

## Revitalise Respite Holidays

# Revitalise Sandpipers

### Inspection report

Fairways  
Southport  
Merseyside  
PR9 0LA

Tel: 01704538388  
Website: [www.revitalise.org.uk](http://www.revitalise.org.uk)






Date of inspection visit:  
24 October 2016  
28 October 2016

Date of publication:  
07 April 2017

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on the 24 and 28 October 2016 and was unannounced.

Revitalise Sandpipers is registered to provide accommodation with nursing and personal care to people with a disability and their carers. The service offers short breaks in a relaxed, holiday style environment with a variety of trips, entertainment and activities. People who use the service are supported by a team of staff and volunteers. The service can accommodate up to 38 people. At the time of this inspection 23 people were using the service.

A registered manager was in post. 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.

During this inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Records relating to people's care planning and the assessment of risk were not always robust. This was because records failed to fully demonstrate how risks to people had been determined and how their care needed to be delivered. Records relating to people's care contained wording such as prompting, encouraging and assistance but failed to demonstrate how a person needed to be prompted, encouraged or assisted. Failure to have detailed information about how a person needed to be supported may result in individuals' not receiving the care and support they required.

Records relating to complaints made about the service required improvement. The details complaints was recorded, however there were no records to demonstrate the process and investigations that had taken plan into the complaints. This meant that there was not clear audit trail in relation the recording of people's concerns.

People told us that they felt safe at the service. Procedures were in place to protect people from harm. Safeguarding procedures were available at the service. Staff demonstrated a good awareness of how to respond to any safeguarding concerns. People told us that they felt safe at the service.

Effective staff recruitment procedures were in place. The process involved carrying out a number of checks to help ensure that only staff suitable to work with vulnerable people were employed.

People told us that staff always asked for their consent prior to carrying out any care and support. People told us that they were always given a choice of what they wanted to do with their time and what they wanted to eat.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; however, the policies and systems in the service did not support this practice.

We have made a recommendation that the registered provider ensures at all times up to date information is sought in relation to people's status under the Mental Capacity Act 2005. This is to ensure that people's rights are maintained and protected under the Act at all times

People were happy with the choice of food available to them and felt that their nutritional needs and choices were met.

Staff received regular updated training for their role. They felt well support by the senior staff, received regular supervision and attended regular staff meetings to keep them up to date with their role.

People told us that staff were caring and respected their privacy. The environment was relaxed, calm and friendly. Lots of laughter was seen to take place between people and the staff supporting them.

People's needs relating their cultural and spiritual choices were sought and people were supported to attend local religious services of their choice. This helped ensure that people were able to practice and maintain their faith pathway during their stay at the service.

During their stay people had the opportunity to go on planned trips, carry out activities within the service and access the local community with the support of staff and volunteers. Having access to various pastimes helps people maintain their physical and psychological health.

Policies and procedures were in place to offer guidance and support to staff. This enabled staff to deliver safe care and support. The registered provider was in the process of reviewing the services policies and procedures to ensure that contain current best practice.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service required improvements to be safe.

The lack of detailed risk assessments for some activities within the service meant people may be at risk of not receiving safe care.

Systems were in place for the safe management of people's medicines.

Procedures were in place to safeguard people from harm. Staff knew to who to report any concerns to.

Safe recruitment procedures were in place to ensure that only suitable people were employed.

### Is the service effective?

**Good** ●

The service was effective.

People were happy with the choices of food and drinks available to them.

People were supported by a staff team who received regular training for their role.

### Is the service caring?

**Good** ●

The service was caring.

The service offered a relaxed, friendly environment.

People were encouraged to maintain as much independence as possible during their visit.

People felt that the staff team supported in them in a manner that respected their dignity and privacy.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Assessments of people's needs did not always contain detailed information.

Information relating to complaint investigations was not always recorded.

People had access to a variety of trips out, activities and access to the local community during their stay.

**Is the service well-led?**

The service was not always well-led.

Improvements were needed as to how people's needs were assessed and recorded.

Improvements were needed to how the registered provider monitors the care and support planned within the service.

A registered manager was in place.

Policies and procedures were in place and currently under review.

