblowing procedure. Some concerns had been received by the Care Quality Commission and we asked the area manager to look into these.

We saw in care files that falls and accidents were monitored and reported appropriately to external agencies, if necessary. We had evidence to show that staff would call the GP or an ambulance if necessary.

We asked for, and received, four weeks' worth of rosters for all staff. We had spoken to night staff who said there was always four staff on duty at night, with two of them based in the specialist dementia care unit. We saw from the rosters that the registered manager was always in the home by 7 a.m. and that she and her deputy worked some shifts at the weekend. They told us they did this so that they could assess how well the home functioned at different times of the day and week. They sometimes also worked in the evenings. We noted that there were suitable numbers of care staff on duty by day.

We judged that there were good levels of staff in the dementia care unit and that people benefitted from having two members of the team in the unit at all times. The registered manager had just appointed a new unit manager for this unit. Our observations showed that there were enough staff on duty in the main part of the building but that, at times, they needed more direction from senior staff. The management team were aware of this and were working on how to strengthen the organisation for each shift.

We looked at recruitment files and we found that checks were made on new staff to ensure that they were suitable to work with vulnerable people. References were taken up, medical fitness checked on and checks made to ensure the candidate did not have a criminal record nor had been dismissed from another care service. The organisation had suitable policies and procedures covering matters of competency and

discipline. We had evidence to show that disciplinary matters were suitably managed by the registered manager with support from her line manager.

We checked on medicines held on behalf of people in the home. We saw that the service used a system that had a number of checks on medicines so that errors would be minimised. There were photographs of each person on the medicines administration records and on the medicines trays. The system was easy to audit and staff said it was easy to use. We observed staff giving people their medicines and this was done with care and staff explained the process to people where necessary. When people needed 'as required' medicines this was recorded and guidance given for when to administer. Sedative medicine was not routinely given to people. Where people were living with dementia prescribing was often done by psychiatrists or on the advice of specialist nurse practitioners.

Good

Is the service effective?

Our findings

People told us the staff were, "Very good", "Know their job" and "[The registered manager and the deputy] check on them to make sure they are working well".

The people we spoke with were very satisfied with the food provided and were happy to talk about the arrangements. One person said, "I think the food is very good, you can have what you like." The expert by experience heard people discussing the menu between themselves in an enthusiastic way. Another person told us, "I've been on a diet lately, I got too heavy and I've taken off a stone. I can have what I like but say it's fish, I just won't have it fried"

We saw that staff received suitable induction training when they started to work at Stilecroft. We heard from staff that they were encouraged to gain qualifications in care and that the service used distance learning, e-learning and face to face training. We asked for a copy of the training matrix for the home and we were sent a comprehensive training, supervision and appraisal record. This showed that the registered manager ensured that staff attended the mandatory training and any outstanding training was made a priority. Mandatory training covered subjects that the registered provider judged staff would need to do their jobs. We noted from the training matrix and talking with the registered manager that she was planning to register some staff on person centred thinking and care planning training to enhance their skills and knowledge.

We also looked at the supervision and appraisal notes for a number of staff. We saw that staff did receive formal supervision where they sat down with a more senior person to discuss their work and look at their development needs. These records were somewhat varied. Some gave a lot of detail whilst other supervision records needed a little more detail. We saw that the management team also observed practice and this was quite well recorded. We saw some good records where the management team had spoken to less experienced staff about attitude, approach and good practice. Some staff had not had recorded supervision for some time but staff told us they regularly had informal supervision. This was confirmed by the information we received in the training, supervision and appraisal record sent to us.

We recommend that the registered manager review the supervision and appraisal arrangements so that all staff continue to receive both formal and informal support that reflects their job role and allows good practice to be maintained.

We looked at issues around consent and we met people who told us they were always asked for consent for any interaction. We noted that some people had signed care plans and other forms that proved they were asked about consent. We also saw that the staff recorded where people had formally or informally delegated matters of consent to relatives. We also noted that people had been, where possible, asked about their wishes at the end of life or where resuscitation was necessary.

