

Mrs M Mather-Franks

# The Conifers Residential Care Home

## Inspection report

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Date of inspection visit: 15 April 2015  
Date of publication: 22/05/2015

### 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?

Good



Is the service well-led?

Requires improvement



### Overall summary

The Conifers Residential Care Home provides personal care and accommodation for up to 12 people who have learning disabilities. The home is located in a residential area of Rushden.

The inspection took place on 15 April 2015.

The service had a registered manager. 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.

At our previous inspection on 26 September 2014, we found that there were not always suitable arrangements in place to ensure that staff received appropriate training to enable them to deliver care safely. This was a breach of

# Summary of findings

Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also found that people who used the service were not protected from the risks of unsafe care because the registered manager did not identify, assess or manage risks. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements to staff training and quality assurance systems and to inform us when this was complete.

During this inspection we looked at these areas to see whether or not improvements had been made and we found that the provider was now meeting these regulations. However we also found that the home's infection control procedure was not appropriately followed. Appropriate standards of cleanliness and hygiene of the environment were not maintained within the home.

We also found that records were not consistently well maintained in order to prevent people from the risks of unsafe care.

People told us that they felt safe and were protected by staff providing their care.

Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents.

Risks to people's safety had been assessed and provided staff with guidance to protect and promote people's independence.

Staff numbers were based upon the amount of care that people required, in conjunction with their assessed dependency levels.

Robust recruitment policies and procedures were followed to ensure that staff were suitable to work with people.

Safe systems and processes in place for the administration, storage and recording of medicines.

People were supported by staff that had been provided with appropriate knowledge and skills to carry out their roles and responsibilities.

Staff knew how to protect people who were unable to make decisions for themselves. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink.

People's health was monitored, so that appropriate referrals to health professionals could be made.

Staff were caring and ensured that people's privacy and dignity was respected at all times. They enabled people to make choices about their care and daily lives.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

The service had an effective complaints procedure in place. Staff were responsive to people's concerns and when issues were raised these were acted upon promptly.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always used as effectively as they could have been.

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?

The service was not always safe.

People were put at risk because cleanliness and hygiene standards had not been maintained consistently.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were risk management plans in place to promote people's safety.

Safe recruitment procedures were in place and staff rotas were organised to ensure people received support which met their needs.

There were systems in place in respect of medicines to ensure that people's medicines were managed safely.

**Requires improvement**



### Is the service effective?

The service was not always effective.

People were not always protected against the risks associated with unsafe or unsuitable premises by means of suitable design and layout.

Staff had received appropriate training and development and were knowledgeable about the specific needs of the people in their care.

People's consent to care and support was sought in line with current legislation. Where people were not able to make decisions about their care, decisions were made in their best interest.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff were respectful to people and were mindful of people's privacy and dignity when supporting them with their care needs.

**Good**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

Care plans were reviewed on a regular basis and where appropriate, changes incorporated into them.

People were supported to do the things they wanted to do and a range of activities in the home were organised in line with people's preferences.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

## Is the service well-led?

The service was not always well-led.

Records were not consistently well maintained in order to prevent people from the risks of unsafe care.

The service had a registered manager in place and benefitted from consistent leadership.

Staff told us that they were listened to and felt able to raise any concerns or questions that they had about the service

Systems were in place to monitor the quality of the service provided to people.

**Requires improvement**



# The Conifers Residential Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 15 April 2015 and was unannounced.

The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that some recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to

the local authority to investigate and for incidents of serious injuries or events that stop the service. We contacted the local authority that commissioned the service to obtain their views.

We spoke with 4 people and observed five others, in order to gain their views about the quality of the service provided. Some people communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with three care staff and the registered manager, to determine whether the service had robust quality systems in place. We reviewed the care records of five people who used the service, to determine if they met their care needs and the recruitment and training records of five members of staff.

# Is the service safe?

## Our findings

People were always not protected from the risks of infection. Although one person told us they were happy with the cleanliness of the home, not everybody was able to comment on this because of the complex nature of their needs. We found that some areas of the premises had not been appropriately cleaned. For example, in two toilets, the air vents were covered in dust and the flooring was dirty. In an upstairs shower room, there were areas of grouting around the bottom of the shower unit and sink that required resealing. In the kitchen, we found an area of flooring that was unsealed and as a result part was a potential trap for dirt and food debris. The paintwork on skirting boards in six bedrooms and along communal corridors was covered in dust and the sealant around most sinks in people's bedrooms required resealing. We brought this to the attention of the registered manager who informed us that the flooring in the kitchen was due to be repaired and that the other identified areas would be addressed as part of on-going maintenance.