**Requires Improvement** 

# Revitalise Sandpipers

## **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 the 24 and 28 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included notifications we had received from the registered provider. They are legally obliged to send us notification of significant events and incidents which occur at the service. We also considered information from the local authority. Prior to the inspection the registered manager had sent us a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, including what the service does well and any improvements they plan to make

During our inspection we spoke with seven people using the service and spent time with a further six people who were carrying out activities. In addition we spoke with the cook, two nurses, three members of staff, the duty manager, the head of care, four volunteers and the registered manager.

We reviewed the services policies and procedures, the care planning documents and records of four people, the recruitment files of four staff in addition to other records relating to the management of the service. These records related to medicines, staff training, accidents and incidents, safeguarding people and quality monitoring systems.

# Is the service safe?

## Our findings

People told us that they felt safe whilst using the service. People's comments included "I feel that I am in safe hands" and "I am safe, staff look after me well. One person told us that they felt the security of the building was good as the front doors were locked early evening, anyone wishing enter after this time had to ring the bell, when the reception staff were not available.

Records relating to the assessment of people's needs and care planning for people were not always robust. Although people's care planning documents contained information stating that people needed to use bed rails and had moving and handling needs that required the use of a hoist these records lacked detail. For example, one person's care plan had a document titled "Bedside Risk Assessment" which stated "The client requires bedrails" for the reason of "safety" and the type of rail/device required stated "padded bed rails". There was no further information recorded as to how the assessment had taken place, what factors had been considered and how it had been determined that bed rails were required. Another person's care plan stated that they required support when transferring from their wheelchair. There was no further information available to demonstrate what risks had been considered during the assessment.

We recommend that the registered provider further develops their system for identifying and recording risk to people.

The registered provider had a policy and procedure in relation to safeguarding people. These documents gave guidance and information on what actions needed to be taken by staff in the event of abuse or suspected abuse. Staff told us that they completed safeguarding training annually and other senior staff had completed a two day course with the local authority in relation to safeguarding people. Training records demonstrated that the majority of staff had completed their annual safeguarding training. Staff were knowledgeable on what actions they needed to take if they felt a person was at risk of or had experienced abuse and all concerns needed to be reported to the local authority.

Information about how people could keep their personal effects safe was available within the service and was discussed during the welcome meeting at the start of people's stay. People were encouraged to keep their personal belonging safe: lockable drawers were available in each bedroom and people were encouraged to use the safe. All bedroom doors were lockable and keys provided to those who wished to have them.

Policies and procedures were in place for the safe management of people's medicines. For example, procedures were in place relating to acting on medicines errors and the use of homely remedies. A dedicated room was available within the service for the safe storage of people's medicines. Medicines were kept secure in locked cupboards and medicine trolleys. Fridges were available to store medicines that needed to be kept cool and a system was in place to record and monitor the temperature of the fridge to help ensure that the contents were stored appropriately. A small stock of medicine items were maintained, for example, needles use by people with diabetes. Staff explained that these items were available for use in the event of a person forgetting to bring them or running out during their stay, which occasionally happened.

A process was in place to assess any risk for people managing their own medicines during their stay at the service. The purpose of this assessment was to ensure that people wishing to manage their own medicines could do so safely. Lockable medication cabinets were available in each bedroom for those who were self-medicating.

Each person had a medication administration record (MAR) that detailed each item of their prescribed medication and the times they needed it administering. In addition, information relating to any known allergies and personal details were available with this information. We saw that the MARs had been completed appropriately. Checks were carried out each evening on people's medicines and the MARs to help ensure that people's medicines were managed safely. A further check of medicines was also included in the head of care's regular audits of the service.

During people's stay trips to places of interest were planned. To keep people as safe as possible risk assessments had been carried out in relation to locations visited. For example, a risk assessment had been completed in relation to people visiting and accessing a stately home and its grounds; shopping malls and museums. The risk assessment considered potential hazards for people relating to accessibility; bathroom facilities; uneven surfaces; parking; fire and emergencies. This meant that by assessing facilities at a location prior to visiting any risk for people during their visit were minimised.

