Care Quality Commission

Mrs Helen Judith Christopher

The White House Falmouth

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

The White House is a care home which provides accommodation for up to 17 older people who require personal care. At the time of the inspection 17 people were using the service. Some of the people who lived at The White House needed care and support due to dementia and some people had sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We inspected The White House on 8, 10 and 14 December 2015. The inspection was unannounced. The service was last inspected in July 2014 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. Relatives told us, “I have always believed this to be the safest place for my (relative) and have never had any concerns regarding their ability to keep her safe.” A GP told us, “I have no concerns about my patients who have lived there.”

Summary of findings

People told us they received their medicines on time, and medicines administration records were kept appropriately. However, we had concerns about how medicines were stored and found some medicines were not kept securely.

Staff had been suitably trained to recognise potential signs of abuse. They had confidence to report concerns to management and / or outside organisations such as the local authority. Staff training was satisfactory although training needed to be updated in some areas for example manual handling. Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included two written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received suitable support from these professionals, although there were not always clear records to show people needed or wanted to see a dentist, and when they had last seen one.

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered promptly and we observed staff being attentive to people's needs. However we were concerned whether staff support was organised suitably for one person, and this matter was discussed with the registered manager.

Everyone we spoke with was complimentary of the care and support provided by staff at the White House. Comments we received included, "I think it is very, very good. I have heard a lot about care homes and I was amazed they were very good. They are very good to me," "Staff are very, very nice…it is a very nice place," and, "They look after me very well….I am very comfortable."

The service had a programme of organised activities. These activities included musicians, exercise sessions, aromatherapy and regular visits by befrienders.

Care files contained information such as a care plan and these were regularly reviewed. We were however, concerned that one person's care plan did not reflect their current care needs and had not been kept up to date. Systems were not in place for ensuring people's capacity to consent to care and treatment was recorded. There were no satisfactory systems to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were very happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included "The food is very good…ample. Hot….tasty," "I can't fault the food…excellent." People said they received enough support when they needed help with eating or drinking.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure suitable action would be taken if they made a complaint.

People felt the service was well managed. One person said "She [she the registered manager] is very good, what you see is what you get, she has no airs and graces. She is very, very kind. She does not let anything go past her eyes." Staff told us "[the registered manager] is like family, she treats us lovely, I can talk to her if I have any worries," and "[the registered manager] has spent a fortune on this place. It is to a very high standard." The registered manager owned the home, and was actively involved in its day to day running. There were satisfactory systems in place to monitor the quality of the service.

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

Medicines were not always stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

Requires improvement

Is the service effective?
The service not always effective.

People's capacity to consent to care and treatment was not assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

The majority of visitors told us they felt welcome and could visit at any time.

Good

Is the service responsive?
The service was not always responsive.

People did not always receive personalised care and support responsive to their changing needs. Care plans were not always up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

Requires improvement

Is the service well-led?
The service was well-led.

People and staff said management ran the home well, and were approachable and supportive.

Good

Summary of findings

There were systems in place to monitor the quality of the service.

The home had a positive culture. Most people we spoke with said communication was very good.

The White House Falmouth

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.

We visited The White House on 8, 10 and 14 December 2015. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the home we reviewed previous inspection reports and other information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the three days of the inspection we spoke with fifteen people who used the service and sixteen relatives. We also spoke with the registered manager and six members of staff. Before the inspection we had written contact with four external professionals including GP's and specialist nurses who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at five staff files and other records in relation to the running of the home.

Requires improvement

Is the service safe?

Our findings

Medicines were not always stored or handled correctly. Where eye drops needed to be disposed of after 28 days, there was no date recorded on packaging to state when containers were opened. If these medicines were administered after 28 days of opening they could be ineffective.

