Care Homes UK Ltd

# Haven Lodge

## Inspection report

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## Ratings

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

## Overall summary

This inspection took place on 1 & 4 June 2015 and was unannounced. At the last inspection in May 2013 we found the provider was meeting the regulations we looked at.

Haven Lodge is a care home registered to provide personal care and accommodation for up to 32 older people. 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 this inspection we found people were generally happy with the care they received. People felt staff were caring. We saw people received good support during the inspection and enjoyed the company of staff.

# Summary of findings

People told us they felt safe and didn't have any concerns about the care they received. However, there was a risk to people's safety because safeguarding procedures were not always followed.

Some incidents between people who used the service had not been reported to the appropriate agencies. Other safeguarding incidents were reported and staff had a good understanding of safeguarding processes that were relevant to them. Medicines were not always managed consistently and safely.

People made day to day decisions such as choosing when to get up and go to bed. However, the provider did not always meet legal requirements because they were not robustly checking people were consenting to care and treatment. People's care was not always planned to meet their individual needs and preferences. Care records did not sufficiently guide staff on people's care.

People enjoyed a range of social activities and had good experiences at mealtimes. People's health needs were met.

The provider had increased staffing numbers to help ensure there were enough staff to keep people safe. In the main, robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff felt supported but the arrangements for supervising and appraising staff required improvement to ensure staff development was reviewed and training needs were identified.

Systems for checking that people received safe quality care were not always effective. People told us they would feel comfortable raising concerns or complaints. People provided positive feedback about the registered manager.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this 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 safe.

People told us they felt safe but the provider was not working within safeguarding guidance.

People were not protected against the risks associated with the unsafe management of medicines.

People lived in a clean and safe environment.

**Inadequate**

**Is the service effective?**
The service was not always effective.

Staff said they felt well supported, however, the provision of supervision and appraisal required improvement to ensure staff development was reviewed and training needs were identified.

Staff understood the principles of the Mental Capacity Act 2005 but were not always operating within the legal framework.

People were offered a varied and well balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy.

**Requires improvement**

**Is the service caring?**
The service was caring.

People told us they were generally well cared for. They enjoyed the company of staff.

People looked well cared for and were comfortable in their home.

Staff understood how to treat people with dignity and respect and were confident people received good care.

**Good**

**Is the service responsive?**
The service was not always responsive to people's needs.

People did not always receive care that was planned to meet their individual needs and preferences. Care records did not sufficiently guide staff on people's care.

There was opportunity for people to be involved in a range of activities.

People felt confident raising concerns. Complains would be responded to appropriately.

**Requires improvement**

# Summary of findings

**Is the service well-led?**

The service was not consistently well led.

The provider and management team monitored the service but this was not always effective; areas to improve were not always highlighted through the auditing processes.

People spoke positively about the registered manager.

**Requires improvement**

# Haven Lodge

**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 1 and 4 June 2015 and was unannounced. There were 31 people staying at the home when we visited. An adult social care inspector and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in older people services.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

When we visited the service, we spoke with 11 people living at the home, five visiting relatives, nine staff which included care workers, senior care workers, ancillary staff, an activity worker and the registered manager. We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at six people's care plan records.

Inadequate

# Is the service safe?

## Our findings

When we asked people if they felt safe everyone we spoke with said they did. One person said, "I feel very safe and looked after." Another person said, "I feel quite safe here; they look after me well." A visiting relative said, "Yes, we feel comfortable in leaving her here." Another visiting relative said, "I think so, everything seems to be ok."

We spoke with staff and the management team about safeguarding people from abuse. Staff were confident people were safe and if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of the safeguarding processes that were relevant to them, could identify types of abuse and knew what to do if they witnessed any incidents. Staff were aware the provider had a whistleblowing policy and knew who to contact if they wanted to report any concerns.