People told us that they never had to wait long to get the attention of staff when they needed it. A team of nursing and care staff were on duty to meet the care and support needs of people. The number of staff on duty varied on a weekly basis depending on the number and needs of people using the service. Staff shifts varied throughout the day to ensure adequate support for people both within the service and those accessing the local community. Staff were also available throughout the night. In addition, to support the service domestic, administration and catering staff were on duty throughout the day. During the inspection, we observed that call bells were seen to be answered quickly and staff were readily available to support people with their needs.

A recruitment procedure was in place to ensure that a fair and consistent approach was taken when new staff were recruited. We looked at the recruitment files of four of the most recently recruited staff. Application forms had been completed and references had been applied for and received. Staff files also contained a record of interview questions and the interviewee's responses along with evidence of their identity. In addition, a Disclosure and Barring Service (DBS) check had been carried for each member of staff. Carrying out these checks minimises the risk of people being employed who are not suitable to work with vulnerable people.

The registered provider operated a residential volunteering programme. Volunteers generally worked at the service for one to two weeks throughout the year. However, at this service two long standing volunteers visited the service on a regular basis. During the week of our inspection there were 12 volunteers working at the service. There were three stages of support offered by the volunteers. The recruitment of volunteers for the service was carried out and managed by the registered providers head office. Once the appropriate checks had been completed, including a DBS when necessary, the Information was sent to the service from head office in relation to what volunteers would be joining the service and when. A senior member of staff, the duty manager had the role of co-ordinating the team of volunteers on a daily basis.

Monthly health and safety internal inspections took place. These inspections included the monitoring of and checks relating to fire safety; first aid; the environment; vehicles; outside areas; electrical equipment; food hygiene; personal protective equipment; the nurse call alarm system; water safety management; gas safety



and the control of substances hazardous to health. The monthly report from October 2016 had identified areas where action was required in relation to the annual seal strips required on doors and a review of the emergency lighting in place to ensure that all escape routes were sufficiently lit. Staff explained that following each health and safety report any areas of improvement identified would be scheduled to take place. A handy person was employed to carry out regular maintenance in and around the service and carry out checks to make sure the environment is safe. For example, regular checks were carried out in relation to the fire detection system, the call bell system and the swimming pool.

People told us that the service was always clean and welcoming and we found that the environment was clean and well maintained.

Stocks of personal protective equipment (PPE) were available throughout the service and they were used appropriately. For example, staff used disposable gloves and aprons when assisting people with personal care and when handling laundry.

## Is the service effective?

### Our findings

People told us that they enjoyed the food served and always had plenty to eat. People told us that they felt staff were trained to meet their needs. People's comments included "I love coming here" and "it's a great place". One person who had visited the service on a number of occasions told us that staff knew him well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation process for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). None of the people using the service had a DoLS in place.

Staff told us that none of the people using the service at the time of this inspection had any formal best interest decisions recorded. Care planning documents recorded information relating to people's ability to make a decision but this information was not clear. For example, one person's care plan stated "[Relative] still unsure if [Person] has a MCA in place is going to ask home where [Person] is at". This record demonstrated that up to date information about the individual's mental capacity under the MCA had not been sought, or that an assessment of their capacity, if required had been completed. Failure to obtain up to date information may result in people's rights not being protected under the MCA.

We recommend that the registered provider ensures at all times up to date information is sought in relation to people's status under the Mental Capacity Act 2005.

People told us that staff always asked for their consent when providing care and support and planning activities. We observed people being given choices and support in decision making. For example, people were asked where they wanted to go out to, what they wanted to wear and when planning a shopping trip what they were considering to buy. Staff were clear that their role involved seeking people's permission in all aspects of care and support.

Meals were served in a large dining room with tables set with table cloths, napkins, cutlery, glasses and condiments. People sat with volunteers to have their meals and it was very much a social occasion with people laughing and joking and using the time to plan what activities they wanted to do next.

People were happy with the choices of food offered to them at mealtimes and a menu was available on each dining table. People had a varied choice at each meal from snacks to a three course meal which was served each evening. People were asked for their menu choice at each meal and a vegetarian option was available at all mealtimes. People told us that there was always something to eat and they could take snacks for consumption in between meal time. People told us that there were always hot and cold drinks available. One person told us that staff gave them a call each morning and always brought them a cup of tea

"Which is always most welcome". During the evenings a bar was available for people to purchase soft and alcoholic drinks to have with their evening meal.