Some medicines were not kept securely. For example in the office there were some medicines on a shelf, and in boxes awaiting return to the pharmacist. As the returns book could not be found it was not clear how long these items had been waiting for return, or if they had been entered in the book. The office door was unlocked, and the office was not always staffed, so the items were not secure. Controlled medicines (which under law require more secure storage) were kept in a suitable locked cupboard, within an outer cupboard, in the office. However, the outer cupboard contained additional medicines, and was not locked as required for controlled medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Most people's medicines were administered by staff. However, formal written agreements were used to enable some people to self-administered their medicines. Medicines were stored in cupboards and trolleys. Medicine Administration Records (MAR) were completed correctly. Medicines which needed refrigeration were suitably stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicines had received appropriate training. People said their medicine was administered on time and medicines did not run out.

People told us they felt safe. Comments we received from people included; "Yes, I have no concerns. If they did not treat me right they would know about it!" Relatives told us; "Yes my sister is safe, kept clean and the food is good", "It seems to be a very safe place", "I have always believed this to be the safest place for [my relative] and have never had any concerns regarding their ability to keep her safe" and, "We know she is safe here." A GP told us "I have no concerns about my patients who have lived there."

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. We observed one member of staff carefully helping a person to get out of their chair, helping them to go to the toilet, and then helping them back to the lounge. This help was given at the person's own pace, and the member of staff provided suitable encouragement to keep the person safe and maximise their independence. People were provided with safe moving and handling support where this was necessary. This showed staff were proactive in helping people to minimise risks of falling.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

No monies or personal possessions were kept on behalf of people. The registered manager said, on a monthly basis, the service invoiced people's representatives for any items, such as toiletries or clothing.

Overall there were enough staff on duty to meet people's needs. For example, rotas showed two care staff on duty during the day and evening. During the night there was one person on waking duty, and one person sleeping in (who could be woken if there was an emergency). The registered manager lived next door and could provide additional help as necessary. Ancillary staff such as cleaning and maintenance staff were also employed. A deputy manager had been employed and was due to start working in January 2016.

Most people told us staff would help them promptly and there were enough staff on duty to meet their needs, although some people said there could be improvement. For example we were told "Staff are very good," "We all have alarms in our rooms, the staff come quickly, they are very good," "Staff come immediately, always," "When you call, you sometimes have to wait, but they do their best," and "There could be more, they can be short sometimes."

Requires improvement

Is the service safe?

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All but one of the staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. One file contained references, but a DBS (or its predecessor a Criminal Records Bureau check) could not be found. The person began employment under the previous owner. The registered manager said she would ensure the check was recompleted.

The environment was clean and well maintained. Appropriate cleaning schedules were used. People said the laundry service was efficient and we saw there were appropriate systems in place to deal with heavily soiled laundry.

The boiler, electrical systems, gas appliances and water supply had been tested to ensure they were safe to use. Records showed the stair lift had been serviced and there was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place but the registered manager was unable to locate a risk assessment during our inspection. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of fire drills.

Requires improvement

Is the service effective?

Our findings

People told us they did not feel restricted. However due to some people having dementia people needed to exit the front door by using a code entered into a key pad lock system. The key pad system enables people to enter / leave the building, using a code, and without a key. Some of the people needed a higher degree of staff observation to keep them safe.

People's capacity to consent to care and treatment was not assessed in line with legislation and guidance. 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 people lack mental capacity to take particular decisions, any decisions 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. 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.

We met one person who staff had decided should spend more time in their bedroom. This was due to them becoming anxious if there was a lot of noise. Their subsequent behaviour could upset other people. The person was not able to express their opinion to us whether they were happy spending more time in their bedroom. The person relied on staff to help them to move around. Staff and two of their relatives said the person had been happier as a consequence of the action. However, there were no written assessments about whether the person, or others living at the home, had the mental capacity to make decisions. There was also no evidence, in care files, of how decisions which may be seen as depriving a person of their liberty were made, for example, through a 'Best Interest' meeting.

The registered manager said she was aware there may be several people who she needed to refer to the local authority due to their lack of mental capacity. The registered manager said the service may be taking action, in order to keep the person safe, which could be seen as depriving the person of their liberty. However the registered manager said she had not consulted external professionals about such decisions, or documented in care plans how the decisions were made.