Staff we spoke with told us they had completed safeguarding training. Staff records confirmed all staff had received safeguarding training and regular updates. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

The registered manager told us they had no on-going safeguarding cases at the time of our inspection. A 'safeguarding file' was maintained. This contained reports that related to previous cases and showed where certain types of abuse had occurred prompt action was taken. The registered manager had referred these incidents to the local authority safeguarding team and notified the Care Quality Commission (CQC) appropriately and in a timely manner.

However, we saw from other records and discussions with the registered manager and staff that safeguarding incidents had occurred between people who lived at the service. These were not reported to the local safeguarding authority or the Care Quality Commission (CQC). We could not establish from looking at the records what was always happening in the home. The registered manager told us incident forms and behaviour monitoring forms should be completed when any incident occurred between people at the home, and this included both verbal and physical abuse. However, the registered manager and staff we spoke with said there had been some recent incidents but they were unable to locate the relevant records. The last entry on one person's behaviour monitoring chart was written at the end of March 2015 but staff confirmed more recent incidents had occurred.

Where incidents were recorded we found the provider did not always follow their safeguarding procedure. One incident report stated staff had heard a person shout out and when they went to assist, they found them on the floor. Another person told staff they had hit them. Staff had calmed the situation; however, they had not reported this to the local safeguarding team and had not reported it to CQC. We concluded safeguarding procedures were not followed which meant the provider was not working within safeguarding guidance. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the systems in place for managing medicines in the home and found that appropriate arrangements for the safe handling of medicines were not in place. During the inspection we looked at Medication Administration Records (MARs), stock and other records for five people living at the home and found errors, discrepancies and/or concerns for every person who was having their medicines administered by staff at the home.

Some people were prescribed medicines to be taken only 'when required' e.g. painkillers that needed to be given with regard to the individual needs and preferences of the person. There was little or no information for staff to follow to enable them to support people to take these medicines correctly and consistently, For example, we saw two people were prescribed paracetamol and they could take one or two tablets. However, there was no information to help staff understand why the person required the medicine or decide when they should have one or two tablets.

We observed staff administering medicines at lunch time. People were given water with their medicines and the senior care worker ensured people had taken their medicines appropriately. However, they recorded one person refused their prescribed painkillers before they had asked them; these were not offered. We looked at the person's MARs for the previous month and saw staff had always recorded 'refused' at lunchtime and administered the painkillers at breakfast, tea-time and bedtime. The instruction was one or two tablets up to four times a day when needed. The person did not have any guidance to

help staff understand why the person required the medicine or decide when they should have it. Even though staff said the person was refusing their medication at lunch time, a mental capacity assessment stated the person 'would not be able to make decisions about 'medication matters'.

It was not possible to account for all medicines, as staff had not always accurately recorded when medicines had been administered or when new stock was delivered. We looked at one person's stock of painkillers and noted this did not correspond with the amount of medicines that had been signed for on the medication administration records (MARs). We looked at another person's medicines, which is used to treat a variety of mental health problems and found their stock balance was incorrect.

The provider's medicine policy stated that the MAR must be signed only by the person who administered the medication and if creams are applied by a care assistant, that person must sign for administration. We found this was not happening because senior care workers were signing the MARs but care assistants were often applying creams and lotions. We found the MARs were sometimes signed incorrectly. Staff had signed to say a gel for relieving pain had been applied every day for the previous month, however, when we asked to look at the stock it was unavailable and had not been available for the previous month. A different type of gel was stored in the person's room but had not been prescribed for at least a month. We could not establish if this was being used.

The provider's medicine policy stated where a person had creams and lotions applied, a topical medication application record (TMAR) would be completed and a code should be used on the MAR to indicate this. The home was not using TMARs so were not following the policy. The provider's policy also stated a transdermal patch application record (TPAR) must be completed, which will evidence removal as well as application of patches. The site of administration of patches should be rotated and recorded on the TPAR. The home was not using TPARs so were not following the policy. We found the provider was failing to administer medicines safely and in a way that meets individual needs, which placed the health and wellbeing of people living at the home at serious risk of harm. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a number of systems in place to manage risk. We looked at a range of records that showed checks were completed to make sure people lived in a clean and safe environment. Fire drills and fire tests were carried out regularly. We saw an up to date electrical wiring and gas safety certificate. People had a personal emergency evacuation plan (PEEP) that identified the assistance they would require in the event of an emergency evacuation. The registered manager had carried out audits to make sure the home was clean and hygienic.