We spent time with people who were living with dementia and who might have issues around consent and decision making. We noted that 'best interest' meetings had been held and that, for some people, the team had assessed where a person was being deprived of their liberty. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the authorisations were in place, where necessary. The management team were aware of their responsibilities and the staff had been trained in the principles of the MCA.

We spent time in the kitchen with two of the catering staff. They told us of a recent visit by Allerdale Borough council to check on their food hygiene. We were given a copy of the interim report which showed that good food hygiene processes were followed. There had been a minor issue with food temperatures and the area manager told us that they had new freezers on order and that the fridge temperature issue had been dealt with. We talked to the registered manager about keeping food hot when it was served in different parts of the building and again the area manager assured us that a hot lock was on order to make sure people had food at the right temperature.

We looked at the food stored in the kitchen and we saw that there was a good range of food available. Fruit and vegetables were fresh and meat and fish of a good quality. The two catering staff were aware of people's needs and preferences and could prepare special diets. The menu was varied and staff said it was regularly reviewed.

We checked on care files and saw that food preferences were included in assessments and that simple nutritional plans were part of the care planning process. Staff weighed people and alerted community nurses, the dietician and the speech and language therapist when necessary. One person told us they had been helped to lose a little weight and several people said they had gained weight because the food was "so good".

On the day of the inspection we met a local community nurse who confirmed that they were in the home several times a week and that staff followed their advice. Notes showed that doctors and nurses were asked to visit individuals in the home when necessary. We also saw that people had chiropody, podiatry, optician visits and some people had occupational therapists or physiotherapists visit.

Good

Is the service caring?

Our findings

We measured this by observation and by discussion with people in the home and their relatives. We had positive comments from all the people we met on the day. These are some of the comments we received from the people we met.

"It's good here, we are well looked after, the girls are very kind you couldn't ask for better."
"The staff are wonderful to me...[My link worker] is my special friend. I have no complaints they look after me so well."
"It's very good I've no complaints. I have got so much better recently, the staff have tried so hard to help me."

Visitors to the home were also very complimentary. "The lasses are wonderful...they work really hard." One person said, "Everyone is looked after nicely and they are kind. My relative has settled here now and likes it...so I am happy enough." Another relative told us, "[Our relative] is happy that's the main thing, we are happy with it."

We observed kind and caring interactions. We saw some very sensitive interactions and affectionate and caring responses to people who needed reassurance. People were treated with dignity and respect. People's privacy was respected. We judged that staff understood people's needs and knew their likes and dislikes. We also saw that staff knew people's background and their family members. People responded well to all the staff on duty. We saw that the registered manager and the deputy manager were well known to people and during the day we noted that they responded quickly to any requests made by people in the home and their relatives.

People told us that they access to information about the company and about the home. They told us that the registered manager and her staff team would take time to explain things to them. We noted that staff worked patiently with people living with dementia and took time to explain things to them when they were disorientated. We also heard laughter and appropriate 'banter'. Many people told us they enjoyed these exchanges with staff and felt relaxed in the home.

We saw that some people were being supported to stay as independent as possible. We spent some time with more independent people and they explained how staff could help them in an unobtrusive way. We also noted that there was guidance in the care plans for very frail people to allow them some measure of independence.

The registered manager told us that she had ready access to advocacy and that this had been used in the home. People had asked for this themselves and the registered manager had also asked for advocacy when she felt the situation warranted an objective person to help in a particular situation.

We spoke with a health care professional who told us that the home worked well with them to provide end of life care. We saw that some staff had received training in end of life care. We also saw some cards thanking

the staff for the care given at the end of life.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people about how responsive they judged the care staff team to be. One person told us, "I can't remember if I signed my care plan but I was asked about what I can do and what I need help with. They ask me all the time if I am still suited with the support I get...I don't get bored here. I have plenty to do but wouldn't mind going out a bit more."

