Kenneth Swales and Andre Swales

The Laurels Care Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection carried out on 12 and 17 February 2015. At the last inspection in November 2014, we asked the provider to take action to make improvements because people's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care. We also found that, where people did not have the capacity to consent, the provider did not act in accordance with legal requirements. These actions have now been completed.

The Laurels Care Home is situated in Norton, Doncaster and is registered to accommodate up to 30 people. Some people at the home were living well with dementia. At the time of this inspection there were 30 people living in the home. The service is provided by Kenneth Swales and Andre Swales.

There is no registered manager at the service; however, a manager application has been received by the Care Quality Commission from the registered manager at The Laurels Care Home with Nursing. This is owned by the same provider and adjoins The Laurels Care Home. The provider told us they intend to have one registered manager for both locations.

Summary of findings

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.

People told us they felt safe living in The Laurels Care Home. One person said, "I have lived here for a while. We all get on well together and staff make sure we are safe and well looked after." There were procedures to follow if staff had any concerns about the safety of people they supported.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example, we saw from records that people had received intervention from a speech and language therapist (SALT). This meant people with swallowing difficulties received food and fluids appropriate to their needs. Referrals had also been made to the tissue viability nurse for advice on pressure area care.

We observed people's needs were met by staff that understood how care should be delivered. However, we found care records did not always reflect the up to date needs of people who used the service.

There were insufficient staff at certain periods of the day. We have asked to provider to look at the dependency levels of people who used the service during these periods of the day.

Staff told us they felt supported and they could raise any concerns with the unit manager and felt that they were listened to. However, formal supervision for all staff was not up to date and we have asked the unit manager to address this.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People were able to access a few activities like crafts and bingo. However, these sessions were only available two days each week. People told us they particularly enjoyed the planned activities but would like more activities at other times during the week.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. One person said, "We are well looked after here staff are kind." Another person said, "This is my second stay at the home. I would not want to go anywhere else."

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that one formal complaint had been received in the last 12 months. This was dealt with appropriately.

Systems to monitor the quality of the service were ineffective. This meant issues identified that required remedial action were not always addressed in a timely way. For example, the care plan audit did not identify that some care plans were not up to date. This meant that people who used the service may not receive the care and treatment they required to meet their needs.

Our inspection identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

Good

The service was safe.

Staff knew how to recognise and respond to abuse. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the unit manager approachable and always available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The religious and spiritual needs of people were met through visiting clergy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found that peoples' needs were assessed prior to them moving to the service. Visitors told us they had been consulted about the care of their relative before and during their admission to The Laurels Care Home.

Summary of findings

Communication with relatives was good and visitors we spoke with told us that staff always notified them about any changes to their relatives care.

People told us the unit manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this. People told us that activities could be better as they don't take place very often.

There were not enough staff at certain times of the day to meet people's needs. This meant people had to sometimes wait for long periods for assistance

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Requires Improvement

The service was not always well led

There is no registered manager at the service, however an application is currently being considered by the Care Quality Commission. The systems that were in place for monitoring quality were ineffective. Where improvements were needed, these had always been identified or fully addressed.

Policies and procedures were not up to date and did not reflect current guidance for staff to follow

Accidents and incidents were monitored monthly by the unit manager to ensure any triggers or trends were identified.

The Laurels 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 17 February 2015. The first day of our inspection was unannounced.

The inspection team consisted of a lead inspector and an expert by experience with expertise in care of older people, in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service was not asked 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.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also contacted Healthwatch Doncaster and looked on the NHS Choices web site to gather further information about the service. Other health care professionals that had been involved at The Laurels Care Home, such as the tissue viability nurse, community dietician and the community psychiatric nurse were also contacted.

At the time of our inspection there were 30 people using the service. We spoke with the manager and unit manager, a senior carer, four care staff and the cook. We also spoke with eight people who used the service and seven visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person said, "I feel safe here." A relative said, "Mum is safe here, it was the reason she came, we deliberately chose here because this is where she wanted to be." The relative went on to say, "My family member can make whatever choices they want. My parent was cared for wonderfully here and that's why my family member wanted to come to The Laurels", it has got a fantastic reputation in the area."