People walked freely around different areas of the home. To enter and exit the home, people had to use a key pad security control; this was in place to help keep people safe. We observed staff using moving and handling techniques to transfer people safely. We saw staff giving encouragement and lots of reassurance which made people feel safe. We also saw staff being vigilant when hot drinks were being served.

People told us, generally, there was enough staff on duty. One person said, "I don't have to wait for them to answer the call bell. I just press it and they are there." They told us this happened both during the day and at night. They told us there had been some delay in getting them up on the day of our visit but were not concerned about this. A visiting relative said, "There always seems to be plenty of staff around." Another visiting relative told us they did not feel there were enough staff as they were asked to accompany their relative to hospital following an accident.

During our inspection staff were visible and regularly checked to make sure people were safe. People received appropriate support from staff and did not have to wait long if they wanted assistance. We observed staff working together and when two staff were required to assist enough staff were available.

The registered manager informed us they had reviewed the staffing levels and had increased the number of staff on duty during the day from five care workers/senior care workers to six. They were also increasing the ratio of senior care workers to ensure appropriate numbers of suitable staff were available. We looked at the staffing rotas for the previous two weeks and noted that they still had a number of shifts where only five care staff were on duty. The registered manager said they were recruiting staff to ensure

Inadequate

# Is the service safe?

there were enough, suitable staff available to cover the extra shifts. Staff told us the staffing levels were safe and felt having six care staff during the day helped ensure people received care in a timely way.

The home generally followed safe recruitment practices. We looked at the recruitment records for three members of staff and found checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. The provider's recruitment policy stated that a health check must be carried out as part of the recruitment process, however, this was not completed for one member of staff who had recently been recruited. The registered manager agreed to follow this up and ensure all relevant checks were completed in future.

Requires improvement

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A person is assumed to have capacity unless it has been determined under the Mental Capacity Act 2005 that they do not. If it is determined a person lacks capacity to make a decision about their medication, a 'Best Interests' decision should be made. DoLS protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive. The registered manager told us they had sent two Deprivation of Liberty Safeguards (DoLS) applications to the local authority and were waiting for the outcome of these; they were also in the process of reviewing people's capacity assessments and determining whether further applications needed to be made.

The registered manager and staff understood people who used the service or relevant others had to consent to their care and treatment, and where people did not have the capacity to make a specific decision these had to be made in the person's best interests. They understood the legal framework in which the home had to operate to secure a valid DoLS authorisation. However, we saw examples where they were not operating within the legal framework.

One person was given their medicines covertly (hidden in food) without their knowledge and/or consent. Best practice guidance states that covert administration only takes place in the context of legal and best practice frameworks to protect both the person who is receiving the medicines and the care home staff involved in administering the medicines. We found this was not happening. There was no instruction available for staff to follow in order to support the person to take their medicines safely. There was no information as to the circumstances in which covert administration should be considered or which medicines should be included. There was no mental capacity assessment to determine whether the person had the capacity to understand the implications of refusing medication. A health professional had agreed that the medicine could be given covertly but there was no 'Best Interest' decision recorded.

We looked at the person's MAR for the period before covert administration commenced and saw the person was taking their medication on a regular basis; occasionally the MAR indicated they had refused. We spoke with a senior care worker who explained the person had taken their usual medicines without any problem but they had been refusing to take an antibiotic capsule that was prescribed. At the time of the inspection, the course of antibiotics had finished and the person was still receiving all their medicines covertly. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person was clearly unhappy about restrictions placed on them because they were at risk from choking. They shared their concerns with us during our inspection. Staff and the registered manager said the person voiced this view on a regular basis but it was not always recorded in the daily communication record. The person's care plan identified the risks and dietary guidance for staff to follow. However, the person's wishes and preferences were not taken into consideration. The registered manager said they believed the person understood the risk and had the capacity to make a decision about their diet but was concerned about the level of risk. We also noted another person was voicing strong views because they didn't want to stay at the home. They discussed with us at the inspection. Again this was not accurately reflected in their daily notes and there was no information to show how they were considering the person's preferences. The provider did not enable and support relevant persons' to make or participate in making decision about the care and treatment to the maximum extent possible. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before we finished our inspection visit, the registered manager had started involving other professionals to help address the concerns raised in relation to consent being sought in line with legislation and guidance.