We looked at a number of care files and we saw that these were of an acceptable standard. We saw some very good documents that assessed people's needs, wishes and preferences. These forms asked if people had a preference for the gender of the person delivering care; people were asked about their personal care preferences and how they wished to spend their time. These were used as a basis for care planning.

We looked at care plans for people living with dementia. We judged that these were of an acceptable standard. We discussed the development of plans so that some of the plans would have more detail if a person displayed behaviours that challenged the care delivery. We also judged that some of these care plans would benefit from very specific details on how to re-orientate and reassure people. The dementia care strategy was being developed by the new unit manager and this was to encompass staff development, therapeutic activities, signage and use of equipment.

Most of the care plans for people in the main part of the building were of a good standard. Some plans had really detailed and sensitive guidance for staff so that people would get the care they needed and wanted. We spoke with the registered manager about some plans which would have benefitted from a little more detail. For example some plans had an action of, 'staff to monitor' instead of giving specific guidance on how to support people.

We spoke with staff who said they read the plans whenever they could and understood what was expected of them. Staff understood the principles of care planning in a person centred way but we did not meet anyone on the staff who had received formal training in these disciplines. People in the home didn't routinely read their plans but, as one person said, "I am asked if things are Ok and if I want anything different."

We recommend that care planning is reviewed and a little more detail is put into some of the plans, especially when people are living with dementia and that people in the home participate more in the process.

We had some information that alleged that personal and health care delivery had fallen short of an acceptable standard. This was being dealt with outside of this inspection. We judged that, on the day of our visit, people were in receipt of very good personal care and that their health care was given high priority. People told us they were "well looked after" by the staff. Men in the home were shaved and dressed in the way they preferred. Women in the home said they enjoyed having their hair done and some people were helped to apply make-up if they wished. The expert by experience spoke to people at length about personal care delivery and these conversations helped us to confirm that people were given good levels of support

with personal hygiene and grooming. A health care professional we met confirmed that people were always given good personal care support.

Some people were awake and dressed when the inspection started at 7 a.m. The registered manager told us that this was people's personal preference and we did see reference in assessments saying the person was "an early riser". Two people told the inspectors that they didn't want to be awake so early. We did speak to people who said they had been woken by something and decided to get up. The registered manager said that they tried to encourage people to choose their own time to get up or go to bed. There had been allegations that people in the home were woken and dressed early in the morning. We were unable to confirm that this was a routine occurrence and we asked the registered provider to look into this. This was done to our satisfaction after the inspection. The registered manager said she continued to support people to have their chosen lifestyle.

People told us they were generally supported to have the daily routines they preferred. Some people spent a lot of time in their own room, while other people enjoyed the company in the shared lounges. Assessments and care plans outlined the way people preferred to be supported and we saw that most people had some life story work done with them. This helped to ensure that staff understood the needs of the whole person.

The home employed an activities organiser and we saw that there were various activities on offer. She told us, "I am in every day [during the week]. I go round everyone first, then I do group activities, all kinds, Bingo, singing, exercises, we have entertainers in. We are doing the 'Big knit' for Age UK at the moment. I do one to one where needed and everyone comes to groups who can, which is just about everyone, but it's what they want to do. I have plenty of equipment, I have a cupboard you can hardly open because it is full..." People confirmed that there were activities every day between Monday and Friday and that the organiser was "very good".

Some people pursued their own hobbies and enjoyed reading, listening to music or watching TV in their own rooms. A lot of people told us that they did enjoy the activities and joined in with "anything going". People's spiritual needs were met by the visits of local clergy. One person said, "I am a church goer and I have communion once a month and my church friends come to visit." We learned that arrangements could be made to take people to local churches if they wished. The notice board showed forthcoming activities and events. We also saw records of these varied entertainments and activities held. People were satisfied with what was on offer.

We learned that the activities organiser worked with people living with dementia. Sometimes people who lived in the specialist unit came into the main part of the home and joined in the wider group. Staff in the unit interacted with people and arranged some activities on the day of our inspection. We judged that some people might benefit from specific activities designed to help people who were living with dementia. The new unit manager was planning to introduce some different activities that would be 'dementia friendly'.