A safeguarding vulnerable adult's policy was available and staff were required to read it as part of their induction. We looked at information we hold on the provider and found there had been four referrals that had been investigated by the local safeguarding authority and were all deemed as no further action required.

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the senior carer or the unit manager.

Staff had a good understanding about the services whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

Risks associated with personal care were well managed. We saw care records included risk assessments to manage people's risk of falling. The risks were managed by making referrals to the falls team when required. Staff also obtained equipment such as falls mats to alert staff if the person got up out of bed and in order to reduce the risk of the person falling. We looked at care plans and found they contained other risk assessments such as pressure care assessments. There was also a tool used to determine if a person was at risk from losing weight. We spoke to the community dietician who told us that staff acted appropriately by seeking advice if a person had lost any significant amount of weight. Diet plans and supplements were available if needed.

We found care plans that we looked at did not have a personal evacuation plan in place which would be used in the event of any emergency. The manager told us that these would be included as care plans were updated. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

We found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager. We spoke with a new member of staff and they confirmed the arrangements to ensure they were competent and confident to work unsupervised. The staff member said, "I worked alongside a senior for a while and had the opportunity to read care plans before assisting people with their personal care." They told us they had not received formal moving and handling training, they said, "I know I am not allowed to use equipment until I have had this training." They told us they were booked on this training February 2015.

The manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The providers were fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. We noted that night staff worked until 8am which provided additional support to the day staff who commenced at 7am. People we spoke with told us they were able to get up when they liked and go to bed when they preferred. They also told us the care was provided at their pace which they liked. We asked people who used the service if they had to wait a long time to be given assistance with personal care. One person said, "Well if something

Good

Is the service safe?

happens, like someone has a fall or something, then the staff have to deal with that and that leaves not very many on the floor." Another person said, "No, I don't think there are enough staff, sometimes we have to wait for assistance if staff are busy." Another person said, "They are very hard working and I could give them nothing but praise, although they could do with a couple more on duty." From our observations the staffing levels could potentially impact on the care delivered.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations over the two days of this inspection showed that these arrangements were being adhered to. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

During breakfast on the first day of this inspection we observed the senior care worker administering medication. We saw they did this in a professional, low key manner. However, the medication trolley used to store medication did not have the capacity to hold all medication prescribed at breakfast. This meant a table in the dining room was used to administer some medications from racks that did not fit in the trolley. We found this an unsafe method of administering medication and asked the unit manager to address the issue immediately.

When we returned on the second day of this inspection a second trolley had been provided by the company supplying the medication. We observed medication being administered at lunch time and found the required improvements ensured medication was administered safely. The senior locked the medicine cabinets every time they left it even if only moving to a nearby person. We heard the senior ask people if they were happy to have their medication with their lunch and acted on their wishes.

We saw the senior followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. The senior care staff we spoke with knew how to tell when people needed these medicines and gave them correctly. In care plans we looked at we saw protocols to assist staff when administering this type of medication

The manager showed us training records to confirm staff had the necessary skills to administer medication safely. An annual competency check was also undertaken. We saw records which confirmed these arrangements.

Good

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests, and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

At the last inspection in November 2014, we asked the provider to take action to make improvements because, where people did not have the capacity to consent, the provider did not act in accordance with legal requirements. This action has been completed. During this inspection we saw that details about consent to care and treatment in care plans had been updated. People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies.

The staff we spoke with had a good understanding of the principles of the MCA that ensured they would be able to put them into practice if needed. We looked at two care plans that had been updated and saw they contained completed mental capacity assessments and documents completed for best interest decisions. The assessments were decision specific. For example personal care, medication, and finances.

We found the service to be meeting the requirements of the DoLS. The registered manager told us that had just undertaken a DoLS course to make sure they were aware of the most recent guidance from the local supervisory body. Most staff had received some training in the subject but it was the manager and unit manager who would take the lead in making applications.