The staff members we spoke with were all very caring but showed limited understanding of the Mental Capacity Act (2005). We assessed training records for five members of staff of which only two had received training about the MCA and deprivation of liberty safeguards. At the inspection the registered manager provided us with documentation which showed all staff would undertake this training by the end of February 2016.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

People told us the service was effective at meeting their needs. People said, "I think it is very, very good. I have heard a lot about care homes and I was amazed they were very good. They are very good to me.", "Staff are very, very nice…it is a very nice place," and "They look after me very well….I am very comfortable." Relatives said, "We have been completely satisfied with my mother's care," "Staff supported us compassionately, patiently and very gently when (their relative) moved in." and "I believe there is a genuine sense of respect and care." Health professionals commented "Doctors and district nurses (at this surgery) are all positive about the White House and think they have made significant progress and improvements over the past few years…they are a good home."

Staff worked in a professional manner. People told us "They are polite and respectful; staff are always clean for example their shoes and their hands. If you are not feeling very well they will sit with you. They are very caring. You can talk and be honest with them."

People said they felt they were involved in making choices about how they wanted to live their life and spend their time. For example, people told us staff involved them in decisions about their personal care and what they wanted to wear. People we spoke with said they could move around the home freely, get up and go to bed when they wished and choose where they spent their time during the day. People's comments included, "You get up when you want," and "Most people go to their rooms (in the early evening) but go to sleep when they want." Staff told us one person normally chose not to go to their room until after midnight.

Requires improvement

Is the service effective?

Staff had received suitable training to carry out their roles. New staff had a full induction to introduce them to their role. A relative told us, "There is regular training for staff. Newer staff work alongside more experienced staff," and a staff member told us, "We have lots of training." Staff told us they had initially worked alongside experienced staff to help them to get to know people's needs and the routines at the service. We assessed five staff files and all contained a completed, comprehensive induction checklist. The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

We checked training records to see if staff had received suitable training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, food hygiene, infection control, safeguarding, medicine administration and first aid. Some staff had also undertaken further training about hydration and nutrition, falls prevention, skin care, care for people who had strokes and about dignity. Some staff needed training updates (for example in manual handling). The registered manager had identified that some staff training required updating and had developed an action plan to ensure all staff received necessary training updates by the end of February 2016. Most staff had completed a diploma or a National Vocational Qualification (NVQ's) in care.

Staff were supported in their roles partly by receiving individual formal supervision with a manager. Supervision sessions were documented. Staff also said they felt confident approaching senior staff if they had any queries or concerns.

People were very happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included "The food is very good…ample. Hot….tasty," "I can't fault the food…excellent," and, "Lovely cooking." People said they received enough support where they needed help with eating or drinking. People told us staff knew individual likes and dislikes, and would always prepare an alternative if people did not want what was on the menu. People also told us they had a choice at breakfast and tea time. People said staff would regularly ask them if they wanted a cup of tea, coffee or a cold drink.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. Records were less clear about whether all the people we assessed wanted or needed to see a dentist. We received positive feedback about the standards of the service from a number of health and social care professionals. Professional's comments included, "I have not had any concerns about my patients…the staff appear to want to do their best for patients," and "they are a good home."

The home had appropriate aids and adaptations for people with physical disabilities such as specialist bath, designed for frail people and there was also a 'walk in' shower facility which could be used for someone who used a wheel chair. The owner of the home had also had overhead hoists fitted in one of the bathrooms, and one of the bedrooms to help a person with mobility problems to transfer .

The home's environment was maintained to a high standard. All areas were well decorated, with modern, clean, up to date furnishings and fittings. The home was very clean and tidy, and there were no offensive odours. One relative described the home as, "Very clean, very modern." People told us they liked their bedrooms and these were always warm and comfortable. As outlined above we were concerned that one person's bedroom was cold, although on the subsequent day of the inspection this room was warm and the person was comfortable.

Good

Is the service caring?

Our findings

People were positive about the care they received from staff. We were told; "I am happy here…the staff are very good, they do so much for me," "The staff are excellent…I can't fault them," and "The staff are good company." Relatives told us "They are very good, I have no complaints what so ever," "I have no doubt that Mum is being looked after well. She has regular, thoughtful meals, care and respect seem to be second nature," and "The staff are always helpful and courteous."

