Brenan House Residential Home

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Inspection report

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Ratings

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

Overall summary

This inspection took place on 09 and 12 October 2015 and was unannounced.

Brenan House is a large Victorian building situated in front of a tree lined square, and provides care and accommodation to up to 16 older people. There is a courtyard garden to the rear of the building. The home offers residential accommodation over three floors with two lounges, one upstairs on the first floor and one on the ground floor with an adjoining conservatory that leads out to the courtyard. The first floor lounge and conservatory have tables for dining. There is a shaft lift for people to access all floors. The home is suitable for people with some mobility difficulties although there is limited space for people who need large pieces of equipment. There are eight single and four double

Summary of findings

bedrooms. Seven of the bedrooms have an en-suite toilet/washroom. The home has one bathroom and one shower room. At the time of the inspection 16 people were living in the home.

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

People and their relatives talked about their decision to move into the home. People said they had been concerned about giving up their independence and coming into a care home. A relative said, "We were so glad to find this home. The manager was so welcoming and reassured us. Now we know that when we leave X, she is safe." Peoples' needs were assessed before they moved in and this information was used to develop a care plan. Not all care plans were up to date to show when peoples' needs had changed.

Although the registered manager kept their skills and knowledge up to date this was not always reflected in the care that was provided to people in the home. Audits and checks had not always picked up improvements that were needed. Following a quality audit by the Local Authority recommendations for improvements to the service had been made and the registered manager had started to address these but the regsisterd manager had not picked these issues up previously. This included improvements to fire safety and evacuation procedures and care planning.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection no DoLS authorisations had been applied for. Some people were at risk of having their liberty restricted and the registered manager was seeking advice about this. People using the service needed to have their mental capacity assessed to make sure consideration was given to any possible restrictions to their freedom. Not all mental capacity assessments had been completed to assess how people were involved in planning their care.

People said staff were very busy but were kind and considerate when giving care. Our observations suggested that the staffing levels needed to be reviewed. Staff were polite and took their time with people when giving care but there were long periods of time when people were left unattended. There was a call bell system but people relied on calling staff as they went past if they were in the lounge or conservatory because there were no call points accessible in these areas. The registered manager said that the call bells in each person's bedroom were detachable, so they could take them with them to other parts of the home and said that from now on they would make sure that this happened.

Staff said that they were able to access training and could talk to the registered manager if they wanted to discuss anything including concerns or their development. There was no regular system of supervision and appraisal in place which was discussed with the registered manager as an area for improvement.

The registered manager demonstrated a commitment to the development of the staff and provided a variety of training to give the staff the skills they needed for their role.

Some people said there was some flexibility in the routines of the day and they could get up and go to bed when they preferred, but most comments suggested that generally the routines were organised on a turn taking basis and people fitted in as time allowed. People said the staff had got to know them and they had the opportunity to let staff know their preferred way of being supported. Some people commented they tried to maintain as much independence as possible. Some people said they had mobility aids to get around the home and one person said, "I try to do as much for myself as I can."

People said the home was a friendly, family style home. A person commented, "It's as good as it can be as it's not your own home." People's friends and relatives said they visited any time and felt welcomed. Various activities were organised each day and people joined in when they wanted to or watched what was happening around them. Some people preferred to stay in their rooms most of the time and others liked to be in the lounges. A party was organised around Christmas time each year to give people the opportunity to all get together with friends and relatives at the home and to meet everyone.

Summary of findings

People were supported to keep well and healthy and if they became unwell the staff responded in a timely way and made sure that people accessed the appropriate services. Visiting health professionals including district nurses and doctors were involved in supporting people's health and wellbeing as needed. Some people had lived locally and maintained the services including the same doctor's surgery that they had always had. One of the rooms had been made into a treatment room so that if people required treatment, for example, dressings from a district nurse, this was given in private. Peoples' medicines were managed safely.

Some people preferred to stay in their room and this was respected. One person said, " I do go downstairs sometimes but like to be in my room most of the time."

People were complimentary of the food in the home and visitors were offered refreshments when they were in the home too. People said they were able to choose what they ate and there was always plenty. If people were not eating or drinking enough their food and fluid intake was monitored.