The registered manager told us that staff cleaned the home on a daily basis. We found that although records indicated that daily cleaning took place, infection control audits that had been completed did not identify the issues that we found.

This demonstrated that the cleaning system in place was not appropriately maintained. Therefore, people were not protected against the risk of acquiring a healthcare associated infection.

This is a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living in the home and knew who to speak with if they had a concern about their welfare. One person said, "I do feel safe here, yes I do." Another person gave us the thumbs up sign when asked if they felt secure within the home.

Staff told us that they worked hard to keep people safe and considered that this was an important part of their role. They demonstrated that they understood the lines of reporting within the organisation. One staff member said, "I know what to do if needed and would not hesitate to do it." Another member of staff told us, "I would report things to the manager but know that I could come to CQC or the

local authority as well." Staff were confident that any allegations would be fully investigated. The registered manager confirmed that the outcome of safeguarding investigations was fed-back to staff in meetings, to support future learning and help them understand where safeguarding issues have arisen. People's care records showed that safeguarding concerns had been referred to the local authority for investigation when required.

Safeguarding policies were displayed at the service and was accessible to people and their relatives. One person showed us the safeguarding information displayed on the noticeboard which contained contact details for the local authority and were in a format that people could understand. There were systems in place to protect people from abuse and to keep them free from harm.

The registered manager told us that staff took appropriate action following incidents. We found that incidents were recorded and where appropriate reported to organisations including CQC and local authorities. Action had been taken by staff to minimise the risk of incidents happening again so that people could be kept safe.

Risks to people's safety had been assessed and included those associated with behaviour that challenged, nutrition and more specific conditions, such as epilepsy. Staff said that risk assessments were helpful in identifying how to keep people safe and reduce possible risks. The registered manager told us that risk assessments were in the process of being reviewed to make them more person centred. We found they were generally up to date, although some had not been reviewed since January 2015. They helped staff to determine the support people needed if they had a sudden change of condition or experienced an increased risk.

We saw that people's furniture was positioned to create ample space in their bedrooms, however within the service we found that a number of rugs were present which were potentially trip hazards for people. We spoke with the registered manager about this and they told us that they would move them to maintain people's safety within the home.

The registered manager told us that the service had current plans in place for actions to take in emergencies, such as during a fire. Each person had a specific Personal Emergency Evacuation Plan (PEEP). This detailed their current individual needs, such as mobility issues and any required action to take to support that person. We

## Is the service safe?

confirmed with the registered manager that staff knew the correct actions to take should this be required in the event of an emergency and observed from their conversations with people that they had a good working knowledge of how to act in an emergency situation. The service also had contingency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak. We saw that there emergency telephone numbers displayed in the service which was accessible to staff should they be required.

Staff underwent an effective recruitment process before they started to work at the service. We found that the provider carried out staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People told us they thought there was enough staff on duty. One person said, "I always get to go out when I want. There is enough staff here." We spoke with staff who told us that they felt there were generally enough staff to meet people's needs and help keep them safe. One member of staff told us, "When there is three staff on duty then there are enough of us. It helps when the manager is working as well." We were also told, "We are busy, especially first thing in the morning, but I think there are enough of us."

We spoke with the registered manager who told us that the staffing levels were calculated on people's dependency levels. The registered manager explained that the current staffing levels were three care staff in the morning, three in the afternoon and one waking night staff. Staff worked split shifts to accommodate peak times of day and support people to get up and ready for their day and then returned to the service when people came back from their activity. The registered manager told us that 'bank' staff employed by the organisation could be called at short notice when needed. Records confirmed staff replacements were provided when permanent staff were unavailable due to training or other reasons. Staffing levels were reviewed regularly and adjusted when people's needs changed. The numbers of staff were sufficient to meet people's needs.

People told us they received their medicines on time and were supported by staff to take their medicines safely. Staff told us that they administered medication to people in accordance with their prescription. One said, "We have all the training to make sure we administer things safely." We observed that people received their medicines on time and that staff administered as required medication when they asked for them. Staff had been trained in the safe handling of medicines and ensured that people received their medicines as prescribed. We saw evidence that people's medicines had been reviewed by the GP on a regular basis. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed.



