Active Horizons Limited

Leven House

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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 12 and 13 May 2015 and was unannounced. This means the provider did not know we were coming. At the last inspection of Leven House in August 2014 we found the service was not meeting all of the regulations we inspected. We asked the provider to take action to make improvements to the management of medicines, support for staff, quality monitoring systems, and record keeping. At this inspection we found action had been taken in each area to make improvements.

Leven House provides accommodation and personal care for up to 10 people, including older people and people living with a dementia related condition. Nursing care is not provided. At the time of our inspection there were eight people living at the home, including one person who was staying on a temporary basis.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 living at the home told us they felt safe. There were enough staff to give people continuity of care and support them safely. The service had improved arrangements to make sure people received their medicines in a safe way. Checks were carried out to ensure care was provided in a safe environment. Risks to personal safety were not always assessed and managed and communication between staff about people's welfare was inconsistent.

Although staff were trained in and understood how to keep people safe from abuse, the provider's safeguarding system was not fully robust. Limited guidance was available about safeguarding and the process to be followed, and no records were kept to demonstrate that people's money was handled properly.

The provision of training and supervision for the staff team had improved to help them meet people's needs effectively. Staff said they felt they were well supported in their roles.

Formal processes were not followed to support people who might lack mental capacity to consent or make important decisions about their care, or who may need to be deprived of their liberty.

People were suitably supported in meeting their health needs and to access health care services. Choices of meals and drinks were provided and people told us they enjoyed the food. The service was not regularly monitoring people's weights and making sure that people who were nutritionally at risk had their needs effectively met.

Staff had a good understanding of the people they supported and were caring in their approach. People said the staff were kind and respected their privacy and dignity. Relatives and friends spoke highly of the care, with many commenting favourably on the size of the home and how this helped ensure individualised care and attention. People were happy with their care but some felt bored and there were limited activities provided to help meet their social needs.

People and their representatives were confident about raising any concerns. Complaints were taken seriously and appropriately responded to.

Improvements had been made to personal records, though these needed to be sustained, and there were now better checks and audits of the quality of the service.

The registered manager was accessible and provided leadership within the home. They had failed to notify us of significant events and to keep the service's registration details and policies and procedures up to date.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safeguarding, safe care and treatment, the need for consent, and meeting nutritional needs. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement

The service was not always safe. Guidance on safeguarding and whistle-blowing was lacking and procedures were not robust or followed correctly.

All risks to people's personal safety had not been assessed and managed.

Sufficient staff were employed to ensure people received consistent care.

Arrangements had improved to make sure people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective. Care and treatment was not always given with people's consent and there was limited understanding of the implications of mental capacity law.

People's health needs were being met but further support was needed to ensure adequate nutrition.

Staff were now being provided with appropriate training and support to meet the needs of the people they cared for.

Is the service caring?

Good

The service was caring. The staff treated people as individuals, had a caring approach and respected privacy and dignity.

People were able to make day to day choices and decisions about the care they received.

People, and their relatives and friends were happy with the care and attention provided and had formed good relationships with the staff.

Is the service responsive?

Requires Improvement

The service was not always responsive. People were given personalised care but further efforts were needed to help people meet their social needs.

Improvements had been made to reflect person centred care in care records, though some further updating was needed.

People and their representatives felt listened to and able to raise any concerns they had about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led. The registered manager had not sent us notifications of incidents and had not kept the home's registration and policies updated.

Summary of findings

The home had an established registered manager who was directly involved in providing care and supported the staff team.

The quality of the service was now being assessed and monitored, including seeking people's feedback.

Leven House

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 was 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.

The inspection took place on 12 and 13 May 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. During our inspection we talked with seven people using the service, four relatives/friends, the registered manager, three care staff and the administrator. We observed how staff interacted with and supported people, including during a mealtime. We looked at six people's care records, eight people's medicines records, nine staff files, and other records related to the management of the service. Following the inspection we spoke with a contract management officer from the local authority to get their views on the service.

Requires Improvement

Is the service safe?

Our findings

The people we talked with told us they felt safe living at the home. They told us they would raise issues with the staff if they ever had any concerns about their safety or the way they were being treated. The relatives and friends we spoke with told us people were well cared for and kept safe. Their comments included, "The staff can't do enough for X, I've no concerns"; "There are always at least two staff on duty. Staff will sit and talk to people and are brilliant", and, "X has had no accidents. The staff are patient and care for X safely."

