

Mr & Mrs M Brakspear

# Fern Bank Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 8 and 9 August, 2016. Our visit on the 8 August was unannounced.

We last inspected the home in August 2014. At that inspection we found that the service was meeting all the regulations we assessed.

Fern Bank is a private care home, which has been owned and managed by the same family for over thirty years. It is a large detached Victorian House, situated opposite a park, approximately one mile from Oldham town centre. Fern Bank is registered to provide care and support for up to 26 people who have mental health needs or physical disabilities related to the ageing process and supports people who are over 50 years of age. At the time of our inspection there were 25 people living at the home, two of whom had a diagnosis of a dementia type illness. Although Fern Bank is a care home, the service calls itself a 'therapeutic community'. Its philosophy is based on the concept of 'normalisation'. The statement of purpose describes "normalisation," as being brought about through "social interaction with trained staff and support from fellow people who use the service" and explains that the giving and receiving of positive feedback promotes self-esteem and improves people who use the service' social and emotional well-being.

The home offers three types of accommodation: single rooms with en-suite facilities, shared rooms with en-suite facilities and reablement studio apartments with a bedroom, bathroom and kitchen.

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

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to Deprivation of Liberty Safeguards (DoLS).

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

Two people who use the service who had a diagnosis of dementia did not have the required Deprivation of Liberty Safeguard in place (DoLS).

The service was in the process of updating and reformatting all risk assessments and care documentation.

Staff had a good understanding of safeguarding procedures, how to identify signs of abuse and what action they would take to protect vulnerable people in their care.

From our observations we saw that there were sufficient, appropriately trained staff available to support people in the home and recruitment checks had been carried out on all staff to ensure they were suitable to

work in a care setting with vulnerable people.

Medicines were stored correctly and administered by staff who had received appropriate training and been assessed as competent to safely administer medication.

The building and furnishings were maintained and decorated to a high standard and environmental checks were up-to-date. The home was clean and free from unpleasant odours and systems were in place for the prevention and control of infection.

Staff had received an induction and had undertaken a variety of training to ensure they had the skills and knowledge required for their roles. Staff received regular supervision which ensured that the standard of their work was monitored.

People were supported to eat and drink sufficient amounts to meet their needs and were actively involved with planning the choice of food offered.

We observed that staff were kind and caring. Through talking with staff and people who use the service we found that people were treated as individuals and that staff really knew each person and responded to their needs in a caring manner. Staff offered encouragement and spoke in a positive way to people who use the service in order to help improve their self-esteem.

People were supported to maintain good health and where needed specialist healthcare professionals were involved with their care.

Activities were at the heart of the daily life of Fern Bank and a range of varied activities, suggested by people who use the service, was available.

People using the service, relatives and healthcare professionals were able to express their opinions about the service through regular surveys about the quality and standard of care provided. The home had a complaints procedure and people we spoke with knew how to make a complaint if they needed to.

Quality assurance processes such as audits were in place to ensure that the service delivered a high standard of care. However, they had not identified that DoLS were needed for two of the people who used the service.

Staff worked well together and there was a positive culture among staff. The management team was forward thinking and keen to promote Fern Bank as a happy and positive place in which people with mental health problems could live.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Suitable arrangements were in place to safeguard people from harm and abuse.

Medicines were stored and administered safely.

There were sufficient staff to meet the needs of people living at Fern Bank.

The home was clean and well maintained. Systems were in place for the prevention and control of infection.

Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

The Care Manager was in the process of reviewing and reformatting all risk assessments and care documentation.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Where people were being deprived of their liberty the necessary safeguards were not in place.

Appropriate staff training was provided to enable staff to carry out their roles effectively.

Regular supervision was carried out which ensured that the standard of care provided by staff was monitored and any problems identified and managed appropriately.

A choice of food was available and people who use the service helped to plan the weekly menu.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and staff were patient and

spoke to people in a sensitive manner.

Staff helped people to feel good about themselves through encouragement and positive support.

### Is the service responsive?

Good ●

The service was responsive.

Care was provided in a way that was responsive to the individual needs of people who lived at the home.

People who use the service attended a weekly 'community meeting' where problems were discussed and the weekly activity programme and menu were chosen.

The provision of activities was a vital element of life at the home. People who use the service were actively involved in deciding the programme of activities.