# Is the service effective?

## Our findings

During our previous inspection on 26 September 2014, some staff had not been provided with appropriate training so they could deliver suitable care to people. We found that two members of staff who worked alone on night duty had not been trained in the administration of medication, including buccal midazolam. The registered person did not have suitable arrangements in place to ensure that staff received appropriate training to enable them to deliver care safely. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we found that the provider was now meeting this regulation. Staff had received training that was relevant to the needs of the people they supported and cared for. Most people living in the home were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with what they needed. However, one person told us, “They know how to help me.” We observed through their actions that staff understood how to meet people’s needs and use the training they had received to provide appropriate care and support for people.

Staff told us they had received training on a range of subjects relevant to the needs of people living in the service. They said that they received the appropriate training to perform their roles and meet people’s needs. One staff member said, “Yes we have training and I think it helps us to do what we need to.” The registered manager told us that some staff had commenced Qualification Credit Framework (QCF) at Level 4 and training records we reviewed confirmed this. We found that staff had received on-going training in a variety of subjects that included manual handling, infection control, medication and safeguarding adults. Although there were a few gaps in the training records, the registered manager assured us that staff had been booked on for training at the next available opportunity. They acknowledged that there was still room for improvement within staff training and told us that that this would be addressed through discussing training with staff members to identify their training requirements.

New staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. One staff member told us they had shadowed a more senior person for two

weeks which helped them to understand people’s needs and to get to know them before they began to work independently. All new staff received induction training, which included training on health and safety, fire safety, and medication, along with relevant training to ensure that they could meet people’s assessed needs.

Staff described how they discussed their training needs with the registered manager as part of supervision sessions. They said that they could request additional support or training if they did not feel confident to provide a care task they were asked to perform. Staff told us they found the sessions helpful and that they helped them to evaluate their skills and feel supported. The staff members we spoke with also told us that if they had any problems or questions between supervisions they did not have to wait until their next supervision meeting, but could go to the registered manager at any time, as they were very approachable and always willing to help. We spoke with the registered manager who told us that staff supervision meetings took place every couple of months and that all staff received an annual appraisal. Although we found that some supervisions were not up to date, records we reviewed confirmed that the registered manager was working to achieve more regular formal supervisions.

During this inspection we found that some areas of the premises were not well maintained and required attention to ensure people’s safety. We observed that some of the paintwork in people’s rooms required attention, with a patch of discolouration and bubbled wallpaper behind one person’s bed. Wall paper was peeling off behind the sink in one person’s room and in other rooms; we found that some wardrobes had no cupboard doors or drawer fronts which had fallen off. The registered manager told us that a maintenance plan had been put in place, which included some re-decoration to communal areas and some bedrooms within the service, so that these areas would be addressed in the near future.

People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, “They always ask me first.” We observed that staff obtained people’s consent before assisting them with care and support, on the day of our inspection, with one staff member asking if they could help someone to get ready to



## Is the service effective?

go out for the day. Staff and the registered manager were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity had been assessed and found that appropriate documentation was in place, although in some cases this required updating. We discussed this with the registered manager who told us that they would ensure that all documentation was reviewed and updated with immediate effect. The registered manager also confirmed that applications had been submitted in respect of DoLS for people and the records we reviewed confirmed this.

People were regularly offered food and drinks and told us that if they were hungry they could get snacks in between meal times. One person told us, "The food is good. I can have what I want." Staff understood that that it was

important to ensure that people received adequate nutritional intake. Menus were planned in advance and staff told us that a different meal was available for people every day. People were encouraged to select their choice of meal with staff and if they did not want what was on offer, a range of alternatives were available. The menu was displayed on notice boards with other notices and information. It included varied meals and was in picture format to make it accessible for people.

People had access to health services and their care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. Staff were very knowledgeable about people's health needs and demonstrated this through their discussions. The care plans we looked at showed that people had attended hospital and GP appointments and had received visits from a range of professionals, including a social worker and dietician. People received on-going support from healthcare professionals in line with their needs.

# Is the service caring?

## Our findings

People were happy with the care and support provided and told us that staff were kind and caring. One person said, “I really like staff, they all look after me.” Another person nodded and smiled when we asked if they were happy. Staff confirmed that they enjoyed supporting people and valued the relationships they had built. One staff member said, “I really enjoy working here.” Caring relationships were developed between staff and the people who used the service.

