

Upsall House Residential Home Limited

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Inspection report






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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?	Good 
Is the service well-led?	Requires improvement 

Overall summary

We inspected Upsall House on 14 October and 4 November 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the second day of our visit.

Upsall House provides care and accommodation to a maximum number of 30 older and / or older people living

with a dementia. The home is a two storey converted private dwelling situated in spacious and attractive grounds on Guisborough Road in Middlesbrough. There are 30 single bedrooms, 24 of which have en-suite facility which consist of a toilet and hand wash basin. At the time of our inspection there were 29 people who used the service.

Summary of findings

The home had a registered manager in place. 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 registered manager was on annual leave on the first day of the inspection; however the deputy manager was able to help us with the inspection process. The registered manager was present for the second day of our inspection.

At our last inspection of the service on 11 and 19 November 2014 we found that arrangements were not in place to ensure staff received training and supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager and staff had limited understanding of the Mental Capacity Act (MCA) 2005. Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found that some care plans were insufficiently detailed and that they had not been reviewed and updated on a regular basis. The registered provider did not have an effective system in place to seek the views of people who used the service and relatives. The registered provider sent us an action plan telling us they would take action to become compliant. At our inspection on 14 October and 4 November 2015 we found that improvements had been made.

At our inspection on 14 October and 4 November 2015 we found different areas of concern. Robust recruitment procedures were not in place. The registered manager did not get references for people before they started work. This meant that checks had not been made to make sure that the person was a good employee or of good character and that the information supplied on the application form was correct.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet

appropriate quality standards and legal obligations. Infection prevention audits were not carried out regularly. Care plan audits were just a tick box and did not inform of the actual checks that had been undertaken.

The majority of staff had received at least three supervisions. There were some night staff who needed supervision the deputy manager told us that they would complete supervision with all night staff over the next two weeks.

Systems were in place for the management of medicines, however some improvement is needed with record keeping.

The registered and deputy manager had ensured that appropriate Deprivation of Liberty Safeguarding (DoLS) applications had been made to the local authority for four people who used the service. The service was awaiting the outcome and decisions in respect of this. The deputy manager had carried assessments of people's capacity where needed, however some decision specific assessments were still needed. The deputy manager had commenced this process by the second day of our inspection.

Care plans were individual to each person and had been evaluated and updated regularly.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff. They included areas such as the risks around moving and handling; nutrition and falls. Risk assessments provided guidance to staff on how to keep people safe

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, patient and interacted well

Summary of findings

with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were regularly weighed and nutritional screening had been undertaken.

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 accompanied by staff to hospital appointments.

Staff arranged activities and entertainment for people who used the service on a daily basis. People told us they enjoyed the activities and entertainment.

The registered provider had a system in place for responding to people's concerns and complaints. People were asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 not always safe.

Systems were in place to ensure that people's medicines were managed safely, however record keeping was not always kept up to date.

Recruitment systems were not robust. References had not been requested prior to the start date of new staff.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Requires improvement



Is the service effective?

The service was effective.

Staff received training and development, supervision and support from their registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People told us they liked the food that was provided. People had been weighed and nutritionally assessed.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Good



Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice.

The registered provider had a system in place to manage complaints. People who used the service, relatives and staff told us that the registered manager was approachable.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Upsall House Residential Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Upsall House on 14 October and 4 November 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the second day of our visit. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask the registered provider 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 there were 29 people who used the service. We spoke with eight people who used the service and one relative. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

During the visits we spoke with the registered manager, deputy manager, a senior care assistant, the cook and two care assistants. We spoke with a doctor who was visiting the service on the first day of our inspection. We also contacted a representative of the local authority to seek their views on the service.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at 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 registered provider.

Is the service safe?

Our findings

We looked at the files of three staff recruited in the last 12 months on the first day of our inspection. The staff recruitment process included completion of an application form, a formal interview and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. 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 prevent unsuitable people from working with children and vulnerable adults. However references for all three people had not been requested before they started work. This meant that checks had not been made to make sure that the person was a good employee or of good character and that the information supplied on the application form was correct.

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

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. All medicines for the month ahead were neatly organised in a trolleys. There was a fridge for those medicines requiring cool storage and controlled drugs were stored in a metal cabinet that was fixed to the wall. This meant that appropriate arrangements were in place for the storage of medicines.