The registered manager was aware of the latest DoLS guidance and was reviewing people who used the service to ensure this was being followed. The manager told us that they had identified one of the two people that may require a DoLS and they were considering making an application to the supervisory body for authorisation.

Records in relation to 'Do not attempt cardio-pulmonary resuscitation' DNACPR were seen on some of the care plans that we looked at. The manager told us that they were currently contacting GP's for people that had this recorded on their care plans to undertake a review of the decision. This would ensure they remained valid and appropriate to the person's wishes.

We spoke with a senior and four care workers and they were knowledgeable about how to meet people's needs. They spoke fondly of the people they supported and most staff had worked at the home for a number of years. People and relatives we spoke with told us that the care provided was very good. One person said, "The staff know what they are doing, they ask me how I want to be moved. They know I don't like the hoist so they ask if I prefer to stay in my wheelchair which is what I want." A relative we spoke with said, "They (the staff) put all the training they do in a newsletter which we can pick up in the home and it tells us what they have been doing. I think that is very good."

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two, and three. We saw that staff had received training in dementia care and related well to people. One staff member we spoke with told us how the training had improved their understanding of people living with dementia. They said, "It has given me a greater awareness of the different dementia conditions and how to provide better care to people." The manager told us that they planned to further develop lead roles for some staff which would include dignity, dementia, and end of life champions.

Systems to support and develop staff were in place; however the frequency of supervisions (one to one meetings with their line manager) were not as frequent at those details in the provider's supervision policy. We discussed this with the manager and unit manager. They were aware of the gaps in supervision and had started to address this. The manager told us that the absence of a registered manager meant supervisions that were planned did not take place. The staff we spoke with told us that they felt supported by the unit manager and they said they were able to discuss any care issues, work practice or training needs as they arose.

We also found annual appraisals had not been completed for all staff. This meant staff were not formally supported in relation to any personal and professional development

Good

Is the service effective?

needs which may affect the delivery of care. The manager told us that appraisals had started and would continue until undertaken for all staff. We asked the unit manager to send us a monthly update to confirm how they were progressing with supervisions and appraisals.

We used SOFI to observe four people who were being supported to eat at lunch time on the first day of this inspection. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. People used words such as, "marvellous", "good choice", "excellent" and "very good" to describe the meals. These words were also were accompanied by comments such as, "If you don't like any of the choices, they will always do you something else."

The menu of the days meals were displayed and the cook went around the dining room asking people what they would like for lunch and tea. We spoke with the cook who had a good understanding of the likes and dislikes of people who used the service. They told us that specialist diets were also prepared for people who required additional supplements to boost their nutritional intake.

From the care records we looked at, we found some people had been seen by the speech and language therapist (SALT) and there were written reports and examples of specific diets that they had recommended. We spoke with the dietician who was involved with the home. They told us that the home made appropriate referrals for advice about diets, such as soft or diabetic diets. Staff told us that people's weights were monitored to ensure people received sufficient food and drink to meet their needs. They said if a person was losing weight over a short period of time they would let the senior know, who would then make the necessary arrangements to check if the person was at risk.

We saw records in the care plans we looked at which showed specialists had been consulted over people's care and welfare. These included health professionals, such as GP's, community psychiatric nurses, dieticians and tissue viability nurses. A district nurse was visiting during our inspection and we saw staff take people to the treatment room to be seen in private. People told us they were able to see the doctor or district nurse when they needed to. A relative said, "We can definitely see a doctor when we need one, and my relative has had an operation for cataracts which the doctor thought, and I agreed, would enhance her quality of life. He (the GP) spoke to me for ever such a long time and was very good."

Good

Is the service caring?

Our findings

At the last inspection in November 2014, we asked the provider to take action to make improvements because people's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care. During this inspection we checked and found that this action had been completed.

We saw that staff knew people who used the service very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to have a conversation with the people they were caring for. People who used the service and visitors were positive when describing interactions with the staff. They said, "You can't fault them, they (staff) got me on my feet with kindness and care, I've no complaints." Another person said, "Well, you get the odd one who is a bit less caring, not cruel or anything like that, but not quite as warm as the others."