People using the service were registered with healthcare services local to their home address. In the event of a person requiring medical support during their stay, staff would make arrangements for an emergency local GP appointment to be made to ensure that people received the medical support they required. People in receipt of intermediate care services had access to their hospital support team for all of their healthcare needs. Intermediate care is when a person receives a period of care and rehabilitation that is delivered by both health and social care services. For example, people visited the hospital for appointment with their consultants. Occupational therapists and physiotherapists visited people at the service to support their recovery.

Staff told us that they felt the training they received enabled to them to carry out their roles safely. Each year the service closes for a week in January. During this week, staff undertake update training for their role. Records demonstrated that staff had received training in areas including moving and handling, infection control, health and safety, safeguarding, fire safety, medicines and food hygiene. Other training undertaken by staff was tailored to the needs of people who used the service for example: driver training, training from the local spinal unit and in October 2016 a number of staff had completed training in wound management.

Staff received regular support from their manager to carry out their role. Staff said that they were able to approach senior staff whenever they needed for advice and support, in addition to meeting on a 1:1 basis to discuss their role. Records confirmed that staff had received 1:1 supervision with their line manager periodically. Monthly staff meetings took place. The minutes of the recent meeting demonstrated that areas of discussion had included complaints, safeguarding, confidentiality, preparing people's bedrooms for the evening and parking.

The environment was spacious and met the needs of the people who used it. Bedrooms were located on the ground and first floor of the building and were accessible by two large passenger lifts. Ramped entrances were available to both floor from the outside of the building for easy access. The service had recently purchased equipment to support people with a high body mass index. For example, beds, hoists and shower chairs were available to support people requiring larger pieces of equipment for comfortable and safe care.

## Is the service caring?

### Our findings

People told us that staff and volunteers were very caring. Their comments included "Everyone is very caring", "Nothing is too much trouble" and "Everyone is great, very caring". One person told us that this was their second visit to the service. They explained that when they first visited they had brought their own personal assistant with them to support their care needs. This was because they were unsure of whether the staff would meet their needs in the way they wanted. They told us that in this, their second visit they had come without their personal assistant as during their previous stay they had seen how caring and supportive the staff were.

One person who was in receipt of intermediate care services told us that they were "Very impressed" by the caring nature of both staff and volunteers. They spoke about one particular volunteer who had a "fantastic awareness of people's communication needs and wishes" and that they "Understood the different needs of individuals".

Throughout our visits we found a relaxed, friendly and calm atmosphere. People were often seen in groups chatting over a drink. People were not rushed and people were enjoying their break. It was evident in the short time of people staying at the service positive relationships had been formed. Lots of laughter and joking took place between people, staff and volunteers.

Many situations were seen in which staff and volunteers supported people with their communication in a respectful manner. For example, staff and volunteers listened intently when communicating with people who used facial expressions along with a selection of words to communicate. Some people utilised computerised communication aids and were given time to participate in conversations. At all times staff and volunteers sat and maintained eye contact when conversing with people.

People told us that they were always treated in a manner that respected their privacy and dignity. Staff always knocked on bedroom and bathroom doors and waited to be invited in. One person told us that staff always made sure that they were covered whilst delivering personal care to "Protect my modesty".

People told us that staff always encouraged them to maintain as much independence as possible, but were always available to offer assistance when needed. One person gave an example of staff always ensuring that their wheelchair was always in the right position by their bed. They told us "Staff always ask if it's in the right position for me, they understand how important it is for me to maintain my independence". Another person told us that they had been asked if they preferred sheets and blankets or a duvet on their bed. They told us that this was really important to them as they liked what they liked for a comfortable night's sleep.

Where people had expressed that their personal care was delivered by a specific gender of staff this was recorded in their care plan. In addition, people's preference of how they wished to be addressed was also recorded. This information helped ensure that people were supported in a manner that they felt most comfortable with. People confirmed that they were supported by staff of a gender of their choice.