People said they felt safe in the home. Staff showed a reasonable understanding of different forms of abuse and knew what to do if they witnessed or suspected abuse. Risks to people were assessed and the manager was updating the risk assessments. The complaints procedure was displayed and people knew if thy complained it would be investigated and resolved.

Some improvements had been made to the environment and there was an on-going plan to make sure the improvements continued. Checks on the equipment and the environment were carried out and emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

We found a number of breaches 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.

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?

Requires improvement

The service was safe.

People were kept safe from harm and abuse. The culture in the home protected people from discrimination.

Risk assessments were being reviewed. These assessments were designed so that people had the support they needed and were protected from avoidable harm.

There was a stable staff team who had got to know people well. The staffing level was based on a recognised dependency assessment tool. This tool added hours up for tasks but did not include time that may be needed for each person to meet their individual needs. These additional hours also needed to be assessed to provide a true reflection of the staff time needed to make sure care was person centred.

There was a good recruitment process and safety checks were carried out as part of this to make sure only staff who were suitable were employed.

People were supported to take their medicines safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

The registered manager had not always made sure the requirements of the Mental Capacity Act 2005 were met in respect of people making decisions about receiving care and treatment.

Some people's care and support needs meant that their liberty was restricted. The registered manager had not ensured that relevant applications in relation to Deprivation of Liberty Safeguards office had been submitted to the statutory authority.

Staff were trained and had a good knowledge of each person's care and support needs. Staff did not receive regular one to one supervision and appraisal meetings.

People's health and wellbeing was supported by regular visits from healthcare professionals.

Mealtimes could be social occasions or people could eat in privacy. People were supported to eat a healthy varied diet and at their own pace.

The premises were suitable for the needs of the people using the service

Is the service caring?

Requires improvement

The service was caring.

Summary of findings

The service tended towards task led care instead of person centred care and this was an area for improvement.

Staff communicated effectively with people and treated them with kindness and compassion.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

Staff listened to what people wanted when delivering their care but their care plans were not all up to date and person centred.

A variety of activities were organised to entertain people. Individual activities were an area that needed developing to meet individual needs.

The staff sought feedback from people and their representatives about the overall quality of the service. People and relatives said that the registered manager and staff listened to them and responded to their wishes. Complaints were addressed promptly and appropriately.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

Records were not fully completed or consistently maintained in respect of some aspects of people's needs and the care provided.

Quality monitoring systems were in place but did not always identify the shortfalls in the service and record how improvements would be made to improve the service.

Staff told us that they felt supported by the manager and that there was an open family style culture in the home.

Brenan House Residential 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 unannounced inspection took place on 9 and 12 October and was carried out by two inspectors.

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During the inspection we looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at four staff files, four people's assessments of needs and care plans and observed to check how staff interacted with people and how their care was given. We also looked at the quality assurance information including surveys, the records of building and equipment safety checks, training plan and records and medication administration records. We had a look round the home including the kitchen and food storage.

We spoke with 11 people who lived in the service and five of their relatives to gather their feedback. We also spoke with the owners (one of whom is the registered manager), three members of staff and two community health professionals involved in people's care and treatment.

We last inspected Brenan House Residential Home in June 2013 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

In discussions with people about how they felt about living in the home all agreed they felt safe and many people commented, "I feel safe." A person said, "The girls are really good." A visiting relative said, "We were really worried about X when they were in their own home but now we know they are in safe hands."

Staff showed a reasonable awareness and understanding of different forms of abuse and essentially knew what to do if they witnessed or suspected abuse but there was some confusion. This was an area for improvement. There was a clear policy in the home for staff to follow that included reporting to external agencies like the police or social services. Training in safeguarding was provided to all new staff and the registered manager was organising refresher courses for the whole staff team to keep everybody up to date. Staff were aware of the whistle blowing policy and knew how to blow the whistle on poor practice to agencies outside the organisation.

Relatives visiting people at the time of the inspection said there was an open, family style culture in the home. People were protected from discrimination. Some people became confused or needed more support to help them to understand things and to manage their mental wellbeing and they were supported with this.