People living at the home were given a guide to the service that gave them contact details for reporting safeguarding concerns. No other information was provided to inform people about what safeguarding concerns meant or their right to be protected from harm and abuse.

All staff were given safeguarding training and had ready access to safeguarding and whistle-blowing policies in the home. The staff we talked with understood their roles in preventing people from being harmed or abused and knew how to report any concerns. A care assistant told us, "I've had the training. I know what to look for and who to tell, but I've no concerns about the way people are treated." Another care assistant said, "I would report any issues to the manager." The registered manager told us they would not tolerate poor practice in the home. They said they worked alongside staff and did spot checks, including during the night, to ensure people were receiving safe care. We noted the spot checks were not recorded to provide evidence that they had been carried out or the findings.

We saw the home's policies lacked important information to give guidance to staff. For instance, the safeguarding policy did not detail the different types of abuse that can occur, or fully explain the process to follow if an allegation of abuse was made. The whistle-blowing policy was more suited to general work environments and was not reflective of a care home and the staff's responsibilities in exposing poor care practice.

The registered manager informed us there had been one safeguarding alert raised in the past year, which they confirmed they had failed to notify the Care Quality Commission (CQC) about. No information was available to demonstrate how this alert had been investigated and managed. A contract management officer from the local authority told us a further alert, which did not implicate staff, had been reported by the service in February 2015. This alert had also not been notified to us. We found the registered manager lacked knowledge of the incidents and events they were required to notify to CQC.

Two people living at the home were supported with their money and had cash for personal spending held by staff for safekeeping. Although receipts were obtained, no records were made of items purchased on behalf of these people, to assure them their money was being handled correctly. We concluded that the systems to prevent and respond to abuse were not fully robust.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the recruitment process and found that most of the necessary information was obtained. Staff files contained photographs, copies of proof of identification, completed application forms and health questionnaires, and detailed interview records. Security checks with the Disclosure and Barring Service (DBS) had been carried out. The DBS processes requests for criminal records and helps employers to make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups. Two references were taken up, but a reference from the last employer had not been sought for one of the last care staff recruited. Action was taken to obtain the reference during the inspection to ensure that staff were being properly checked and vetted.

The staff team consisted of the registered manager who was also the provider, a deputy manager, seven care assistants, a cook, a domestic and an administrator. The registered manager told us staffing was based on the numbers of people living at the home and their dependency levels. Staff rotas showed there were two care assistants and the registered manager or deputy on duty until late morning or afternoon, when the levels reduced by one care assistant. A part-time care assistant was being employed to cover busier times, such as mealtimes. At night there was one waking care assistant and the registered manager on sleep-in duty. Cover for absence was provided from within the staff team to ensure people received continuity of care.

We observed there were enough staff to safely attend to people's needs and this was confirmed by the staff we

Is the service safe?

spoke with. A night care assistant told us there had only been two occasions in the last three months when they had needed to call upon the registered manager for assistance. They said the registered manager had also consulted them about when the home might need to have two waking night staff in the future.

Care records showed that risk assessments were carried out and measures to reduce risks were recorded in care plans. These addressed risks including moving and handling, falls, nutrition, and communication, and incorporated advice given by other professionals. In one instance, a social worker had provided a comprehensive risk profile, making staff aware of a person's vulnerabilities and the risks involved in their care and support.

However, risks to personal safety were not always identified and the risks for one person around skin integrity and the use of bed rails had not been assessed. We also found there was inconsistent communication to inform staff about people's ongoing welfare. For example, handover records used to update staff were not completed at each shift change. Information, including a person having a fall and new treatment for another person from a district nurse, were omitted. This meant that staff might not be made aware of the risks associated with people's safety and care.

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

Records of accidents and incidents were appropriately documented and follow up action was taken, where needed, including referrals to health care services. This was evident for a person who had fallen the previous day and a potential safety issue with their wheelchair had been reported. The registered manager said that although few accidents occurred, they planned to introduce an accident analysis to keep checks on any trends or health and safety issues.