When we asked people if staff had the knowledge and skills to carry out their job effectively we received positive responses. One person said, "Oh yes, they are very good. They are always careful when moving people about." A visiting relative said, "Yes, they are never aggressive or abrupt with the residents or indeed with us, they always have time for you." Another visiting relative said, "Yes, I have never heard them be 'off' with anyone." Two members of staff were mentioned by name as being "genuine people".

Staff we spoke with said they felt well supported and were able to ask for advice from the registered manager and raise concerns at any time. One member of staff said

Requires improvement

# Is the service effective?

sometimes they didn't feel listened to. We looked at a supervision and appraisal matrix which showed staff had received support but this was not as often as they should, which was every two months. The registered manager said they were increasing the number of senior staff and the assistant manager was increasing the hours they worked at the home, which would enable them to provide supervision on a more regular basis.

Staff said they had completed training and were happy with the quality of training provided. They said the mandatory areas they had to cover were up to date. On the day of the inspection two staff were attending training sessions; the day after the inspection the registered manager was meeting with a representative from a university to see how they could link into a training package relating to dementia care.

We looked at the training matrix which identified the type and frequency of training, however, it also showed that some training was out of date, which was highlighted in red. For example, five staff were marked as required to complete infection control; 11 were required to complete health and safety; 11 were required to complete food hygiene. We discussed the training requirements with the registered manager who said training was planned and the additional management support would ensure future training updates would be completed within the recommended timescales.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People we spoke with were complimentary about the food. One person said, "The food is good and there is a mixture of stuff to eat." Another person said, "All the meals are lovely, and they give you a choice." Another person said, "Breakfast is good, I had cereals and eggs on toast today." We asked one person about their experience at teatime and they said, "There is soup or sandwiches and crisps; whatever you want really. Everything we have to eat here is very nice."

A visiting relative told us their relative was "fed very well" and "really enjoyed the food". Staff told us there was always a choice at meal times although one member of staff felt the tea time meals were repetitive.

A choice of drinks and snacks were available throughout the day. During the morning people were offered tea, coffee, biscuits and fruit. One person said, "I like water to drink." A member of staff responded, "I know you do, here it is." One person said, "You can have Ovaltine or something like that in the evening."

We observed lunch which was well organised and a pleasant experience for people. In the dining room, tables had tablecloths, condiments and a small posy of artificial flowers. People were offered blackcurrant or orange juice. Some people decided to eat their lunch in the lounge or their own room; staff kept checking they were enjoying their meal and offered support when needed.

We looked at the menus which were detailed and showed people were offered a balanced and healthy diet. At breakfast people could choose from a selection of cereal, toast or/and a full English breakfast. At teatime a hot and cold option was provided. The main meal was at midday and on the first day of the inspection people could choose from shepherd's pie or lamb casserole. The meals served looked and smelled appetising.

People's healthcare needs were met. People told us they did not have any problem accessing health professionals. A visiting relative said, "They always call the doctor if they need one." Another visiting relative said, "They call an ambulance if there is a fall and then let you know by phone so you can go with them if you want to." When we asked another relative about contacting health professionals they replied, "They are spot on with that; they are always good in that way."

On the day of the inspection a health professional was visiting. They told us the staff were helpful when they visited the home. We looked at people's care plans and these contained information about visits from healthcare professionals, for example GPs, district nurses and chiropody.