People's cultural and spiritual needs were sought when planning their care. People spoken with told us that they did not wish to attend any religious services during their stay. Staff confirmed that if requested people were supported to attend local Anglican, Roman Catholic and Methodist churches, in addition to Synagogue and Mosque services.

On arrival at the service people's clothing and personal effects were listed by a member of staff. These lists included all of the items people had brought for their stay. The night before a person departed from the service their personal effects and clothing was packed. Staff explained that this procedure had been developed to ensure that people's clothing and personal effects were all accounted for prior to their departure.

People had access to a guest directory that contained information about the service. For example, information relating to the service, bedrooms, amenities, entertainment and the service's statement of purpose. Information that detailed the standards and facilities that people should expect during their stay.

People's personal records and care planning documents were kept in a lockable office to protect people's confidentiality. Computerised records were password protected and staff only had access to records relevant to their role. This helped maintain people's privacy and protected confidential information.

People's care planning documents gave the opportunity to record if people had a 'do not attempt resuscitation' (DNACPR) order in place which had been authorised by their GP. These are put in place where people have chosen not to be resuscitated or in cases where they cannot make this decision themselves, where a GP and other individuals with legal authority have made this decision in a person's best interests.

## Is the service responsive?

### Our findings

People told us that they felt that the staff team understood their needs and supported them well. People said that they had a choice of activities and there was always something to do. Three people told us that they had chosen not to go on a trip out as they had decided to go shopping in Southport instead.

People described the service they received as excellent. They felt that all of their needs were being met and that they had the opportunity to develop new friendships.

Prior to their stay at the service people completed a booking form with the registered provider's head office. This process helped identify any equipment or dietary needs the person may have along with their specific care needs and wishes. This information was then sent to the service. Prior to the person staying at the service a nurse contacted the person and /or their family member/carer if appropriate to complete an 'Activities of Daily Living Assessment'. This assessment gives the opportunity to briefly record people's important information about the needs of the person. For example, medical history, mobility, communication, eating and drinking, washing and dressing, safety, sleeping and checks required through the night, sexuality and any other needs identified.

Where the Activities of Daily Living Assessment identified specific needs an extended care plan was developed. This document gave the opportunity to enter a photograph of the person and record observations, goals and interventions needed to ensure that people received the care and support they required. The information and level of detail contained in people's extended care plans was not consistent. Information for some people detailed what support they required. For example, one person's care plan for nutrition stated "[Person] needs to be reminded to chew food properly and their mouth needs to be checked before the next mouthful. Ask [Person] if they need help with food or whether they can manage. [Person] has a history of choking". Another care plan for a person who was able to voice the support they needed stated "[Person] prefers a bath. He likes the assistance of two staff with personal care and dressing". However, other people's care plans did not contain sufficient information to ensure their care was delivered safely. For example, one person's care plan stated "Encourage [Person] to feed himself, he will need assistance at times", the care plan failed to demonstrate what actual assistance would be needed and when. Another entry stated "[Person] medical condition could induce challenging behaviours", however, there was no further information as to what these behaviours were and how the person needed to be supported when they challenged the service.

Care planning documents failed on occasions to demonstrate how a person needed to be supported to promote safe effective care. For example, we saw terms such as "prompting", "encouraging" and "assistance" were used in detailing what care people required. There was no further information on occasions to demonstrate how a person needed assistance, prompting and encouraging. One person care plan stated that they required a thickening agent added to their drinks to enable them to drink safely. The care plan stated "[Person] needs [product] in drinks – 1 scoop". The information failed to consider the differing sizes of cups in use within the service. Failure to maintain detailed records relating to people care needs put people at risk of not receiving the care and support they require.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to plan effective care and treatment for people.

People in receipt of intermediate care services had a detailed care plan that had been devised by their hospital care team. Care delivered was recorded along with all other support received by the individual. For example, when a physiotherapist had visited to carry out exercises with people.

Support offered and delivered to people was recorded on the electronic recording system. Staff demonstrated that they updated the system throughout the day to maintain an accurate record was maintained for people.

The service offered themed weeks throughout the year. The week of the inspection was youth week when people generally between the ages of 18 to 40 got together. The following week was dedicated to music. Several people we spoke with had visited previously. One person told us that been four times and "Loved it". Three people told us that they had visited once previously and had enjoyed it that much they had returned.