Systems were in place for receiving and responding to concerns and complaints.

### Is the service well-led?

Good ●

The service was well-led.

The home had a registered manager who was supported by a management team and the owners of the service. People we spoke with told us the management team were approachable and supportive and our observations confirmed this.

Quality assurance processes were in place. However, they had not identified issues around DoLS.

Peoples' opinion about the home was sought through regular meetings and surveys.

# Fern Bank Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This was an unannounced inspection and took place on the 8 and 9 August 2016.

The inspection was carried out by one adult social care inspector and a Specialist Advisor in Mental Health. Prior to the inspection we reviewed information we held about the service, including notifications the Care Quality Commission (CQC) had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us without delay. We also reviewed the inspection report from the previous inspection and contacted the Local Authority (LA) and Healthwatch Oldham to ask if they had any concerns about the service, which they did not. We also reviewed information submitted to us by the provider in the 'provider information return (PIR)'. This document asks the provider to give us some key information about the service, what the service does well, and any improvements they are planning to make.

During our inspection we spoke with 8 people who used the service, the management team, including the registered manager and 6 care staff.

We looked around the building, observed how staff cared for and supported people, reviewed records and looked at other information which helped us assess how people's care needs were met. We observed a lunchtime meal and watched the administration of medicine to check that this was done safely. We observed a staff 'handover meeting' to see how information about people who use the service was discussed and shared.

As part of the inspection we reviewed the care records of 5 people living at the home. The records included their care plans and risk assessments. We looked at three staff files to check that the recruitment process had been carried out correctly. We also reviewed other information about the service, such as the training and supervision programme, quality assurance process, policies, complaints and compliments.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Fern Bank. One person commented "I feel so supported, the staff know me very well and I feel safe here". Another person said, "It's the best place I have ever been". We saw from the home's training record that staff were up-to-date with their annual 'safeguarding vulnerable adults' training and staff we spoke with were able to discuss the subject confidently and understood the process for reporting safeguarding concerns. They told us they were aware of the whistleblowing policy, knew where to locate it on the home's intranet and felt confident they could use it. Whistleblowing is where a person raises a concern in their workplace about wrongdoing.

Staff employed by the service had received a thorough recruitment process. We inspected three staff personnel files and found they were well organised and contained all the relevant documentation, including an interview log, two references and confirmation of identification. All staff had Disclosure and Barring Service (DBS) criminal record checks in place. These help the service provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions.

Through our observations during the inspection and through discussions with the registered manager we saw that there were enough staff available to respond to the needs of people who use the service. The home did not use any agency staff: permanent staff were recruited to work 16 hours per week and then worked extra shifts to cover any shortfall in the rota. This helped to promote continuity of care. During the day the management team were always present and a manager was on call at night and at the weekend. Senior and junior care staff provided care and support to people throughout the day. During the weekdays an extra carer was employed to help with organised activities and accompany people on trips and hospital appointments.

We inspected the premises and saw that they were well maintained and attractively furnished throughout. The bedrooms and apartments, toilets and bathrooms, communal areas and kitchen were clean and free from unpleasant odours. The home employed a cleaner seven days a week and we saw evidence that the daily, weekly and monthly cleaning schedules were up-to-date. On Mondays two cleaning staff were on duty in order to carry out the extra cleaning duties needed to complete the weekly and monthly schedules. During our inspection we found two radiator covers were not secured to the wall. We brought this to the attention of the registered manager and she requested this to be rectified immediately by the maintenance person, which it was.

We inspected the kitchen and saw that it was clean and that the daily cleaning schedules were completed correctly. Food was stored safely and the fridge and freezer temperatures were monitored and recorded daily. These procedures helped to minimize the risk of food contamination. A 'Food Standards Agency' inspection had been carried out in June 2016 and the home had been awarded the highest rating of 5.

Arrangements were in place for the prevention and control of infection. Toilets and bathrooms contained an adequate supply of soap and paper towels and anti-bacterial hand gel dispensers were situated throughout



the home. Posters detailing correct hand washing procedure were on display in all toilets and bathrooms and in the kitchen and laundry. Cleaning mop heads were changed weekly in order to prevent them harbouring bacteria. Staff had undertaken infection prevention and control training and those we spoke with understood the importance of infection control measures such as the use of personal protective equipment (PPE), including disposable vinyl gloves and aprons. We observed staff using these appropriately. During the second day of our inspection we saw one member of the care staff wearing a bracelet and another wearing chipped nail varnish. Jewellery and nail varnish can harbour microorganisms and can reduce compliance with good hand hygiene. We brought this to the attention of the registered manager so that she could raise the issue with staff.