We observed staff providing caring and supportive help to people. Throughout the inspection, there was a warm and pleasant atmosphere. Staff were observed chatting and sharing a joke with people. One person was regularly trying to get up and go into somebody's bedroom. A member of staff very patiently reminded the person they could not go into the room, and helped to distract the person away from this thought. This was done quietly and discreetly so not to draw the attention of others or to belittle the person.

The people we met told us care was provided in a kind and caring manner and their staff were very patient. We were told, "Staff are very kind and caring," and "Nothing is too much trouble." Although the service was busy, staff were always calm, and did not rush people. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

Most care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. The registered manager said where possible care plans were completed and explained to people and their representatives.

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

The majority of visitors told us they were made welcome and could visit at any time. Relatives said "We are treated courteously and with respect. We are frequently offered a drink and even, on occasion, a meal," "I feel comfortable when visiting. There are areas where I can take my mother if we need to have private discussions," and "They always greet me by name and are courteous and helpful."

Requires improvement

Is the service responsive?

Our findings

Care plans were not always accurate and kept up to date. We had concerns about the care of one person due to their changing needs. The person's changing needs were well documented in the monthly review section of their file. However, the main document, which informed what and how the person needed help, had not been updated. When we discussed the person's needs with staff we were given different descriptions of how the person was cared for. It also was not clear whether the person needed one or two members of staff to provide some care tasks such as washing and dressing. This meant there was an increased risk of the person not receiving consistent care and support. As the person had complex needs and diagnosis of dementia, we were concerned this may have caused the person unnecessary confusion or anxiety. The person's care plan also did not outline how decisions were made about the person's care. Although staff intentions were good, the decisions made may be deemed to deprive the person of their liberty.

People told us staff would always come to help them as necessary. For example, one person told us they had been unwell and staff immediately called the GP. District nurses and GP's said the service would contact them, as appropriate, and listened to any feedback or advice which was provided. However, as we have stated it was apparent that one person, who was in their bedroom, had not seen a member of staff for some time, and due to lack of access to a call bell had no means of calling staff. The window in the person's bedroom was open, and the person's hands were cold. When we reported this to staff members they were apologetic and responded quickly to give the help the person required

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Care documentation was stored in individual files which were stored securely in the office. Despite our concerns about care planning for one person, the care planning system for other people we assessed worked to a satisfactory standard. Care plans contained appropriate information to help staff provide people with suitable care.

People's files included a profile outlining the person's personality and routine. There was however limited detail about the person's background such as where they lived, whether they had a family, previous job, any hobbies or interests. This information helps staff to get to know the person, particularly if they have limited communication. The registered manager said she intended to develop life story books, with people's families, for each person.

Care plans included information about the person's physical and mental health, mobility, communication, mental state, continence and night care. Risk assessments were also completed for issues such as manual handling, nutrition, physical and mental health, and pressure care. All the staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged regular organised activities for people. These included memory and board games with staff, exercise sessions, visiting musicians, singers and a dancer. Two befrienders visited regularly and there had been occasional trips out. The service ensured people's birthdays, and religious events such as Christmas were celebrated. For example, the home was beautifully decorated for Christmas, and there had been a party for people and their relatives. On the evening of the second day of the inspection the Salvation Army visited the home and provided a carol concert for people.

On the second day of the inspection an aroma therapist visited the home. The aroma therapist provided aromatherapy and hand massages for everybody who wanted this. The sessions also provided opportunity for individual chats with people. It was clear people had very good relationships with the therapist and people said they looked forward to her coming each week. People also told us that the service's visiting hair dresser was good.

The library service regularly visited the service so people could receive a regular supply of books, to read. One person was disappointed the newsagent would no longer deliver a newspaper or magazines. The church and chapel visited the home. People told us they enjoyed the activities, although a minority of people said they would appreciate more activities to be available as it could be boring sitting around each day. However from our assessment, overall we considered there to be a satisfactory provision of activities available for people.

