Abbeyfield North Northumberland Extra Care Society Limited

Abbeyfield House - Alnwick

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

Summary of findings

Overall summary

Abbeyfield House is located in the town of Alnwick in Northumberland. It provides accommodation and personal care to up to 24 older people, some of whom are living with dementia.

The inspection took place on 1, 10 and 12 November 2016 and was unannounced. It was carried out by one inspector.

We inspected the service on 27 and 29 October 2015. At that time we found that people were not protected against the risk of unsafe or inappropriate care because accurate risk assessments had not been maintained. We also found that governance arrangements in place at that time had failed to pick up the shortfalls we identified during our inspection.

There was no registered manager in post. A new manager had been appointed at the end of September 2016 following a period of absence and then resignation of the registered manager. The new manager was in the process of registering with CQC.

Safeguarding policies and procedures were in place and staff had received training in the safeguarding of vulnerable adults and were able to tell us the process to follow if neglect or abuse was suspected. Suitable procedures were following when recruiting staff which also helped to protect people from abuse.

There were some gaps in staffing, and new staff had been recruited. Agency staff were being used at times to fill these gaps, but we were told by the manager and staff that the use of regular agency staff helped with consistency of the care provided. Staffing had been reviewed, and there were plans to increase the numbers of staff on duty, particularly at night.

Individual risks to people were identified, and risk assessments had been evaluated on a monthly basis. We found that one risk assessment had not been updated following an incident and we told the manager about this who addressed this immediately. Health and safety checks on the premises and equipment were carried out although records of these checks were not held centrally and were difficult to locate.
The home was clean and regular infection control and cleanliness audits were carried out. The premises were generally well maintained and there were plans in place to address issues with the building and maintenance following an inspection of the premises form which an action plan was produced. Visitors commented that the service was homely and had a lovely atmosphere.

Staff received regular training and where there were gaps in training, this was planned. The manager had reviewed training and planned to increase the frequency of some mandatory training to ensure that staff remained up to date with changes in legislation and current best practice. Staff supervision had not been taking place due to the absence of the previous manager. These had recommenced however and appraisals were planned. Staff told us they felt well supported.

People were supported with eating and drinking and told us they enjoyed the food. Special diets were catered for and alternative choices were offered. Nutritional assessments were carried out and where people were at risk of malnutrition appropriate medical and dietary advice was sought. There were gaps in food and fluid and weights records.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The manager had submitted DoLS applications to the local authority for authorisation. Care records related to capacity and consent contained conflicting information, and were unclear.

People had access to a range of health professionals, and named preferred providers were recorded such as optician or GP. Health records were easy to access in an emergency and contained up to date information.

Most people told us they felt well care for and that staff were very caring. A number of people told us, however, that there was a small number of staff who could be abrupt and impatient at times, towards them or others. We passed this information to the management committee and local authority safeguarding team. The committee were very keen to address this issue and to monitor staff attitude and ensure all staff knew the conduct expected of them.

The privacy and dignity of people was maintained. End of life wishes were being recorded in updated care plans to ensure that staff were aware of people's wishes where they wished to share these.

Person centred care plans were in place which were reviewed monthly. Audits had been carried out on care files by the manager who planned to update and streamline these. We found that documentation was in need up updating and streamlining.

A complaints procedure was in place, and a complaints book was used to record complaints. Records of complaints varied in style and content and were not maintained in a format which could be audited.

People and relatives complimented the range of activities available and said that there was always something happening in the home. People were supported to maintain contact with the community and had access to regular trips, and visitors to the home.

There had been a period without a registered manager due to absence and their subsequent resignation. A new manager had been appointed and an executive committee were very involved in the running of the service. We found that there were a number of shortfalls, particularly in relation to record keeping which had not been picked up during quality audits. There was some evidence that some issues had been picked up by the executive committee and new manager, and they were in the process of addressing these, however governance processes were not sufficiently robust to identify all issues, particularly in the absence of a manager.