At our last inspection the service was not meeting requirements relating to the management of medicines. At this visit we found that action had been taken to make the necessary improvements. All care staff had undertaken safe handling of medicines training and a system had been introduced to assess their competency in handling medicines. This was confirmed by a care assistant we spoke with and in staff records. Monthly medicines audits had been introduced to check that medicines were being managed safely. The audits checked that storage was secure, stocks were accurate, all medicines were in date, and that Medicine Administration Records (MARs) and the controlled drugs register were completed correctly. A new recording format had also been put in place for each person that listed their medicines, medical history and any allergies, to provide information if they were admitted to hospital.

The home used a local pharmacy that delivered items, including medicines prescribed outside of the monthly ordering system. All medicines were individually recorded with the date of receipt and amounts received. Medicines were provided in blister packs and separate bottles and boxes and kept in individual storage boxes in a locked metal cabinet. This meant there were suitable arrangements to ensure people had sufficient stocks of their medicines and that medicines were stored securely.

There were now clear handwritten directions for medicines and, with the exception of one gap, staff had signed to confirm when medicines were given. Entries to the controlled drugs register were suitably recorded. However, we noted from care records and discussion with a care assistant, that directions for a cream prescribed the previous day had not yet been entered onto the person's MAR. This was followed up during the inspection visit.

Arrangements were made to ensure that people were cared for in a safe environment. Regular safety checks were conducted, including checks on equipment; safe storage of chemicals; room and water temperatures; fire safety; lighting; and the call system. Agreements were in place for the servicing of equipment and local contractors were used for any work needed in the building. For example, a plumber visited during the inspection to adjust water pressures and temperatures. The security of the building and safety of the grounds were routinely checked. People living at the home also had personal plans in the event of an emergency and the home having to be evacuated.

Requires Improvement

Is the service effective?

Our findings

At our last inspection the service was not meeting requirements relating to staff training and supervision. At this visit we found that action had been taken to make the necessary improvements. Records confirmed that new staff had received induction training. A new care assistant told us their induction had included, "Time to read everyone's care plans and spend time with people getting to know their backgrounds, medical conditions and care needs." They said they had previously worked in another care home and recognised the importance of keeping up to date with training. Another new care assistant told us they were enjoying their work and doing further training. They said they were, "Getting to understand everyone and their needs" and could get help whenever they needed it.

We examined the training matrix, which gave an overview of the courses completed by the staff team, and individual training records. These showed that staff had been provided with a range of training in safe working practices, caring for people with dementia, and other topics including equality and diversity and dignity in care. Training was arranged for those staff whose training was out of date or who had missed sessions, and staff had been given written reminders of the dates.

The staff we spoke with told us they were encouraged to undertake training. For example, a night care assistant said they were currently studying for a leadership and management qualification. Some staff were attending a session with a training provider during our visit as they were in the process of completing the new 'Care Certificate'. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

A care assistant told us, "I feel very well supported", and confirmed that they were provided with supervision. We saw that individual supervisions and appraisals, to support staff in their professional development, were now planned across the year. Six of the nine staff files we looked at showed that the staff had received at least one supervision this year. Three staff, including the deputy manager, had not had supervision on the planned dates; the registered manager assured us these supervisions would be rescheduled.

People living at the home told us the staff were good at what they did and cared for them well.

All felt they were able to make every day decisions such as what to wear, when to get up and go to bed, and when to have a bath. The registered manager and staff knew people well and how they preferred their care to be given. However, they had limited understanding of their responsibilities in upholding the rights of people who were unable to make important decisions about their care.

A care assistant we spoke with was aware that a social worker was looking to assess a person's mental capacity with a view to decision making about their future accommodation. Another person had a mental capacity assessment and a decision made in their best interests about a specific area of their care. This had not been reviewed in the last year to check if the decision remained appropriate. In two of the care records we viewed 'Do Not Attempt Resuscitation' orders were in place, though it was not clear whether both people had capacity to give consent to the order.

We talked with the registered manager about the implications of mental capacity legislation and with a relative about their family member's ability to make decisions and give consent to their care. It was evident that at least three people living at the home had relatives/ friends who acted as representatives on their behalf. The registered manager was unclear about their status and whether relatives/friends had been legally appointed to make decisions about a person's finances or welfare, or both.

There was insufficient guidance available on the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS). The MCA legislation is designed to protect people who are unable to make decisions for themselves and to ensure decisions are made in their best interests. DoLS are part of this legislation and ensure that the least restrictive option is taken when people need to be deprived of their liberty to receive the care and treatment they require.