We saw that plans for trips out were flexible and staff listened to people's suggestions. Evening entertainment was provided in the lounge bar area after dinner and people were preparing for a Halloween party one evening. These preparations included making lanterns out of pumpkins. People, with the support of staff were seen designing their own individual lantern with one person using the internet to get ideas for their design. Others were seen to use the swimming pool with lots of fun and laughter taking place with the staff supporting them. Everyone told us that they really enjoy using the pool.

In addition to staff and volunteers supporting people on trips out and around the local community an activities co-ordinator was employed to facilitate activities with the service.

People told us that they knew who to speak to if they were unhappy about the service or had a complaint to raise. A formal complaints procedure in place that was available at the service and in the 'guest directory' that people had access to. In addition, a verbal complaints procedure was in place. A set form was available for completion when a verbal complaint was made. The form gave the opportunity to record the name of complainant, the date, the location, brief outline of the complaint. We saw evidence that response letters had been sent to people who had raised complaints, however, there were no records of the actual complaint investigation or the outcome of the investigation and any action taken as a result.

## Is the service well-led?

### Our findings

A registered manager was in post. Staff were positive about the leadership of the service and felt well supported by the registered manager.

Records relating to people's care planning and assessment of risk were not always effective. This was because the records failed to demonstrate in sufficient detail how risks to people's specific needs and wishes had been considered. People's specific needs were not always recorded in sufficient detail to fully demonstrate what support a person needed. Records stated that people needed encouraging and supporting at times, however, no information was recorded as to what support was required.

People's needs under the Mental Capacity Act were not recorded in sufficient detail. Records failed to document specific decisions and failed to demonstrate that decisions made had been done so by individuals' with the legal authority to do so.

Records relating to complaints required improvement. Information was recorded in relation to complaints and we saw evidence of letters written in response to complaints. However, no records had been maintained of complaint investigations to demonstrate the process of the investigation or how the outcome of the investigation had been determined.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to maintain appropriate records for the care and treatment delivered to people and to demonstrate that effective systems were in place to identify and assess risks to individuals.

A number of internal audits took place at the service to monitor the quality of service that people received. These audits considered medicines procedures, health and safety and care planning. However, these audits had failed to identify that improvements were needed in relation to process of recording people assessed needs and how people's needs were to be met.

Records relating to the management of the service were entered onto a computerised recording system that was monitored by the registered providers head office.

We recommend that the registered provider reviews their internal auditing procedures to ensure that all aspects of care planning and assessments are considered during the auditing process.

The registered provider had a system in place for the recording and monitoring of accidents and incidents that occurred within the service. Staff were able to give examples of changes that had been made to the service following the monitoring of incidents. For example, a clothing and personal effects list was now completed when people arrived at the service. The purpose of this list was to ensure that all items people brought with them could be checked and accounted for when the person left the service. Staff explained that this process had been introduced following previous incidents in which people's personal effects could



not be accounted for.

The registered provider sought the views of people who used the service. Following a person visiting they were asked to complete a survey about their stay. A summary of people's feedback regarding the service between February and October 2016 demonstrated that people had rated their experience overall as excellent or good. Areas of improvement identified by people were value for money, excursions and entertainment. Information gained through this process assisted the registered provider in monitoring the service from an operational level and in planning for future improvements.

The registered provider had in place a set of policies and procedures relating to the service. Policies and procedures support staff with decision making and delegation because they provide guidelines on what staff can and cannot do and what decisions they can make. At the time of this inspection the registered provider was in the process of reviewing all of the policies and procedures in place within the service and the associated recording tools in use. The purpose of this review was to ensure all guidance and processes in place were in line with current best practice and guidance.

By law services are required to notify the Care Quality Commission of significant events. Our records showed that the registered provider had informed the Commission of notifiable events in a timely manner. The Commission reviews all notifiable events to make sure that appropriate action has been taken to mitigate any further risks to people and to decide if any further action is required.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to maintain appropriate records for the care and treatment delivered to people and to demonstrate that effective systems were in place to identify and assess risks to individuals.
Treatment of disease, disorder or injury	