Good

# Is the service caring?

## Our findings

People we spoke with were generally positive about the care they received. We spoke with a small group of people who used the service and they told us "all the staff are lovely, they are kind". One person said, "Although I missed the hairdresser last week, when I have a bath the girls will wash my hair and put rollers in it for me. They really care." Another person said, "I have been coming here for eight years on respite care, and am now here for good. I wouldn't have wanted to do that if it wasn't a really nice place." One person said, "Most of the staff are caring, most of them are very kind." Another person said, "All the staff are lovely. Some of them are sometimes a bit sharp, but I don't blame them because they have a lot on."

We spoke with five visiting relatives who told us they were free to visit the home at any time and made to feel welcome. They all felt the staff were caring and would answer any questions regarding their relative and the care provided.

Throughout the day there was a relaxed atmosphere. Staff knew the people they were supporting well. We observed care in communal areas and saw people received good support and enjoyed the company of staff. There was a pleasant community spirit. One person was still in their room so others were asking staff if the person was ok. They were reassured by staff and advised they would be joining them shortly. Staff were helpful, polite and caring when they provided assistance.

People could make day to day decisions, for example, choosing when they got up and went to bed, clothing they wore and where to spend their time. At lunch time we saw people were asked if they wanted to wear protective aprons. One person said, "No, I don't want that on." And they were not given one. People were asked what they would like to eat and drink. One person didn't want either of the menu options. They said, "I would rather have a salad." We saw during lunch they were enjoying a full salad.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Staff we spoke with told us people were well cared for and said there were arrangements in place to make sure people received appropriate care. One member of staff said, "It's a fantastic home and focused on looking after everyone who lives here." Another member of staff said, "It is genuinely caring." Staff talked to us about the importance of offering people choice and treating people with respect. They told us how they maintained people's privacy and dignity when assisting with intimate care.

We noted information was displayed in the home to help people understand their care. This included information about the home and what people should do if they were unhappy about their care.

Requires improvement

# Is the service responsive?

## Our findings

The registered manager told us they were in the process of reviewing the care records because they had identified through auditing processes that people's care and support needs were not always assessed and plans did not always identify how care should be delivered. They explained the evaluation process was not always effective. We saw the provider had carried out a monitoring visit and recorded that some care plans were lacking information and needed more detail. The registered manager said five people's care plans had been updated. When we looked at the care planning process, we also found aspects of people's care was not assessed, planned and delivered appropriately.

We looked at a range of assessments which showed some risks to people were identified and managed, however some risks were not so people were not protected. Each person's care file contained a range of assessments such as falls, pressure care and nutrition. We looked at one person's nutritional assessment which stated they were low risk but when we totalled the score we found there was a medium risk which should trigger a different response. The care plan stated staff should prompt the person and observe at meal times but there was no reference to providing a high calorie diet. Their risk assessment stated they were at risk of pressure sores, however, there was no information recorded about how the risk would be managed. We asked what pressure relieving equipment the person was using but were informed they did not have any. The registered manager agreed to follow up our concerns and ensure appropriate action was taken.

We looked at one person's care plan who had recently moved into the home on a short term basis. An initial assessment had been carried out but their needs had changed after they had moved into the home, however, the care plan was not updated.

Care plan evaluations were recorded monthly but staff had often recorded the same each month. For example, one person's care plan stated they would not remember to use their call bell if they needed assistance. The care plan had been evaluated monthly and stated the same 'staff to make it clear to [name of person] about using her call bell'. There was no information to show how this was being monitored.

None of the plans we reviewed showed that people had been involved in planning or evaluating their care. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had been encouraged to share information about their history to help staff get to know them. Family members had been asked to complete a document called 'my life before you knew me'. We looked at two people's 'my life documents which provided good detail. People talked to us about activities in the home and said they were encouraged to engage in different activity sessions. We observed people joining in a group session after lunch. One person said, "We have dominoes on a Monday and then on Thursday we play bingo." Another person said, "Someone comes and takes me to church every Sunday, and I really like that." One person showed us a photograph from a local newspaper of people linked to the home raising money to maintain a war memorial. They appeared to be very proud of the home's achievement. Another person said they had their hair done every week when the hairdresser visited the home.