The home had no policy on the MCA. A DoLS policy was in place, but this gave no definition of DoLS and had not been revised in line with the Supreme Court judgement made in 2014 which had extended the scope of the safeguards. The policy lacked guidance about how to seek authorisation, request assessment forms or advice from managing

Is the service effective?

authorities, or how to contact the supervisory body. No documentation was available to support making DoLS applications. The registered manager had not sought advice or considered the need for any applications to be made. They confirmed on the second day of our inspection that they had contacted and arranged a visit from a local authority officer with expertise in MCA and DoLS.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked how people were supported to have adequate nutrition and hydration. A screening tool was used to assess nutritional risks, and care plans were devised to meet dietary needs. There was evidence that people were effectively supported with weight management. For example, one person had successfully gained weight since admission four months ago, and another person received on-going support with healthy eating to maintain their weight. But another person's care plan did not reflect a change in advice given by a dietitian to replace nutritional supplements with fortified foods. They had experienced some weight loss but were not being weighed weekly, as stated in their care plan, and accurate records of their food intake were not kept. We noted that other people's weights were not always routinely monitored on a monthly basis. In another person's records we saw their nutritional risk was incorrectly scored as low instead of medium. There was an issue about this person needing new dentures, that their doctor felt may be contributing to weight loss, which had not yet been acted upon. We concluded that action needed to be taken to ensure people were adequately supported in meeting their nutritional needs.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with praised the food, saying it was good, there was plenty of it, and they were given choices of meals. One person said, "I always enjoy the meals." A relative told us, "X likes their meals", and another person's friend said, "X has a pureed diet and the staff help with feeding." We were told the cook usually asked people each morning what they would like for their lunch and evening meal. Lunch on the second day of our inspection was a salad, which looked very appetising and everyone ate, followed by fruit mousse for dessert. We noted that not all meals taken to people's rooms were covered, although they were on a tray with a drink. Drinks were provided at mealtimes, during the morning and afternoon, and were available in bedrooms, within reach of people who were in bed. One person told us, "I can make a drink if I wish as long as a member of staff watches me."

People living at the home told us that doctors were contacted as necessary and visitors said they were informed if people were unwell. Relatives and friends told us, "I took X for a scan, but the staff do take people for appointments"; "The GP visits regularly, X is on lots of medication"; and, "X gets good support with lots of involvement from health professionals, including the falls clinic."

The registered manager told us advice was sought from specialist health professionals when necessary. For example, one person had received support from a challenging behaviour team who had given staff guidance on the best ways to manage their distressed behaviours. Care plans were in place that focussed on staff taking a consistent approach in reassuring the person and de-escalating situations. Excessive control or restraint was not used and reports had been documented to monitor incidents and the action staff had taken.

Care records showed that people accessed a range of health care services, including doctors, district nurses, specialist nurses, a podiatrist and optician. Records were kept of visits and appointments and included details of any prescribed treatment and advice given to meet people's health needs.

Good

Is the service caring?

Our findings

People living at the home told us they liked the staff and felt they were very caring. Everyone felt confident they could talk to staff about care and personal matters, and said they were very comfortable with the care they received. People's comments included, "Staff are lovely and I have plenty of choice", and, "I love it here, the staff are brilliant and kind."

Relatives and friends told us, "The care is second to none. They take their time with X and as the staff team is so small they've got to know X, and X has got to know them as well"; "They look after X very well, it's much better in a small place, they didn't like the larger care homes. The staff are caring and patient and have a good understanding of X's needs. They are always clean and well-presented"; and, "It's a godsend. The caring quality is impressive. X gets attention and is well looked after."

Staff also told us that as the home was small they were able to focus on personalised care and spend time with people to get to know about them, their families and backgrounds. For example, we heard a new care assistant talking about cars with a person, which we were told was of particular interest as they had worked at a taxi company. The care assistant told us, "You have time for the residents here and everything is flexible and person-centred. It's a real home."

A relative told us their family member had built up a particularly good relationship with one of the care staff and had "a lot of affection" for them. We talked with the care assistant who agreed they had a good rapport with the person and were familiar with their interests. For instance, they had recently found out the person had been a member of a local social club for many years, and were arranging to take them there as they had not been for a long time.