Staff told us there was a comprehensive handover meeting each day. At these meetings we were told people's needs were discussed, and staff had opportunity to ask about any points they needed clarified. The registered manager said

Requires improvement

Is the service responsive?

she also tried to attend these meetings so she could be fully informed of important issues. Staff told us there were regular staff meetings, each month, and we inspected the minutes of the most recent meetings.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

Good

Is the service well-led?

Our findings

People and staff had confidence in the registered manager. For example people told us, "the registered manager is lovely. I can go to her if I have any problems," "She is very pleasant," and "She is very good, what you see is what you get, she has no airs and graces. She is very, very kind. She does not let anything go past her eyes." Staff said, "[the registered manager] is like family, she treats us lovely, I can talk to her if I have any worries," "I treat [the registered manager] like she is my mum," "[the registered manager] has spent a fortune on this place. It is to a very high standard. She is always redecorating when people leave," and "[the registered manager] is a very good person….She is very supportive personally as well as professionally."

The majority of peoples' relatives were also happy with the service's management. For example we were told "[the registered manager] is very nice," and "the owner has always treated us with great respect." People and their relatives said if they had any concerns they could ask to speak with senior staff or management, and they found them approachable. A minority of relatives raised some concerns that the registered manager could be, for example, short tempered with them. This was discussed with the registered manager and she stated she would try to resolve this in future.

People said there was a positive culture at the service. People told us, "There is not a lot to dislike…staff are good company" and "It is very comfortable here." While relatives said, "There is a relaxed atmosphere in the home," and, "The atmosphere is of a happy home," A health professional said, "The doctors and attached district nurses (at this surgery) are all positive about The White House and think they have made significant progress and improvements over the past few years….they are a good home."

Staff said there was a positive culture among the staff team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. We were told by staff members, "We have very high standards here. All the staff are nice and kind, like a family, good as gold," and "People are well looked after. We try and ensure the home is always welcoming. Staff genuinely do care about people. People become kind of like family."

Most people we spoke with said communication was very good. For example a health professional said that staff and the registered manager were "Open to feedback." A relative said communication was always "Timely and appropriate." One relative felt there was too much communication and they did not want to know as much as they were told as it caused unnecessary anxiety. The registered manager said she would try and address the level of communication in this person's case.

There had a clear management structure. The registered manager is also the owner of the service. Senior staff were also employed and one senior was always available on each shift. The registered manager was described by staff as "approachable," "supportive and "hands on." The registered manager lived in a property adjacent to the service, and said she was always available if there was a problem. The registered manager told us she would often complete shifts herself. The registered manager said she had recently employed a deputy manager to provide additional management support to the service. The deputy manager was due to start work in January 2016. The registered manager had decided to appoint a deputy manager as she had felt "very stretched" recently and believed additional management support would improve the service's overall performance.

We observed the registered manager working with less senior staff in a constructive and professional manner. Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They believed any major concerns would be addressed appropriately by the registered manager.

The registered manager monitored the quality of the service by completing regular audits such as of care records, training provision, accidents, falls and room audits. The registered manager played an active role in the service, and as she lived in the adjacent property, was available at all times should staff need support and guidance. The registered manager said she was in the process of completing a survey of relatives and professionals to find out their views of the service.

Staff meetings were held on at least a two monthly basis and minutes of the meetings, we inspected were thorough. Minutes of supervision meetings showed these individual

Good

Is the service well-led?

meetings with staff were held at least every two months and again showed a thorough process was in place. We also inspected minutes of residents and relatives meetings which were held at least every two months.

A registered manager had been in post for the last ten years. The registered manager is also the Director of the registered provider. The registered provider has ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not always protected by the proper and safe management of medicines. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The service had failed to assess people's capacity of make decisions for themselves in accordance with the requirements of the Mental Capacity Act and had not sought appropriate authorisation where their care plans were restrictive. Regulation 11 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People's care must be appropriate and meet their needs. Regulation 9 (1) (3) (a) (b)