One relative spoke to us at length about the care staff had provided staff for a family member who had lived at the home. At the time of our inspection, this relative was visiting another family member at the home. During our inspection, a member of staff came over and put her arms around this relative and said "I've been here for 19 years, I am looking after [your family member] tonight and you can ring me at any time you like." The relative was positive about the kindness show to them and also about the fact that the member of staff had worked at the home for a number of years.

We looked at five care and support plans in detail. We found that, although people's needs were assessed and care and support was planned, the information had not been updated in three of the five care plans we looked at. The two care plans that had been updated were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, including a profile of the person and guidance for staff on how to meet people's needs. We spoke with the manager and unit manager who told us they had completely re-written 12 of the 30 care plans for people who used the service. They said following a compliance monitoring visit by the local authority they had agreed to update at least two care plans each week until they were all completed. They said they were meeting the agreed action plan. The absence of the manager had resulted in care records not been changed as the needs of the people had changed.

We spoke with five members of staff who were knowledgeable of the current needs of people. They told us that handovers and staff meeting were used to pass on any information about the changes in peoples care needs. From our observations and the comments from people who used the service and their relatives, we judged that the lack of up to date information did not have any impact on the care delivered. However, we have asked that the manager send us monthly updates on the progress of updating care plans until they are all completed.

We observed that people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy.

The SOFI observation we carried out showed us there were positive interactions between the three people we observed and the staff supporting them. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately.

We observed staff using mobility equipment such as a turntable and wheelchairs in the lounge areas. The staff spoke to the people during the process and managed to assist them in a very discrete manner. Other people carried on with what they were doing and did not appear to have their attention drawn to the process.

We were told that people who wished to continue to be part of the local community and attend Church were supported to do so. There were also religious services held periodically at the home and people were given the choice of attending if they wished. The unit manager told us that a group of people had visited a local school that had organised a remembrance service. They told us that people enjoyed the occasion.

Requires Improvement

Is the service responsive?

Our findings

From our observations over the two days of this inspection we found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. However, three care plans that we looked at were not up to date.

The people we spoke with told us the standard of care they received was good. The two care plans that were up to date were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities. They also included the times they usually liked to go to bed and to get up. People we spoke with told us the staff were very caring, and nothing was too much trouble. One person said, "They (the staff) talk to me about the care plan and I can say what I think about it." A relative said, "There's a great deal of thought put into personalising things that are written in the care plans." And another said, "All of them seem to know how to handle people, and move them. They are open and approachable and I think that is the key to good care."

We observed that no activities took place in the home during the first day of this inspection. We were told that there was an activities coordinator two days a week. This person was also a care worker and were told that sometimes they were unable to do activities because they were required to cover as a care worker. The activities log kept by the activity coordinator showed most activities consisted of crafts or bingo. People who used the service told us of being involved in some activities, and going on a trip to Bridlington and Grimsby, but these were some time ago. One person said, "We have an activities lady twice a week, but this doesn't seem to be a priority." Two other people said, "There isn't really enough to do."

We spoke with the manager and unit manager about how staffing levels were determined. They told us they did not use a dependency tool and levels were determined by the provider.

From the rotas that we looked at and confirmation from the unit manager, we found that, from 10.30am until 4pm staff levels were reduced to three care staff including a senior.

The senior had additional responsibility for administering medications. During the period between 10.30 and 4pm we noted that call bells were not answered promptly which meant people's needs were not always responded to in a timely manner.

At the end of lunch we asked the unit manager why call bells were sounding for long periods, which indicated assistance was needed. The unit manager told us that the senior was administering medication and the remaining two staff were assisting a person with personal care. This meant that there were no other staff available to respond in a timely manner when other people needed help with their care needs. We also saw a person that remained in the dining area was struggling to eat their pudding. However, there was no staff available to offer assistance. We discussed this with the provider who agreed to look at the way staff were deployed during those periods.

The service had policies and procedures in place with regards to any complaints people may have. There was a copy of the process to follow on display in the entrance area. We asked the manager and staff if there had been any complaints received since our last inspection. They told us there had been one formal complaint, and this had been investigated and resolved appropriately. The unit manager told us that niggle's and minor concerns were dealt with straight away. However these were not recorded. The unit manager told us she would set up a log to capture this information so that they could monitor these and identify any emerging themes.