There was a homely atmosphere in the service and it was apparent that people felt like it was their own home. They had the freedom to go where they liked in the service and were relaxed and content, in the presence of staff. On arrival one person was pleased to welcome us into the service; they smiled and said, “Hello.” The same person was very keen to speak to us and enjoyed telling us about what they were going to do for the day and how they liked the service. On arrival we observed that people gained reassurance from being close to staff, who reacted positively, chatting about daily routines and things that were of concern. Support was provided in a kind and calm way and people were open and trusting of staff and shared a joke. One staff member said, “There is no point if we cannot make sure people have the best, we are here for them.” Our observations demonstrated that staff had positive relationships with the people they supported.

Staff told us it was important to write in the daily notes in real time, so that they remained an accurate record of anything that had taken place. We observed them spending time with people when writing records, so that they could communicate with people and ensure they

captured correct information, for example about what people had eaten. People’s care plans contained information that included details about the person’s background, their preferences, what was important to them and how they wanted to be supported. The registered manager told us that all the people living in the home had a summary of their care plan in a format that they could understand, including people with communication and sensory needs. The records we reviewed confirmed this.

People were treated with dignity and respect. People told us that the way in which staff talked to them, made them feel they were respected and ensured their dignity was maintained. Staff had a clear understanding of the role they played to make sure this was respected. They explained how they knocked on people’s doors before entering their bedrooms and always supported them in a private area, for example, their bedroom. Throughout the inspection people’s privacy and dignity were respected. Topics including dignity were discussed at staff meetings to ensure that issues were addressed and key messages communicated to the staff team.

Relatives were generally involved in the care of people and acted on their behalf. Access to advocacy services was however available to people if this was needed and information was accessible for both people and staff on how to obtain this. People were therefore supported to be aware of advocacy services which were available to them if required.

People told us that there were no restrictions on visiting hours and that there were private areas of the service where family members or friends could visit. One person told us, “A visitor can come whenever they want to.” Staff and the registered manager confirmed this was the case.

# Is the service responsive?

## Our findings

Staff told us that people's needs were reviewed and any changes were reflected in their care records. However, four of the five records we reviewed had not been updated since January 2015. The registered manager was aware that this was an issue and told us that care plans should be evaluated on a monthly basis. It was not clear if people, and where appropriate, their family were involved in compiling and reviewing the care plans to make sure their views were represented.

From our discussions with the registered manager we noted that the care records had been identified as requiring updating and were in a state of transition, being updated and reviewed to ensure they were more person centred and in a format that could be understood by people living at the service. The registered manager acknowledged that changes needed to be made but confirmed that these would make it easier for people to be involved in the process and ensure their views were fully captured within the records.

Due to some people's complex needs they were not able to comment on whether an assessment of their needs had been carried out before they came to stay in the home. One person told us, "I am not sure but staff know what I need." The registered manager confirmed that any new admission was always assessed to determine if their needs could be met and whether they would be suitable with the mix of current people within the service. The records we reviewed evidenced that pre assessments had taken place and that information obtained from this process had been used to develop each person's care plan. People and their relatives, had also provided information about themselves so that staff would know how to support them. People therefore received care and support from staff which took account of their wishes and preferences.

People had been asked about their individual preferences and interests and whether any improvements could be made to the delivery of care, through reviews of their care. Staff ensured they were content with the care they received, through key worker sessions with them, house meetings and general conversations. They took time to talk with people about what they wanted and what their

individual needs were. Staff and the registered manager understood what people liked and enjoyed and were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart.

Staff told us that care plans enabled them to understand people's care needs and to deliver their support appropriately. We looked at care plans for five people and saw they contained information about people's health and social care needs. The plans were individualised and relevant to each person. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was guidance for staff on how people liked their care to be given and descriptions of people's daily routines.

Staff also kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being.

People told us that staff responded swiftly to their needs when they changed and always made sure that care was person centred, according to their needs. We observed one person talking with staff about what they wanted to achieve over the week. This made them feel empowered them to make independent decisions about their care.

People told us they had access to a range of activities which suited their individual interests. Some people attended a day centre on the day of our inspection and another told us they were going to work. Each person had an individual activity schedule and we found that these included access to additional activities in the evenings and weekends if this was a preferred option. Activity ideas included cinema visits, theatre trips and attending social clubs. One person who remained in the service on the day of our inspection was going to be supported to go for a walk to enjoy the nice weather. Whilst they were in the service, staff offered them a choice of activity to engage in, based upon their preferences recorded within their care records.