Risks to people's wellbeing had been assessed by the manager. These were recorded within each person's care plan. The registered manager was reviewing them as part of the overall care plan reviews that she was undertaking. At the time of the inspection the manager was about half way through the reviews. Individual risk assessments included: risk of skin breakdown for people with limited mobility, not having enough to eat and drink, risks to be considered when people were managing their own medicines and using mobility equipment. Where risks had been identified, for example, if people were unsteady on their feet and at risk of falling, the support needed to prevent unnecessary accidents had been arranged. Staff were given guidelines to follow so that people were protected as far as possible without their freedom and independence being restricted. Equipment was provided, for example, some people had a pressure sensor on their bed that alerted staff that they were getting out of bed in the night. The staff could then go and help each person go to get up when they wanted to go.

Staff reported accidents and incidents to the manager who was responsible for making sure appropriate action had been taken to reduce the risk of accidents happening again. All accidents and incidents were reported to external agencies as required and recorded on an 'Episode Log' which was kept in each person's care plan folder. The reports were analysed by the registered manager periodically to check for any patterns and trends so that they could be addressed and they could learn from any mistakes.

Health and safety audits of the environment and equipment were carried out by one of the owner's regularly to make sure people were safe in the home.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. The registered manager had recently updated the emergency procedure and compiled a grab folder of all necessary information in the case of an emergency. Each person had a personal emergency evacuation plan (PEEP) and specialised equipment had been purchased to be used in an emergency. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in an emergency. Another building was available for people to be accommodated in if they needed to be evacuated from the home.

People who stayed in their rooms during the day said they called staff when they needed them using their call bell and they did not have to wait long for them to arrive. We looked at the duty rotas and spent some time in the lounges and observed the care people received from the staff. People were complimentary of the staff. There were several comments about how busy the staff were. For example one comment, "The staff don't have much time to talk to us but they are always kind. They are just so busy." People told us that they waited for staff to come into the lounge and then they asked them for what they needed. We spent a period of time in the downstairs lounge where most people were and for most of the time there were no staff in there. People did not have access to a call bell as the point was too far away for them to reach. People had portable lanyard call bells but these were all in people's bedrooms. The registered manager said that she would make sure people had their call bells on them from now on.

Requires improvement

Is the service safe?

The registered manager was in the process of working through a new assessment tool to check the staffing levels needed. There were two care staff on duty day and night to look after 16 people. Care staff completed caring duties only and were supported by catering, housekeeping and maintenance staff. Since moving into the home some of the people's needs had changed. Some people had developed mental health needs and physical illness that made them more frail and in need of a higher level of staff support. The registered manager was reviewing the staffing levels to see where increased support was needed.

The registered manager was on call and was available out of hours to give advice and support. If she was unavailable senior staff were on call. Staff did not go off sick very often. Staff in other roles, for example the housekeeper, were trained so that they could step into the caring role and cover unexpected absence at short notice. The registered manager also covered staff shortfalls when needed.

There was a stable staff team. Many of the staff had worked in the home since or very shortly after it had opened. There was a clear recruitment procedure. Written references were obtained and checks were carried out to make sure staff were of good character and suitable to work with people. The registered manager said, "There is a low turnover of staff. Staff seem to decide quickly whether they like working here and leave quickly if they don't or stay for years."

Medicines were managed safely. People said they were happy with the way their medicines were managed and said they were glad to hand the responsibility over to the staff. People did have the opportunity to manage their own medicines if they chose to but at the time of the inspection no one had chosen to do this. Staff were considerate when giving out medicines and allowed people to take their time, making sure they had taken their tablets before returning to the medication trolley.

All medicines were stored safely in lockable cabinets and trolleys. Medicines were labelled clearly on the container and tablets and creams were kept separately. There was a medicines fridge for medicines that needed to be stored at a prescribed temperature.

Records were clearly completed and there was information for the staff about the prescribed medicines they were handling. The relevant instructions were highlighted in the record sheets to assist staff. Senior staff gave out the medicines but all staff had received medication training, so that they were all aware of what to check for. The manager carried out audits to make sure there were no mistakes and the prescribing pharmacist visited the home to provide training and carried out an annual audit. All medicines that were no longer needed were disposed of safely.

Requires improvement

Is the service effective?