Relatives and friends told us they were made to feel welcome at the home and were kept up to date with people's care and welfare. Their comments included, "I can visit any time I like and I am always made welcome", "The staff keep me fully informed and are very supportive, they are excellent"; and, "I'm always told about X's well-being when I visit." None of the visitors we spoke with expressed any concerns about the care people received. One visitor told us, "I've no issues about X's care, they're much better than when they lived at home", and another said they were "Happy with the staff and the home". The registered manager confirmed that people could be referred to advocacy services if they did not have family or close friends to represent their wishes.

People were given a guide to the service that informed them about what they could expect from living at the home. This set out the provider's aims to provide care that respected people's privacy, dignity and confidentiality of personal information.

During our visits we observed good interactions and saw that staff showed a caring approach. For instance, a person said they were feeling a little cool and asked if they could have a cardigan. A care assistant went away and came back with a couple of cardigans stating, "I couldn't remember what colours you were wearing today, so brought a choice for you to feel comfortable with." We saw that staff were mindful of people's privacy and knocked on doors and waited for a response before entering. One person told us, "They do treat me with dignity and respect."

We saw that staff asked permission before giving support and ensured people made their own decisions such as where to sit, what drinks they wanted and what to watch on television. One person's friend commented, "It's becoming harder for X to communicate but they still make choices".

Staff said that wherever possible they encouraged people to be as independent as they could be. A care assistant told us about a person who had come to the home as an emergency admission, stayed for a few months, and had moved onto supported living in the community. The care assistant felt staff had worked well with the person, helping them to achieve greater independence, and said the staff team had received praise from the person's social worker.

Requires Improvement

Is the service responsive?

Our findings

People living at the home told us they were happy with the care received and that their needs were addressed. One person commented, "The care is absolutely spot on and staff are very responsive." People told us the staff answered call bells quickly when they needed assistance, including during the night.

Staff told us people were able to make choices about their individual care. For instance, a care assistant said, "Everyone can have a bath or shower each day. We can take a person to the toilet when they want to go, make them a drink when they want one; no-one has to wait to be attended to". This was confirmed by people who told us, "I do have choice about when I can have a shower and about going to bed/getting up", and, "I ask for a shower each morning and it is no trouble to the staff".

A weekly activities programme was advertised in the reception area of the home, but during our visits we found no evidence of any activities taking place. We observed staff spent time talking with people but there were no attempts to engage them in any meaningful activities. Some people told us they felt bored and said there was little for them to do socially. One person said, "I sit here most of the day and watch TV. Sometimes others come into the lounge but not often. I get a little bored and would get involved in an activity if there was something on". We asked this person if they got a newspaper and were told "No, but I would read one if I did". A person who stayed in their bedroom said, "I do get my hair done, but not my nails." Another person said they rarely went out of the home and felt a short trip out for tea would be nice.

A relative told us, "I visit regularly and take X out. It would be good if staff could ask X if they want to sit outside when the weather is nice". Another person's friend said, "The home suits X. There's not much going on but they wouldn't like activities". Some staff told us that people did not bother with activities, though one care assistant said, "People are well cared for here, but they also need more social stimulation."

The registered manager told us group activities were not popular. They were aware of people's interests and directed us to some evidence within care records of activities which staff had carried out with individuals. They told us outings were being arranged to places suggested by people and they were also looking at organising singers to come to the home. However, the registered manager acknowledged that staff needed to make more efforts in providing daily activities for people.

At our last inspection the service was not meeting requirements relating to keeping accurate records of people's care. At this visit we found that improvements had been made. Most of the care records we viewed contained good life history information and social profiles for the individuals. Care plans were mainly personalised, covered a range of needs, and included the person's preferences about how they wished to be supported. For example, one person had a care plan that described the importance of their personal care and appearance, the toiletries they liked to use, and their self-care abilities. They had similarly detailed plans for moving and handling, continence, medication, psychological health, activities, and night time care. Most people's care plans were evaluated monthly to report on progress and whether the care and support met their needs. However, we noted in some instances that record keeping was variable and care plans had not been updated with changes in the care provided to people. The registered manager assured us they would prioritise these care records to bring them up to standard.

The people we spoke with felt confident they could talk with either the registered manager or staff about any concerns they had. One person said, "I talk to staff about anything, they are great. If there are any problems they are sorted straight away." Relatives and friends told us, "I've no complaints or concerns"; "I've no complaints at all"; and, "If I had any issues I would raise them and they would be taken seriously."