We observed the morning administration of medicine and saw that it was carried out safely. The senior carer administering medicine was training a member of staff in medicine administration and we saw that she did this patiently and gave detailed instructions on how to carry out such procedures as using an inhaler, applying a medication patch and measuring out the correct amount of liquid medication. Another member of staff brought people who used the service to the trolley to receive their medicine.

We looked at two Medication Administration Sheets (MARs) and saw that they had been completed correctly. MAR sheets are formal records of administration of medicine in a care setting, and provides all information about the person's current prescription, including dose, formulation (i.e. whether in tablet or liquid form) and time of administration. They should be legible and signed by the person providing the medicines.

The MAR sheets were stored within a medicines file, which also contained the medicines policy with a sheet signed by staff to say they had read it. The file also contained information about different drug groups commonly used by people living at the home. Each MAR sheet displayed a photograph of the person and recorded if they had any allergies. No medicines were being administered covertly. This means giving medicines in a disguised form, for example in food or drink, when a person refuses the treatment necessary for the physical or mental health. One person was self-medicating and kept their own medicine in a locked safe in their room. They had a form signed by their General Practitioner (GP) to say that they were capable of managing their own medication.

The front door of the home was unlocked during the day and on several occasions during our inspection we saw that it was left open. We asked the registered manager how she ensured that the whereabouts of people who use the service was known to staff. She told us that all doors used for access in and out of the premises were connected to the nurse call system so that staff were made aware when and which door had been opened. Doorbells were also connected to the on-call system. The whereabouts of all people who use the service was discussed before the start of shifts and senior staff carried out a check of the premises and rooms before the doors were locked at night. The home had a 'missing persons' policy which they followed if someone did not return within an arranged time.

We looked at the systems the home had in place to identify and mitigate risks to peoples' health and well-being. During our inspection we saw that risks were discussed in the handover meetings so that staff were aware that particular risks had been identified.

The care manager was in the process of conducting a thorough review of all care plans and risk assessments and was putting them into a new format which would make them easier to read. We were shown some of the new completed documentation which was consistent and thorough. Risk assessments had been completed for specific incidents. For example, one gentleman requested to go out to the pub on his own and we saw that a risk assessment had been completed to cover this event. Another person had a specific

risk assessment in relation to drugs and alcohol.

People who used the service had a personal evacuation escape plan (PEEP), which explained how they would be evacuated from the building in the event of an emergency and contained information about their mobility and any communication problems that might make their evacuation from the building difficult. There was a management plan to follow in the event of a major emergency, such as a power failure, gas leak or flooding and the home had an arrangement with another local care home to provide temporary accommodation for people who used the service if they needed to be evacuated from the premises.

## Is the service effective?

### Our findings

All newly recruited staff completed an induction which included their mandatory training on topics such as infection control and moving and handling, and a period of 'shadowing', where they worked alongside other carers in order to gain experience of caring for people. The registered manager told us that following a successful interview they offered people the chance of working a trial shift in order to see if they felt the job would be suitable for them. All new staff who did not have any care qualifications were enrolled on the 'Care Certificate', a national qualification which, when completed, demonstrates they have the skills and knowledge to provide care and support to people.

Staff undertook a variety of face-to-face and on-line training. All staff received yearly training on subjects which included moving and handling, Mental Capacity Act and deprivation of liberty safeguards, safeguarding vulnerable adults, infection control and mental health issues. Every three years staff undertook this training on line, via 'Social Care TV', which is an accredited e-learning provider for health and social care. Training in other topics, such as safeguarding children were also available to staff. The registered manager told us about the home's mental health awareness training, which covered areas including depression, anxiety, schizophrenia and dementia. Following the training staff were invited to complete a booklet which tested their knowledge, and were given a bonus of £50 if they successfully completed it within three months. Staff we spoke with were happy with the level of training and support they received. One person said, "I can ask questions and not feel silly here. It's a refreshing change to have your input and opinions respected".