Our findings

People said they enjoyed the food and there was always plenty. They said they were always given choices and could choose where they ate their meals. People commented, "The food is excellent. We always get a choice of two or three main courses and they ask us every day what we would like." One of the staff commented, "The owner doesn't skimp on quality of food. It is always good."

The registered manager discussed the potential restrictions that had been considered with regard to deprivation of liberty safeguards (DoLS), for example, the use of the front door key pad. There were some restrictions in place with the aim of protecting people, for example, one person needed a walking frame to get about. Staff had put their walking frame out of reach because they were wanting to make sure they always had staff support when using it due to risk of falls. However, the person was unable to call staff as the call bell was out of reach and there were periods of time when there were no staff available for them to ask. Some people could not go out when they wanted to because they needed staff support, so could only go when staff were available or when a relative visited to take them out. No DoLS applications had been made for any people at this time and the registered manager was seeking further advice with regard to this.

Some people had full capacity to consent to their care and support arrangements, including restrictions, and had consented to them. The home was not set up for people with dementia, however some people had become confused or developed dementia since living in the home. There was no system in place to check whether people who had limited or intermitent capacity had consented to their care and support including care that restricted or deprived of them of their liberty. There were no mental capacity assessments in place for people to make sure they were given the support they needed to make decisions that were in their best interests. Some of the staff were unclear about their responsibilities under the Mental Capacity Act 2005 and training in this was being organised by the registered manager.

The registered manager was aware that this needed to be addressed and was in the process of updating the care plans to reflect this but further work was required to meet this regulation.

The provider had failed to act in accordance with the Mental capacity Act 2005. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11.

New staff received induction training. This training was designed to be carried out during a three month probation period for new staff. We found that the paperwork was incomplete so it did not reflect how much of the induction training had been given. The service was run as a small family home and much of the communication between the staff team was verbal. Staff knew the needs of the people they were supporting well, so there was no obvious impact on people to suggest that this was a problem. The induction was based on a care system purchased by the owners and followed CQC's original but outdated Essential Standards, which the owners were planning to update in line with the new regulations. New staff shadowed experienced staff when they first started working and were additional to the numbers needed to provide the day to day care. Staff attended face to face training during their induction period and continued to work closely with other staff until they were signed off as competent.

There was an incomplete supervision timetable and two members of staff told us that they did not have formal supervision but both said that they could always talk to the registered manager. Communication in the home, including staff development, was mostly verbal. We talked to the registered manager about carrying out supervision and appraisal in a more structured way and recording these. This was an area for improvement.

The registered manager provided essential training through an external training provider so that staff had the skills and knowledge they needed to provide care to people. The owners were signed up to Skills for Care, a government agency who provide induction and other training to social care staff so they were kept informed of what was available. There was an ongoing programme of training which included face to face event training, practical in house training, on line training and distance learning. The manager explained that they organised blocks of each training session over a two day period so that all staff could attend around their working hours. This meant that staff were all able to attend the training planned without reducing the care provided to people. Staff had completed training in first aid, moving and handling, food hygiene, infection control and dementia awareness. All senior staff

Requires improvement

Is the service effective?

had achieved a vocational qualification in care to level three. Staff had spent time with people and got to know them well. People said staff knew their preferences and were confident that the staff were competent and knew what they were doing.

Staff said there was good communication within the team. Any changes to people's care and support that had been assessed and discussed with the manager, was passed to the team at the shift handover meetings, so that the staff team knew to read the changes in the care plan.

The manager and staff had a clear understanding of people's care and health needs. They were able to explain how they supported people to keep as healthy as possible. When any concerns were identified this was reported to the manager or shift leader and health care professionals were involved.

People were able to choose to stay with their local surgery or register with one of the local surgeries if that was more practical. Some people said they had lived all their lives locally and their doctor knew them very well. People were supported to attend the surgery or their doctor was called out when needed.

People said they were looked after well and maintained their health. District Nurses visited regularly, supporting people with skin conditions and other health conditions. People were provided with the equipment they needed, including airwave mattresses and cushions to protect their skin and help keep them comfortable. One person said, "The staff do very well because I can't walk at all or move from this chair. They always put cream on me. I have no sores and have never had any."