An activity worker was employed five days a week. Although they were not working at the time of the inspection, they called at the home and discussed the activity programme, which included quizzes and a fortnightly tea dance. They also discussed trips out to the theatre, the local pub and an outing planned to Mablethorpe in the next month. People provided very positive feedback about the activity worker and described her as "wonderful" and said "she will do anything for you."

People told us they talked to the staff if they had any concerns. Visiting relatives we spoke with said they knew how to complain or express their concerns. Two visiting relatives said they had raised concerns and these had been dealt with appropriately. Another visitor said she had only had to mention 'something relatively minor' to the staff in regard to her mother, but that she was happy with the outcome.

The complaints procedure was displayed in the foyer of the home; leaflets were also available. The procedure identified how people could complain if they were unhappy about their care; other agency contact details were also provided if people were not satisfied with the outcome.

Requires improvement

# Is the service responsive?

We looked at how the service managed complaints. Two complaints had been made in the last 12 months; these had been documented and investigated, and appropriate actions had been taken to address concerns. The staff we spoke with told us they had not dealt with any complaints but would report any concerns or complaints made by people who lived at the home to the registered manager. They all felt confident that the manager would deal with any issues appropriately.

Requires improvement

# Is the service well-led?

## Our findings

We received generally positive feedback about the management team at the home. The registered manager was mentioned positively a number of times by staff, people who used the service and visitors. A visiting relative said, “She is very, very good.” The registered manager oversaw the care given and talked to us about plans to improve the service, which they felt would be effectively implemented because additional management support was being provided. There had been an increase in senior staff and the assistant manager was going to be working at the home on a full time basis.

The provider had taken action to improve the environment which included replacing carpets and decorating some areas of the home. The registered manager said the environmental work was continuing. At the time of the inspection the home did not have showering facilities so people could only have a bath. The registered manager said they were in the process of getting quotes and were looking at converting one of the existing bathrooms to a ‘wet room’.

Visiting relatives responded positively when we asked about the culture of the home. One person said, “Yes it is definitely positive. You can ring up anytime to ask questions and people will give you answers where they can.” People were complimentary about the laundry service which was described as “excellent”.

The provider carried out monitoring visits and produced a report of their findings. The manager also produced a weekly report which was sent to the provider and identified key events such as admissions and discharges, staff issues and environmental issues. Audits were also carried out to help establish whether the systems in place were working effectively. We saw they completed medication, care plan, infection control and environmental audits. These identified a number of areas where the service should improve and it was evident that some points had been actioned. However, they had not identified a number of issues that were highlighted during the inspection such as discrepancies with medicines, and lack of accurate records to monitor people’s health and wellbeing.

Even though, in the main, we received positive feedback some people felt they were not very involved in the running of the home. People said they had not attended any meetings to discuss the service. A resident/family meeting was held in February 2015 where fundraising and forthcoming events were discussed. No other topics were recorded and no other meeting minutes were available.

We asked to look at feedback about the service. The registered manager said surveys were given out in January 2015. We looked at returned surveys but found there were only four completed by residents/relatives. These were positive and people had indicated they were very satisfied or satisfied with nearly all aspects of the service. One health professional survey was returned and this was also positive.

We looked at staff surveys. Thirty two staff names were included on the rota; nine had been returned. The results were not analysed. Everyone had said they enjoyed their job and had their duties clearly defined. They also felt health and safety at work was provided for. Five said staff morale was good; three said it was average; one said it was poor. Staff had attended regular meetings and discussed a range of topics, which included care planning, record keeping, Mental Capacity Act, making decisions, safeguarding and appraisals.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>Care and treatment was not appropriate and did not meet people's needs. The registered person did not fulfil their duty by carrying out, collaboratively an assessment of the needs and preferences for care and treatment. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br>Care and treatment was not provided with the consent of the relevant persons. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Care and support was not provided in a safe way for service users. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The registered person did not have suitable arrangements to ensure people were safeguarded against the risk of abuse. |

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Action we have told the provider to take

| | |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services. |