Medicines were delivered to the home by pharmacy and were checked in by senior care staff to make sure they were correct. The senior care assistant told us that medicines were ordered and delivered to the home each month.

We looked at the medicine administration records (MARs) for people who used the service. We saw that photographs were attached to people's MAR so staff were able to identify the person before they administered their medicines. There were records of any medicines omitted and the reasons why they had not been given. We asked people about their medicines. One person said, "They give me my tablets which is a good thing as before I came here I was taking my tablets too close together."

We saw that staff kept some records of the temperature of the fridge in which those medicines requiring cool storage

were kept. We saw that there were many gaps in the recording of the fridge temperature. We asked to see the record of the medicine room temperatures, however this could not be found. This was also identified as a failing when the infection prevention and control nurse from South Tees NHS Hospitals Foundation Trust visited on 10 September 2015.

We checked the medicines and care records of two people who were prescribed anticoagulant therapy. This medicine is used to treat and prevent blood clots and because it can reduce the ability of the blood to clot. When a person is on this medicine they require careful monitoring in the way of testing of the blood. From the records we looked at we could not see that blood tests had been carried out as often as they should be. The Anticoagulant Alert Card which identifies medication prescribed had not been kept up to date. This alert card is important in an emergency and is used to inform professionals before other treatment is received. We asked the senior care assistant and deputy to investigate this and if they found that blood had not been taken as advised then to make a safeguarding alert to the local authority. On the second day of our inspection the registered manager told us that an investigation had been carried out. Blood tests had been carried out on people, it had been staff who had failed to record this.

The registered manager undertakes a monthly check on medicines; however this audit is insufficiently detailed to pick up on areas of concerns identified by us at this inspection.

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

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "There is always someone around if you need help."

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff.

Is the service safe?

Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the deputy and registered manager. The deputy manager showed us a staff hand book which had just been printed and given out to staff. This contained key policies such as whistleblowing. This meant that staff were provided with the information they needed should they need to raise some information of concern.

Staff told us that they had received safeguarding training within the last 12 months. We saw records to confirm that this was the case. The training chart highlighted that many staff were due for updates on safeguarding in October 2015. The deputy manager told us that this training had been arranged.

The three care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling; nutrition and falls. Risk assessments provided guidance to staff on how to keep people safe. Risk assessments had been reviewed and updated on a regular basis.

The deputy manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the hoists, bath chairs and fire alarm. The deputy manager told us that a new heating system had been installed during 2015.

On the first day of the inspection we found that personal emergency evacuation plans (PEEPS) were not in place for people who used the service. PEEPS provide information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. This was pointed out to the deputy manager who then completed PEEPS for people by the second day of the inspection. Records showed that evacuation practices had been undertaken. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We saw certificates to confirm that portable appliance testing (PAT) were up to date. PAT is the term used to describe the examination of electrical appliances and

equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences, however had appropriate documentation in which to record an accident and incident should they occur.

We looked at the arrangements that were in place to ensure safe staffing levels. At the time of the inspection there were 29 people who used the service. During our visit we saw the staff rota. This showed that generally during the day from 8am until 4pm there were seven staff on duty and evening from 4pm until 8pm there were five staff on duty. Overnight there was three care staff. On each of the shifts there was always a senior care assistant and / or the deputy manager on duty. The registered manager told us that staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them during the day or night. During our visit we saw that staff were visible in communal areas and those people who liked to stay in their room were regularly checked on. People told us they thought there were enough staff on duty one person said, "I only have to ask for help and they are there." Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency.

The service had received a visit from the infection prevention and control nurse from South Tees NHS Hospitals Foundation Trust on 10 September 2015. The infection prevention and control audit undertaken had identified a number of areas as requiring improvement. The audit identified that bins were not foot operated, plastic tubing was required on light pulls to ensure effective cleaning, toilet roll holders were not of the covered model, several of the bath chairs were rusty and needed replacement and PPE (personal protective equipment) was not stored in the correct places. We saw that the registered manager had taken action to address these concerns. The audit identified other areas for improvement such as

Is the service safe?

improvement with policies and procedures and the downstairs toilet needing refurbishment. The deputy manager told us that work was being done to address all areas identified as needing improvement.