We asked about formal complaints and the registered manager said that there was one that was being investigated by the provider. The company had suitable policies and procedures and we learned that senior officers of the company would investigate some complaints while the registered manager dealt with daily issues. We had received some information from a member of the public and we asked the area manager to investigate the issues and this was readily agreed on. People said they would go to the management team or the senior carers for everyday concerns or complaints. No one in the home had any complaints on the day but as one person said, "They will listen and sort things out when they can."

Requires Improvement

Is the service well-led?

Our findings

The inspection team spoke with people in the home, staff and visitors about how well-led the home was. We had generally very positive responses. One visitor said, "I know I can go to the manager or the deputy if I am worried or have any issues." A person in the home said, " I have met [the directors of the company] and [the area manager] who seem to know what they are doing. I just go to the [management team] if I have to but things run quite smoothly so I don't have any concerns."

The home was managed by a suitably skilled and qualified manager who was registered with the Care Quality Commission. Staff told us that she was approachable and that they were satisfied with way the registered manager and her deputy managed the home. A member of the management team was available at the weekend and sometimes in the evening as they wanted to be available for visitors out of 'office hours'. We had evidence to show that the registered manager discussed the values of the company with staff and ensured that the team displayed the caring culture that she promoted.

We noted that the previous registered manager was still registered with the Care Quality Commission but was no longer employed by the registered provider. We also found that the registered manager was not aware that the regulations of the Health and Social Care Act 2008 (Regulated Activities) had changed with amended Regulations in 2014. The management team were still using the previous regulations. This might have meant that the registered manager was not aware of some of her responsibilities under these regulations of this Act and would not have been able to base her monitoring of quality on the correct regulations. We discussed both of these issues with the area manager who ensured us that immediate action would be taken to resolve these matters. This was done during and shortly after the inspection visit.

The registered provider used different ways of monitoring matters of quality to ensure people were safe and satisfied with the care and services on offer. The registered manager was not aware of a specific quality assurance system and was not always aware of how often audits of specific activities should take place. We judged that quality monitoring was somewhat ad hoc. We were, however, told that care delivery, fire and food safety and money held on behalf of people were checked on regularly. Some of these audits were suitably recorded. For example, food safety matters were well documented and falls risks were analysed and action taken.

The company used surveys to access the views of people in the service and of visitors to the home. These were sent out in batches and surveys were also available in the home at all times. The registered manager held residents' and relatives' meetings and the activities organiser also ran residents' meetings. People said they were asked their opinions. We learned that menus had changed because of these meetings and discussions. The registered manager said that other audits had not been analysed routinely and we did not always find evidence to show that specific changes were made in response to the monitoring of quality. We judged that more analysis of audits and surveys would help with matters of quality improvement and future planning.

The area manager visited the home on a regular basis and recorded her observations and discussions in

some detail. She checked care planning and delivery, medicines and the environment on a regular basis. She provided us with a short term plan for the service which outlined future planning but as this was a very new document and it was yet to be shared with people in the home.

The registered manager told us she had delegated the responsibility for fire safety to one of the team but that she and her deputy were aware of fire safety arrangements. The registered manager and deputy said they walked around the building daily as part of their monitoring of quality. We saw paperwork that confirmed that fire safety was checked routinely. People told us that managers were "out and about" in all areas of the home. We noted that despite the scaffolding being in place for five weeks none of these quality checks had identified hazards associated with the dangers from the unstable wall and the blocked fire escape.

This is a breach of Regulation17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the systems were not working effectively to identify the issues we identified during the inspection.

The records we saw were of a suitable standard and were kept securely and safely archived when no longer in use. Records of staffing, care delivery and budgeting were all readily available and were of a good standard.

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 12 HSCA RA Regulations 2014 Safe care and treatment The arrangements for the prevention of cross infection, trip hazards prevention and fire safety were in need of review and action.

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 operate effective systems and processes to monitor quality and meet the changing needs of people living in the home.