People we spoke with told us they were confident in being able to express what was important to them and they were positive that they were listened to and respected. One person said, "I feel that if something is not quite right the manager will do something about it." A relative said, "The manager is always available to talk to and discuss your concerns".

The manager told us that they held resident's/relatives meetings to ensure people who used the service and their relatives could discuss any concerns and be part of developing the service further. We looked at the minutes of dated 23 October 2014 where comments received were positive about the care and management of the home.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. There was no registered manager at the service. The previous registered manager left the service in December 2014 and the provider was addressing this. CQC has received an application from the provider to register a manger to have overall responsibilities for The Laurels Care Home and The Laurels Care Home with Nursing, a sister home which is located next door. A unit manager has also been appointed to oversee the day to day management of the service.

People we spoke with said, "I can't fault the manager in any way." One person said, "The management structure is okay. We see the owners around and they are always very good with any suggestions you offer." A relative said, "I talk to the manager almost every day, they are open and approachable and will always listen to what you say and do something about it if they can."

We found care staff had not received formal supervision in line with the provider's policy. This had not been identified by the provider on any of the audits completed by them. This meant that the monitoring of supervision was not effective or in line with the providers policy, which stated staff should receive six supervisions each year. We spoke with five staff to see if they felt supported. A number of the staff told us that they had worked at the home for a good number of years and they felt supported by the unit manager. They said they were happy to discuss any concerns and felt they were listened to. They said they knew what was expected of them and felt as they belonged to a good team of staff. Staff we spoke with said they had regular contact with one of the partners who owns the home and they were regularly seen around the home.

We spoke with the manager and unit manager about staffing levels. They told us that they did not use a dependency tool to assess that the staffing levels were sufficient to meet people's needs. They told us that the provider determined the levels. We found there was no effective system to monitor the staffing levels and skill mix to ensure there were sufficient suitably qualified staff to meet the needs of people who use the service at all times.

We found monthly medication audits were undertaken to ensure medication was administered as prescribed. These were ineffective as the person completing the audit failed to recognise that staff were using unsafe practices when administering breakfast medications. This was discussed with the unit manager and manager who agreed to look at how they could improve the system to identify such errors in the future.

Care plan audits were ineffective as they did not identify that some care plans needed to be updated. The unit manager told us that 20% of care plans were reviewed as part of the audit each month. Form the audits we looked at, it was difficult to determine if remedial action had been completed. However from our observations of the care being delivered and speaking to staff we found this had no impact to the health and welfare of people who used the service.

We looked at a number of policies and procedures and found they were out of date. For example the recruitment and selection policy had not been updated since 2004 and referred to Criminal Records Bureau (CRB) checks and Protection of Vulnerable Adults (POVA) rather than Disclosure and Barring Service (DBS) checks and referrals to Independent Safeguarding Authority (ISA). This meant that the legal obligations placed on the service may not be understood and met.

Policies and procedures provide the framework within which an organisation operates. They define what your organisation does and how you do it. Clear policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We looked at the quality assurance systems that were in place to seek the views of people. The last survey completed was specifically asking people their views about changes that had been made to the domestic hours in the home. Positive responses were received from people who said cleanliness around the home had improved.

The manager told us they worked well with the local community and had developed close links with schools and Churches. She told us people from the home went to a remembrance service held at the local school. They also had close links with healthcare professionals such as district nurses, dieticians, tissue viability nurses and community psychiatric nurses. We contacted these professionals prior to this inspection and comments from

Requires Improvement

Is the service well-led?

all regarded the service as very good. They described staff as caring and they told us that they followed guidance given to them to ensure people's health and wellbeing was maintained.

We also spoke with the local council's compliance monitoring officer who has been working with the home over the last few months. They told us that the home was making progress towards the actions they had identified.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the unit manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/ incidents re-occurring.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **Regulation10 (1)(a)(b), (2)(b)(iv)(c)(i) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.** The provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.