During our inspection we found the home to be clean and tidy. Staff told us there was always sufficient PPE available

for them to use, including disposable gloves and aprons. During our inspection we saw that staff wore appropriate PPE when they provided care and support, served food, cleaned and did laundry.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, “They are brilliant they really are.”

We asked staff to tell us about the training and development opportunities they had completed at the service. Staff told us that since the last inspection of the service they had completed a plentiful supply of training. One staff member said, “I have just done equality and diversity and safeguarding. We have done loads of training.”

We looked at a chart which detailed training that staff had undertaken during the course of the year. It was difficult to determine exact numbers of staff who had completed training as there were two training charts detailing different training. Names did not match on each of the charts. For example there were 25 staff named on one chart and 23 staff named on another training chart. Records did indicate that the majority of staff had received training in fire safety, health and safety, infection control, MUST and COSHH in the last 12 months. We saw that staff had completed other training relevant to their role on Parkinson’s disease and end of life. This meant that staff had been given the opportunity to refresh their knowledge and skills.

We looked at induction records for staff who had been recently recruited. We saw that all staff had completed the Skills for Care induction. The deputy manager told us that from the date of the inspection any new staff would now complete the Care Certificate Induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The deputy manager told us that any new staff shadow experienced staff until they were confident and competent.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The majority of staff had received at least three supervisions. There were some night staff who needed supervision the deputy manager told us that they would complete supervision with all night staff over the next two weeks. From records we looked at we could see that meaningful discussion had taken place during these meetings. One staff member said, “Supervision now is much more in depth you can say how you feel.” The registered manager

and deputy manager were in the process of completing appraisals with all staff. All staff had completed a self-evaluation of their skills and performance and meetings had been arranged to discuss this.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection four people who used the service were being deprived of their liberty. The deputy manager had submitted four applications to the supervisory body (local authority) for authority to deprive them of their liberty. At the time of the inspection visit they were awaiting authorisation from the local authority.

From the training chart we looked at we saw that only 40% of staff had completed training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The deputy manager told us that the training officer had arranged further training days for this in the very near future. The deputy manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make ‘best interest’ decisions. The care records we reviewed contained appropriate assessments of the person’s capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. MCA assessments were evident in care records looked at during the visit and best interest decisions were recorded, however MCA assessments were not decision specific. For example there

Is the service effective?

was a general MCA assessment, however nothing specific for finance, health and welfare and medicines amongst others. We had a lengthy discussion with the registered manager and deputy manager who told us that they would commence these assessments with immediate effect.

We looked at the home's menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. The cook and staff told us about different people who used the service and how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person described the lunch as, "Tasty." They said, "I had roast beef and three vegetables but I couldn't manage the Yorkshire pudding or potatoes." Another person said, "It's well cooked and a choice of two meals every day. I had roast beef. I love my vegetables."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day.

The deputy manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and district nursing service. The majority of people who used the service were registered with the same doctor. The doctor made regular visits to the service even when they hadn't been called out. The doctor visited the service on the day of the inspection. We saw that they spent time chatting to people who used the service. People and relatives were appreciative of these regular visits. One person said, "The doctor has been in today and came down to my room to speak to me." A relative said, "He's fabulous, he cares and visits regularly. We spoke to the doctor on the first day of the inspection who described the service as a "Family."

Is the service caring?

Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, “Before I came here I weighed up all the pros and cons and thought it was the best decision and it was.” Another person said, “I’m happy here I have everything I need.” A relative we spoke with said, “The staff are fantastic, they are very caring. They put you at ease. They are there not just for them [people who used the service] but their families.”

On the first day of the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw that staff got down to people at their level to ensure that eye contact was made. We heard staff speak to people and relatives in a respectful way.

We saw that staff treated people with dignity and respect. Staff were attentive, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. Staff took time to talk and listen to people. We saw that one person who used the service had limited communication; however staff were able to understand what they wanted.

We saw that staff encouraged people to be independent when mobilising. We saw that staff took time and encouraged people to mobilise at their own pace. We also saw that staff encouraged people to make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. One person who used the service said, “I make my own decisions. I let them know when I’m ready for bed. They will even bring me a cup of tea when I ask.”

Staff told us how they worked in a way that protected people’s privacy and dignity. For example, they told us about the importance of knocking on people’s doors and asking permission to come in before opening the door. During the inspection we saw that staff asked people’s permission and provided clear explanations before and when assisting people with personal care. This showed that people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment.