The executive committee were closely involved with the service and visited on a regular basis. They knew staff and people well.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance. You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in the safeguarding of vulnerable adults and knew the procedure to follow in the event of concerns. Concerns were expressed that a very small minority of staff could be abrupt at times towards people who used the service.

Safety checks on the building, premises and equipment were carried out.

Risks were assessed and evaluated on a regular basis.

Satisfactory procedures were in place for the safe ordering, receipt, storage, and administration of medicines.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Staff received regular training, and the frequency of training which the provider deemed mandatory had been reviewed to ensure staff received refresher training. Staff supervision had recommenced following a period of time without a manager, and staff felt well supported.

Applications to deprive people of their liberty had been made in line with legal requirements and were awaiting approval by the local authority. Some information related to capacity was unclear.

People received support with eating and drinking and had access to a range of health professionals.

Is the service caring?

Requires Improvement

Not all aspects of the service were caring.

We observed staff to be kind caring and attentive to people during the inspection. People told us that staff were kind and caring and that they felt well cared for. We heard from a number

of sources however, that a small minority of staff could be abrupt to people and impatient at times.

People told us they felt well cared for and that staff were kind and caring. We heard from a number of people that there was a small number of staff who could be abrupt and impatient towards them, or had witnessed this towards others. We spoke with the managers and local authority safeguarding team to ensure this would be monitored.

We observed a number of caring interactions and the privacy and dignity of people was maintained.

Care planning about end of life wishes was being further developed to contain more detail where necessary and to ensure the wishes of people were recorded where they wished to share these.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

Care plans were in place but were not always person centred and were in need of updating. These were in the process of being audited in order to make the necessary improvements.

A complaints procedure was in place and complaints recorded but these sometimes lacked detail.

A range of activities were available which people enjoyed including trips out and entertainers visiting the home.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

A new manager was in post who was in the process of registering with CQC. A new deputy manager had been appointed and was awaiting clearances prior to commencing work.

Shortfalls in the maintenance of records related to food and fluid intake, weights, complaints and MCA had not been identified through routine audits of the service.

Members of the management committee visited the service regularly and knew staff and people well. Staff said they felt well supported by the managers.

Abbeyfield House - Alnwick

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, 10 and 12 November 2016 and was unannounced. The inspection was carried out by one inspector.

We spoke with eight people who lived at the service on the day of our inspection. We spoke to three relatives and received feedback from a relative by email following our inspection. We spoke with local authority contracts and safeguarding officers and took the information they provided into account when carrying out our inspection.

We spoke with the manager, three committee members, and four care workers and a pharmacist and a GP during our inspection. We also spoke with kitchen and domestic staff.

We read five people's care records and three staff files. We looked at a variety of records which related to the management of the service such as audits and surveys. We also checked records relating to the safety and maintenance of the premises and equipment.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The registered manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We also looked at notifications submitted by the provider in line with legal requirements.

Good

Is the service safe?

Our findings

People told us they felt safe in Abbeyfield House. We spoke with a relative who told us, "I regard the home as a safe environment. All on one level and well lit. If domestic staff are hoovering I regularly hear them alert residents to wires or they move to facilitate passage of the residents." Another relative told us, "I am always confident (relative) is well looked after and safe."

At the last inspection, we found a breach of regulation related to safe care and treatment. At this inspection, we found where people had been assessed as being at high risk of falls, appropriate plans were in place. We found that the risk assessment of one person had been evaluated but had not taken into account a behavioural incident that had occurred during the evaluation period. We spoke with the manager about this who brought the paperwork immediately up to date. Risk assessment documentation was being reviewed by the new manager who had plans to make these more detailed. Personal safety risk assessments were in place to assess the risks when people went out into the community. Individual risks to people had been assessed and were reviewed on a monthly basis. These included risks related to moving and handling and falls.