People were very complimentary about the food provided. The cook went round to everybody asking them what they would like to eat shortly before the mealtimes. Staff talked about how they made sure people had enough to eat and drink. Staff monitored how much people were eating and drinking. They said that they regularly checked that people had drinks. Staff checked people's weight and adjusted their diets as needed, for example adding cream to a person's porridge if they had lost weight. One of the senior care staff explained, "We support some people who need help to eat. I tend to take the lead with those that I know are more vulnerable." There was a serving area in the downstairs lounge. People were able to make their own drinks if they wanted to. When people had visitors they were offered drinks too.

Requires improvement

Is the service caring?

Our findings

People described the home as warm and friendly and several people said, "It's like a family here." A person commented, "It's super to live here. I've lived here for about a year and am very happy, and the staff are all kind."

Staff treated people with kindness and compassion but the care tended to be task led rather than person centred. People said the staff were kind and respectful but tended to be very busy. When we spent some time in the lounge we could see that staff were attentive but were often in other parts of the home which left many people unattended. People did not have access to the call bell system in the lounges and conservatory. People said that if they wanted staff they just called them but we observed that this was difficult when staff were out of the room. However, we spoke to a person in their room and they said, "When I press my call bell for staff they always come quickly." We found that the person did not have to wait long when they called for assistance. People were helped to go to the toilet and their privacy was respected. When staff described the care given they talked about the tasks they completed. Staff were very busy moving from one person to another to provide their care and responding to requests from people. Organising the staffing and routines in the home so that care can be provided in a person centred way was an area for improvement.

Staff and relatives told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they

wished. Staff were welcoming and polite and spent time updating people about their relatives. Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other.

People were supported to make choices. They told us that staff always offered them choices such as what they wanted to eat or wear. People chose where they wished to be in the service, either in their room or the communal lounges. People said they were supported to go out into the courtyard when the weather was good. One person commented how much they enjoyed watching the trees and the wildlife out of the window. People said the staff listened to them. A person commented, "If I want anything special I just ask the staff and they get it for me. I can't fault them in any way."

People were encouraged to stay as independent as possible. The cook said that she encouraged people to help in the kitchen if they wanted to. One person liked to help in the kitchen with the washing up and putting away. Staff knew what people could do for themselves and how much support they needed. A person commented, "The staff are nice. They have to help me with everything. The staff help me to be independent with the things that I can do for myself." Another person commented, "I can still get around by myself and I'll keep doing that for as long as possible."

People were supported to continue with their religious beliefs and were supported to attend their church if they wanted to. Visits from local church priests/vicars from different denominations were arranged if people wanted this. People found comfort in this and were able to keep in touch with friends and maintain their social life.

People were treated with dignity and their privacy was respected. People could have their doors shut and staff would knock and gain permission before entering. There was a room that was used for hair dressing and treatments so that these could be offered in private. People could receive visitors in private if they wished and meetings discussing people's personal information were held in private. Care staff attended to people's laundry and people said they had no complaints with this. The registered manager said some people liked to help hang the washing on the line in the fine weather.

Requires improvement

Is the service responsive?

Our findings

People and their visitors talked about their decision to move into the home and the activities. They said they spoke to the registered manager while she was assessing their needs and found her approachable.

Each person's needs had been assessed before they moved into the service to make sure the home would be suitable to meet their needs. People and their relatives were involved in the assessments, which continued when they had moved in and were reviewed if any of their needs changed. Support was provided from community services to assist if needed. People were reassessed by social services if the home was unable to meet their needs appropriately.

Some people said that staff had got to know them and that they went along with the routines of the home. Some visitors said they had been able to have conversations with the manager that related to the care of their relative. But people and their relatives were unaware of their written care plans.

The registered manager explained that she talked to people and their relatives when planning their care. Each person had a written care plan to give staff the guidance and information they needed to look after the person. The information in people's care plans was not always clear or easy to follow and some of the information relating to people's care was kept in different places. The care plans did not give staff all the guidance they needed to make sure people received the care and support that they needed in the way that would suit them best. Staff had got to know people very well and knew what they preferred so did meet people's individual needs most of the time.