The registered manager told us that resident's meetings took place. Topics discussed included the home and food. We observed that people were supported by staff to express their views by the use pictures and key words to participate in these meetings and provide feedback about the service.

## Is the service responsive?

People told us that they had no complaints at all. They said they could speak with staff if they had any worries or concerns. Relatives and visitors also told us that they had not had to use the complaints procedure but were aware of how to complain and were confident that their complaint would be taken seriously. Staff told us that they always documented any concerns raised with them from people who used the service or visitors. We saw that there was information displayed about how complaints would be dealt with. The registered manager showed us documentation that supported the complaints

investigation process and confirmed that any issues raised were used to help the staff improve the service. We saw that the registered manager took concerns seriously and documented anything that was raised with staff so that it was apparent how an investigation had been conducted. There was an effective complaints procedure in place and we saw clear records of complaints, investigations and their outcomes were held on file. It was evident that people knew how to make complaints and could be assured they would be acted on appropriately.

# Is the service well-led?

## Our findings

During our previous inspection on 26 September 2014, we found that the provider did not have an effective system to assess and monitor the quality of service that people received or capture their feedback to make service improvements. Despite audit checks on various aspects of the service we found that two people had been placed at significant risk as a result of the staff on duty not being trained to administer their prescribed medication. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we found that the provider was now meeting this regulation although they acknowledged that their audit systems and processes could still be more effective. The registered manager told us that a range of audits had been carried out on areas which included health and safety, care plans, and medication and the records we viewed confirmed this. It was evident that improvements had been made within this area and that quality monitoring was taking place on a regular basis. However, we found that some of the audits did not always identify where action should be taken. Despite regular infection control audits being completed, some of the issues we had identified had not been assessed as an issue. Therefore, the systems in place were not always used as effectively as they could have been. We found that the provider undertook regular visits to the service and were told that the registered manager and provider would work together to ensure the audit systems were more robust in identifying issues.

During our discussions with staff and the registered manager it was apparent that there were issues in respect of the updating of care records and risk assessments so that they were reflective of people's current needs. We spoke with staff about the care of one person; they were able to tell us about the care they provided because they had become accustomed to it through providing it on a daily basis. We found that although the service reacted to changes in people's needs, the care documentation we looked at had not always been consistently completed. The information staff relied upon to deliver appropriate care to meet people's needs was not always current. We discussed this with the registered manager who advised that they knew that care records needed to be updated.

People told us they knew who the registered manager was and felt comfortable talking to them. One person told us that the registered manager took action when they raised issues and was always kind. We saw that the registered manager addressed all people by their preferred name, as detailed within their records, which demonstrated that they knew the people using the service. Staff told us that the registered manager was approachable and very supportive; they said they felt happy to speak with her both openly and in confidence. One member of staff said, "I have no concerns about speaking with the manager." We found that the registered manager was supported by the provider and the two worked in conjunction with each other in the running of the home.

All the staff we spoke with told us that they felt supported and understood their individual roles and responsibilities. They said that the registered manager had an 'Open Door Policy' and they could talk to her at any time. We spoke to one member of staff who had recently completed their induction. They told us that the registered manager had supported them throughout and had made them feel welcome and comfortable. We saw that staff received one to one supervisions and also attended staff meetings to discuss matters that affected the running of the home, being able to contribute ideas and ways to improve and develop the service.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the home were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

The registered manager told us that incidents were recorded and monitored appropriately and that action was taken to reduce the risk of further incidents. The information CQC held showed that we received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

From our conversations with staff and the registered manager, it was evident that the staff team understood the challenges they faced in driving future improvement. They confirmed that they wanted to work together for the benefit of the people who lived at the service but knew that there were areas they could improve upon. The registered

## Is the service well-led?

manager told us that they were aware that both the record keeping and some of the audit checks could be better than they were and that they intended to work upon improving these for the benefit of the people they supported.

Staff and the registered manager told us how they assessed and monitored the quality of the service provided within

the home. We saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed very positive responses and meant that the service worked well, and listened to people's feedback.

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	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>There were no effective systems in place to manage and monitor the prevention and control of infection or ensure that the premises and equipment used was safe and cleaned to an appropriate standard.</p> <p>This relates to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>