The staff we spoke with were able to tell us in detail about people who used the service about what was important to them and their likes and dislikes. All staff showed concern for people’s wellbeing. Staff told us they enjoyed supporting people. One staff member said, “We are a happy bunch of staff if you show negativity then it reflects on service users.”

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection we looked at some bedrooms. Some people had chosen to personalise their rooms with pictures, photographs and ornaments.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Staff we spoke with said that activities were planned on a day to day basis. People who used the service were asked what activity they would like to do. On the first day of the inspection we saw that people played musical bingo. They also sang songs and danced with staff. We saw that one visitor also joined in and danced with one person who used the service who smiled with enjoyment. We saw that staff helped one person with their jigsaw.

One person who used the service told us they liked to knit. They said, "I'm in the knitting club." We were told the knitting club takes place every Friday. A representative from a local church comes into the service and a small group of people get together in the small lounge area. This person said, "We have done a knee rug for each room."

A relative we spoke with said, They do singing, bingo and exercises and we dance but I think they could do with more.

The deputy manager told us that on a Monday afternoon there was always a full church service for those people who want to join in.

Staff and people told us that an entertainer had come into the home in August to sing to people and that this had been enjoyed. We were told that further entertainment was booked for the end of October 2015.

We asked if people had been on trips out. We were told that people had been out with their family but the service had not arranged any trips as money for trips needed to be paid for by fundraising.

Staff told us they were busy making plans for Christmas. Staff and people who used the service were to meet to discuss festive activities and the Christmas party.

During our visit we reviewed the care records of three people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at detailed how people wanted to be supported and included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing the person centred plans. Care plans had been reviewed and updated on a regular basis.

The deputy manager told us the service had a complaints procedure, which was provided to people and their relatives. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them. There have not been any formal complaints in the last 12 months. People and relatives told us they wouldn't hesitate in raising any concerns or complaints with any of the staff. One person said, "All the staff are lovely you could tell any one of them if you were unhappy. A relative we spoke with said, "I would go to X [registered manager] or X [deputy manager] they told us how they had raised a concern with the registered provider about two months ago about a carpet which was a trip hazard in the bedroom, however at the time of the inspection this had not been rectified. We asked the deputy manager to look into this. After the inspection the deputy manager contacted us and told us that a new carpet was to be fitted.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Since our last inspection of the service the registered manager told us they had changed their system of auditing. We were shown an infection prevention and control audit which was completed in September 2015 by an external person. No other audits in relation to infection control had been completed by the registered manager at other times. The care plan audit was just a tick box and did not describe the actual checks that had been made on care plans. There was a health and safety audit and this identified areas where improvement was required, however an action plan had not been developed to identify steps needed to resolve the issues. The medicine audit was insufficiently detailed to pick up on areas we identified at inspection.

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

The home had a manager who was registered with the Care Quality Commission and they were supported by a deputy manager. People who used the service spoke positively of the registered manager and deputy manager. One person said, "Both X [the registered manager] and X [deputy manager] are very nice."

The staff we spoke with said they felt the registered manager and deputy manager were supportive and approachable. One staff member told us they thought that the leadership in the home and general organisation had improved over recent months. They said, "The home runs miles better."

Staff told us the morale was good and that they were kept informed about matters that affected the service. We saw records to confirm that the team meetings had taken place in June 2015 and that another was planned for 28 October 2015. Topics discussed at team meetings included infection control, CQC and care practice. There had been a meeting for people who used the service before the staff meeting in which people had raised concerns that some staff were handling food without utensils. We saw that this was discussed at the team meeting to prevent reoccurrence. This meant that there was effective communication and this helped to ensure the service was run in the best interest of people who used the service.

The deputy manager told us that a meeting for people who used the service and relatives was also held in June 2015 and that another was planned for the end of October 2015. We saw that discussion had taken place about meal time, cleaning, staff duties and activities.

The deputy manager told us that each month she gave a number of surveys to people who used the service to complete. Surveys asked people to comment of the care and service received. We saw that the deputy manager collated the results and developed a plan of action for any improvements that were needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider did not have a robust recruitment and selection procedure. References were not obtained before staff started work.

Regulation 19 (1) (c) and 19 (2) (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who used the service and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.

Regulation 17 (1) (Good governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.