All the care plans were being updated by the registered manager, who was in the process of making them more person centred. We looked at the two different styles of care plan and discussed them with the registered manager. The records were being organised so that they were clearer and the information was more accessible. This included what the manager referred to as 'episodes' which were organised so that it was clear what had happened and what had been done in response. The new care plans included 'This is Me' document (The plan that had been designed to support participation for people with dementia and recommended by Skills for Care) and the manager was in the process of filling these in and had requested some information from people's relatives to help.

There was an ongoing record of people's current needs and care given. All daily care information was recorded for each person by the staff at the end of their shift. The manager checked the daily notes that the staff wrote and any reported events, incidents or accidents to make sure the care was meeting the person's needs as part of the review. Any changes were discussed and agreed with the person and their representative. The need for person centred care planning was an area for improvement.

People were encouraged and supported to maintain the relationships with people who mattered to them and to avoid social isolation. There was no restriction on visitors and visiting times. Relatives told us they had visited at all different times of the day and came along without letting the staff or registered manager know they were coming. They said they always felt welcome and found this reassuring. People said they were able to have visitors any time. One person we spoke to spent most of their time in their own room because they preferred it that way. They said they had lots of visitors which kept them occupied.

People's families had been involved in helping give background information about people's past and current interests. The registered manager was going to incorporate people's personal history into their care plan. This would also help to encourage more individual activities based on people's interests and hobbies that they pursued prior to coming into the home.

A different group activity was organised every day. These included various entertainers and providing occupational activities like arts and crafts that people could participate in. Every year a Christmas party was organised. On the two days of the inspection there was an exercise to music session and on the second day a singer played a guitar and entertained people. Some people chose not to join in and this was respected but there were no alternative activities to choose from. People were encouraged to pursue their own hobbies. One person said they enjoyed knitting and 'could knit all day'.

Some people preferred not to do too much but just look around at what was happening and listen to the entertainers from a distance. This was respected.

Requires improvement

Is the service responsive?

There was a complaints procedure that was kept in the front entrance of the home and people were given a copy in their welcome pack when they moved into the home. A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions.

There had been meetings in the past for people and their representatives but they had not been particularly successful in enabling everyone to take part and have their voices heard equally so these had been discontinued. Instead, the manager spoke to people individually and this gave people the opportunity to say if they wanted something changed or had a concern. People said they were happy with this and felt that they were listened to by the manager and staff.

Requires improvement

Is the service well-led?

Our findings

People said that the home had a friendly and warm atmosphere. Relatives told us that one of the reasons they chose the home was because the registered manager was so open and honest. Staff said that the home was a family orientated and caring home.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The service had links with the other organisations and forums to share and promote best practice. Although the registered manager kept up to date this was not always reflected in the care that was provided to people in the home.

Audits and checks were carried out by the owner and registered manager but issues were not always picked up. Following a quality audit by the Local Authority recommendations for improvements to the service had been made. This included improvements to fire safety and evacuation procedures and improvements needed to the records in the home including the care plans and incorporating mental capacity assessments into planning people's care and support. The audits by the owner and manager had not picked up these issues. Since then registered manager had taken action to address these.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. A maintenance person was employed in the home and there was a system for repairs to be carried out promptly. A maintenance folder contained records and plans for all checks that were regularly carried out including servicing of the shaft lift, servicing of the electrical system in the home, portable applicances checks, hot water checks and all hoisting equipment was regularly serviced. External contractors were called in when needed. There was a plan to refurbish the shaft lift due to general wear and tear following a recommendation from the contractors.

People, their relatives and staff were asked for their feedback about the service on a regular basis. People and relatives said they usually talked to the registered manager directly but were also given a survey to complete for their comments. We looked at some of the surveys and they included comments from people, for example, "If I complained, someone would listen." "The food is fantastic. I have a lot of choice. Portion size is sometimes too big at tea-time." Comments regarding staff, "Love the girls. I am happy." "I can't fault my treatment by the staff." "They are very patient." And "They make good cups of tea."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Visitors to the home were complimentary of the home and said that the manager and staff were approachable and if they needed anything or had any concerns they were always available and would resolve things quickly. Staff understood their roles and knew what was expected of them.

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
	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider had failed to act in accordance with the Mental Capacity Act 2015. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1) (2) (b).