Through our discussions with the registered manager we saw that she believed supervision of the staff to be an important part of her role. Supervision was scheduled to take place every two months and from our observations of the staff records we saw that the schedule was being adhered to. Staff we spoke with felt that supervision was beneficial to them. One person said, "I get feedback on how I'm doing. ...it makes me enjoy my job with more passion". Another person told us that although she received supervision every two months she could ask the registered manager for extra sessions if she had any particular problems she needed to discuss.

The home had a small dining room and meals were held in two 'sittings'. People who used the service were offered the choice of which sitting they would like to join – the first sitting was usually quieter and people who needed assistance with eating, or who might get distracted during their meal were encouraged to eat at this sitting. The dining room tables were nicely laid with table clothes and vases of flowers and a bowl of fresh fruit was available for people to help themselves to. The home did not operate a set menu plan as suggestions for meals were made by people who used the service at the weekly community meeting. Following a discussion with the cook, she devised a meal plan for the week based on their suggestions. The main meal of the day was served at lunchtime, with a lighter meal at teatime, followed by a supper of toast or cakes. We observed the first sitting of a lunchtime meal and saw that it was a pleasant, unrushed experience and that there were sufficient staff to help people who needed support or encouragement with eating. Jugs of water and fruit juice were available in all the lounges so that people could help themselves to a drink during the day. People had their nutritional needs assessed on admission to Fern Bank, and their

weight was monitored weekly.

People living at Fern Bank had access to a range of healthcare professionals, including district nurses, the care home liaison team, and community psychiatric nurses (CPN). The care home liaison team provides mental health care and treatment to care home residents and support and education to care home staff. People who use the service we spoke with told us that they were involved with their care-planning and felt that staff worked with them proactively to address their needs. One person said "staff tell me when they think I am unsafe to do things. I like that because I feel they understand me". "If I am not well, staff will send me back to my CPN – I like this because sometimes I don't realise I am unwell".

The Mental Capacity Act (MCA) (2005) 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. 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 application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood they should always ask people for consent before they delivered care. We observed staff offered people choice, for example we heard people offered choices at mealtimes.

Neither of the two people who used the service who lacked the capacity to make an informed decision had a DoLS authorisation in place, and applications to the Local Authority for DoLS had not been made for either of them. Failings to put the appropriate DoLS authorisations in place mean there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment must only be provided with the consent of the relevant person and if unable to consent because they lack capacity the registered person must act in accordance with the 2005 act.

In addition to single and double bedrooms, the home had two self-contained apartments comprising a bedroom and a modern kitchen and bathroom. They provided accommodation suitable for people who were able to follow a rehabilitation programme in order to become self-sufficient, as they enabled people to live more independently, including cooking their own meals if they wished, while still receiving support from staff.

The home had several nicely decorated communal spaces, which provided different areas for people to relax in or take part in organised activities. Additional seating was provided in the entrance hall and we saw that people congregated in this area to chat and read the daily 'news board', written by one of the people who lived at Fern Bank, which helped to keep people informed of day to day news items and current affairs. A board displaying the week's activities was also situated in the entrance hall.

The home had an attractive garden at the front, which was laid to lawns, shrubs and flower beds. A patio area with garden furniture enabled people to sit outside and enjoy the garden during fine weather. There was also a patio area at the rear of the house that was well maintained.

## Is the service caring?

### Our findings

We saw many examples of the caring approach staff took with people who use the service and the people we talked with spoke fondly about the staff and considered them as friends. During our inspection, we observed a person who was anxious being comforted by a member of staff. The staff member spoke softly in a warm and caring manner and through the use of relaxed body language was able to put the person at ease.

We saw that people in the home looked cared for: their clothes and appearance were clean. The registered manager told us that ensuring people looked well-dressed helped to promote self-esteem. We saw instructions to junior staff emphasising the importance of checking people's hair was tidy, their clothing appropriate and comfortable, and that men had shaved. Staff checked people's shoes were clean and polished. Beauty therapy sessions such as make-up and hand massage were offered and a hairdresser attended every week.