We saw that people were informed about how to make a complaint in the guide to the service they received. Two complaints, of a minor nature, had been logged since our last inspection. These had been appropriately recorded, acted on and resolved.

We recommend the provider provides social stimulation on a daily basis to meet the social needs of people living at the home.

Requires Improvement

Is the service well-led?

Our findings

People living at the home told us the manager was always around to talk to and they felt they could approach the staff on any issue. Relatives and friends told us they were kept updated about what was happening in the home and were able to give their feedback. One visitor said they had recently received a survey to complete about the standards at the home. They commented, "I find I can talk to staff quite easily about care, so in a way I am always giving feedback. If I raise something it is put right straight away." Another visitor told us they got on well with the registered manager and said, "It isn't just a job, they're always thinking ahead. The home is wonderful."

The home's registered manager was also the provider of the service. They worked full time at the home, including sleeping at the premises overnight, making them constantly available to people, their relatives/friends, and the staff. The registered manager was supported in their role by a deputy manager and an administrator. They told us they were looking at the possibility of introducing a senior care assistant role to give staff greater responsibility in line with their skills and care experience. A key worker system had also recently been introduced to enable staff to be more involved in and accountable for people's care planning. We saw this system had been discussed at staff meetings, along with other topics such as training and record keeping, to get staff's views.

The staff we talked with said the registered manager provided good leadership and support. They told us, "I love working here. I started as an apprentice and have been here three years now. The manager has supported me to progress to NVQ Level 3 (care qualification)"; "I've been here a few months, have had all the support I need from the manager, and the other staff have been welcoming"; and, "The manager is fabulous, you can approach them about anything and they listen. I'd rate the home highly, 11/10. I've no concerns with how the home is run." A relative also told us, "Overall I think the home is well managed."

We talked about the service's registration details with the registered manager as these did not fully correspond with the needs of people who were being cared for at the home. We advised that the service's 'statement of purpose' needed to be updated and an application be made to make changes to the registration to include the care of older people and people with mental health needs.

We found many of the home's policies and procedures lacked important details and some had not been reviewed since 2010. This was when the home first opened and the intention had been to provide care for people with learning disabilities. The registered manager agreed that policies and procedures did not give staff sufficient guidance on caring for older people and the care practices expected at the service.

The registered manager had not sent any notifications to the Care Quality Commission (CQC) in the time since the service was first registered. Notifications are changes, events or incidents that registered persons are legally obliged to send us within required timescales. The registered manager was not aware of their responsibilities and had not notified CQC of safeguarding issues, a serious injury and a death of a person using the service. **We will follow this up in writing to the provider/registered manager and monitor their compliance with this legal duty.**

At our last inspection the service was not meeting requirements relating to quality assurance systems. At this visit we found that improvements had been made. Audits were now being conducted to assess and monitor the quality of the service. These covered areas such as medicines management, health and safety, food satisfaction, and care records. Any issues identified were described, along with details of when remedial action had been taken.

We were told 'resident and relative' meetings had been arranged to get feedback but these were not well attended and no-one had come to the last meeting. The registered manager told us they would keep trying to arrange meetings. Satisfaction surveys had been carried out with people and their representatives, asking them about different aspects of the service and their care. The findings showed that most people had responded that they were very satisfied in each area. Comments suggesting improvements had been followed up. This had included asking people about their food likes and dislikes and monthly checks to see if they were happy with their meals, to ensure that people's views were acted on.

We recommend the provider seeks professional guidance on reviewing their policies and procedures in line with current best practice standards.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered person had not established systems and processes that were operated effectively to prevent abuse of service users and investigate allegations of abuse.** **Regulation 13(2)(3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had not ensured that all risks to the health and safety of service users were assessed and done all that was reasonably practicable to mitigate such risks.** **Regulation 12(2)(a)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person had not ensured that care and treatment of service users was only provided with the consent of the relevant person or acted in accordance with the Mental Capacity Act 2005 where service users lacked capacity to give consent.** **Regulation 11(1)(2)(3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

This section is primarily information for the provider

Action we have told the provider to take

The registered person had not ensured that the nutritional needs of service users were met.

Regulation 14(1)(2)(4)