We asked staff how they ensured people were treated with dignity and respect. One person described how when they were helping someone with their personal care in one of the double rooms she would ensure the dividing screen was used to protect that person's privacy. We saw that one person who needed their personal care attending to was asked by a carer if they needed help to "freshen up", so as not to embarrass them in front of others. We saw the following comments in a recent survey: "My (relative's) health has been stabilised due to the observance of the staff. Assistance given with diligence and dignity with complete respect for (the relative's) needs" and, "Care staff are seen to be caring and attentive to the residents during all of my interactions with this organisation". One comment made by a visitor to the home in the survey said, "The care our relative receives at Fern Bank is excellent. The staff are very approachable and always friendly and our (relative) is very happy here."

We observed that staff spoke to people who use the service in a kind and respectful manner. For example, during our observation of the administration of medicine, one person had to wait for their medicine longer than they normally would, because staff were busy attending to another person. We heard staff apologise to the person for the long wait by saying to them "Thank you for being so patient". We also observed staff adapt the language and tone in order to meet the communication needs of people.

There was a relaxed and happy atmosphere in the home and we saw and heard staff smiling and joking with people. One member of staff told us "I like the residents. I can have fun with them". There was a genuine feeling that because of the nature of the people who use the service' illnesses it was important to promote a caring and positive environment. The registered manager commented to us "we treat them as normal human beings, we connect with them". She described the home's philosophy as one where people were treated with respect and where staff worked with people to help them build their confidence through positive reinforcement and through helping them feel appreciated. In the 'handover' meeting staff were reminded to praise people and to comment in a positive way for example on their appearance. The registered manager told us that even those people who regularly refused to take part in activities were still asked if they would like to participate, as this showed them that people cared about them. One person told

us that they wrote poems which were recited during the community meetings. This gave the person a positive feeling about themselves.

Staff understood the importance of confidentiality and of not discussing people's mental health problems with others. One person said "I know I can trust staff here, I know they won't speak about me to others".

As the majority of people living at Fern Bank were of a younger age range there were seldom any people approaching the end of their lives. The registered manager told us that the district nursing service would provide support for 'end of life' care and that if required she would arrange training for the care staff in this subject to enable them to care for someone appropriately.

## Is the service responsive?

### Our findings

Prior to moving into the home a pre-admission assessment was carried out by the Care Manager, a Registered Mental Health Nurse, in order to assess if the home could meet the needs of the person wishing to live there. People were encouraged to visit the home for a meal or an overnight stay to help them decide if they would like to accept the place on offer.

People who use the service were encouraged to attend a weekly "community meeting", where they were able to air any concerns and openly discuss any behaviours that might be causing them emotional distress. In addition, the activities and menu for the week were planned. One person told us, "I think the meetings are good. I can say what I want to say in them, it's written down and this helps me to stop feeling anxious".

Detailed 'handover' meetings, where staff discussed the needs of people who use the service, were held twice a day. We observed the afternoon meeting on both days of our inspection. All carers were given a sheet of paper containing the names of the people who use the service to enable them to write notes and comments pertinent to each person. The chair of the meeting gave a brief synopsis about each person, detailing how long they had been at the home, their diagnosis, care needs, likes and dislikes and level of independence. A discussion then followed as to how their needs could be met through activities, positive reinforcement and one-to-one support from staff. From our observations of the handover meetings we saw that staff were knowledgeable about the needs of the people who lived at Fern Bank and the level of support they needed in order to maintain their independence. Both the registered manager and care manager were registered nurses and they used these meetings to share their nursing knowledge with staff in order to promote better understanding of the needs of the people who use the service.

Daily activities played an important part in the routine of Fern Bank and were seen by the management team as being fundamental in helping people who use the service to gain self-confidence, self-respect and to feel valued as part of a community. People who use the service and staff took a morning coffee break together in the main lounge where conversations and interactions were actively encouraged and items from the daily 'news board' were discussed. Prior to the morning coffee break a short exercise session, suitable for all abilities, was held in the main lounge. People who use the service were encouraged to go out for a walk every day. This might be in the local park, or to the shops or around the garden. In the afternoon activities such as organised games, craft sessions, relaxation and film showings were offered. Trips to local cafes and restaurants were organised several times a week. One member of staff commented to us "Any spare time we have we spend with residents. On the first day of our inspection, four people who use the service were out on an organised trip to Whitby. Some people who use the service were independent and went out shopping or on other outings unaccompanied. Several people liked to help out around the home with simple chores, such as setting the meal tables and washing the dishes and one person who was partially sighted had the newspaper read to them. Visitors were free to visit the home at any time and there was a telephone available for people to use.

At the time of our inspection there were two people living at the home with a diagnosis of dementia. They had lived there for some time. We talked to the registered manager about how the service met their needs,

as their diagnosis and their health and support needs were considerably different from the other people who use the service. The registered manager told us that these individuals mainly took part in the craft and music sessions and they had started compiling a 'life story' with one of them to enable them to use as a reminiscence aid. We were informed that any future admissions to the home would not include people with dementia as the provider wanted the home to focus solely on providing care to people with mental health needs.

People who wanted to continue practising their faith were helped to do so. One person received a regular visit from a local clergyman, and another person was assisted by staff to attend a local church.

The home had a complaints policy which was displayed in the home and a copy was available in each individual person's bedroom. The registered manager told us that they had not received any recent complaints and suggested this was because problems were dealt with promptly and as and when they occurred. She told us, "It's important you deal with things as they happen". The weekly community meetings provided a forum for people who used the service to discuss any problems they might have with, for example the food or activities and to bring these to the attention of the management team. People who use the service we spoke with told us they would be happy to raise any concerns during these meetings or directly with the registered manager.



## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in post, who had registered with the CQC in November 2015. She was the daughter of the owners of the home, was a qualified nurse and had worked at the home for over four years. We checked the CQC data base and saw that there was also another person still registered as the home manager, although she was no longer in post. We advised the registered manager that this person should de-register with the CQC as soon as possible. In addition to the registered manager's role, the leadership of the home was coordinated by a management team. The operations manager, who had been in post for two years was responsible for the business needs of the home, such as the implementation of a new IT system and the marketing and sales of the business. The care manager, who had been in post for a year and was a qualified mental health nurse with 10 years' experience in the field, was responsible for the assessment, implementation and evaluation of all aspects of care given to the people who use the service. A deputy manager, who had been in post for over 15 years, supported the registered manager with the daily running of the home. Three people worked as duty managers. Their role included safety checks of the property, administration and organising the staff rota.

The management team held a weekly meeting where they discussed people who use the service' needs any recent accidents or incidents, new admissions, maintenance problems, any safeguarding concerns and staffing levels. Preceding this meeting the management team, maintenance person, and cleaner conducted a walk-around of the building to identify any problems with the fabric of the home. Actions were set at the end of the meeting and were reviewed the following week.

We observed a happy atmosphere in the home and staff commented positively about working there. One carer commented "The management structure is very good" and went on to describe the management team as "Very approachable". From observations during our inspection we saw that the managers were 'hands-on', spent some time each day supporting people and were knowledgeable about the needs of the people who use the service.

Staff meetings were held every three to four months and these enabled important information about the service to be communicated to staff. We saw the agenda and minutes for the February 2016 meeting and saw that the staff rota system and training had been discussed. Staff had access to their rota on-line.

The home received feedback about the service it provided through the use of surveys, which were distributed to health professionals, staff and people who used the service and their families, every two months. The programme of surveys was based around the five domains used by the CQC to inform their inspections: safe, effective, caring, responsive and well-led, so for example one month a survey would focus on issues surrounding the provision of safe care, and the next month the survey would ask questions about the effectiveness of the service. One comment we saw in a recent survey said "I have resided at this home for almost 11 years and have been supported enormously in every way. I would not hesitate to recommend this home to anyone". Another comment we saw said "The management are very professional".

The home had an up-to-date accident/incident policy and we saw that where incidents had occurred a

recommendation had been made in order to help prevent a similar occurrence in the future. Incidents were monitored and analysed and any trends discussed at the weekly management meeting. We asked the registered manager how she helped to minimise the risk of altercations occurring between people who used the service. She told us that because there was a visible management presence within the home they were usually able to de-escalate situations before they became serious, and consequently there were rarely any physical altercations between people. Restraint was not used in the home: no members of staff were trained in this technique.

We saw that there were quality assurance processes in place, such as audits, which helped the service review and monitor its standards. Audits were carried out on care plans, accidents and incidents and medicines management. However, although there were governance systems in place they had not identified issues around DoLS.

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 11 HSCA RA Regulations 2014 Need for consent  The service had not applied for Deprivation of Liberty Safeguards (DoLS) for people assessed as lacking capacity to make a decision.  Regulation 11 (1)