Staff had received training in the safeguarding of vulnerable adults although some refresher training was overdue. Other staff had completed this online. We spoke with the manager who told us they had reviewed all training and was aware of gaps and had plans to address these. Staff told us that they knew how to report and concerns such as suspected abuse or neglect. One staff member told us, "I would report anything straight away. I have never seen anything like that here." A safeguarding log was maintained which was available for inspection. Where concerns of a safeguarding nature had been raised, the provider worked with the local authority safeguarding team to investigate these and to ensure any lessons learned were acted upon. A whistleblowing policy was in place and information was displayed with details of how to whistle blow.
During our inspection a number of people told us that a small number of staff could be abrupt and impatient at times. No one wished to make a formal complaint but we passed these concerns to the manager and executive committee and the local authority safeguarding adults team. The executive committee and new manager assured us of their intention to address any attitudinal issues or poor communication with staff robustly to ensure the highest possible standard of care was provided consistently by staff at all times.

Safety checks of the premises and equipment were carried out. These included checks of water temperatures, emergency lighting, fire safety equipment, legionella and gas and electrical checks. An asbestos risk assessment had been carried out. Equipment used to help people move safely such as hoists and wheelchairs were also checked regularly. Staff told us that there was sufficient equipment to help them to move people safely in the home. A fire drill had taken place and one person told us, "We had a fire drill and no one panicked and it all worked very well. We all met in the lounge, we didn't know about it."

Health and safety risk assessments of the premises including the kitchen, were carried out annually or more frequently as required. Kitchen equipment was cleaned and serviced by external contractors on a regular

basis.

Cleaning schedules were displayed in bathrooms and toilets which showed regular cleaning had taken place. These were signed on each occasion by domestic staff. A member of the management committee had responsibility for auditing the cleanliness of the service, and they were in the home checking rooms on the first day of our inspection. Daily room checks carried out by domestics included emptying bins, vacuuming and cleaning the basin. Personal protective equipment was available such as gloves and aprons and this was used appropriately by staff. We found bedrooms and communal areas to be clean. Bi monthly infection control audits were carried out. The most recent audit resulted in a score of 94.7% which was regarded as a good score. New pedal bins had been purchased as a result of this audit. This meant that the provider sought to maintain the safety of people staff and visitors to the service.

Recruitment was taking place to fill staffing vacancies during the inspection. The manager told us that they had been short staffed and had been relying on agency staff which had caused some difficulties in maintaining staff consistency. They had also reviewed the night staffing levels and told us that they planned to recruit an additional night staff member as they did not feel two staff were sufficient. We spoke with people who used the service about the ability of staff to respond to their needs in a timely way. Most people were happy with the time it took for staff to attend to them, one person said, "The staff are very good, I have a buzzer and can call them." We observed that there were sufficient staff on duty during both days of our inspection, and they provided care and support in an unhurried manner. One staff member told us, "It has been tough but interviews have taken place and hopefully by Christmas we will have the new staff in post. We always stick with the same agency which helps, and we work well as a team."

Staff recruitment procedures were appropriate. Staff records showed that recent applicants had been screened by the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. This helped to protect people from abuse. The identification of staff was verified, and two references were obtained for each applicant. There were no unexplained gaps in employment history.

Medicines were managed safely. There were suitable procedures in place for the ordering, receipt, storage and administration of medicines. Fridge and room temperatures were checked to ensure medicines were stored correctly. This is important because some medicines may become ineffective if they are not stored at the correct temperature. We spoke to one person about their medicines and they told us they always received them on time. They said, "I get help with my medicines, I would never cope with them all on my own." We saw medicine audits had been carried out, and staff competency to deliver medicines safely had been assessed. The sink in the medicine cupboard was old and poorly sealed around the edges meaning this would be difficult to clean. We spoke with the manager about this who confirmed that the medicine storage area, which was very small, was going to be extended and that the sink would be replaced during this work. A pharmacist visited the service on the day of our inspection. They told us that although they had not carried out a review of medicines at that time, they had reviewed them in the summer and didn't have any particular concerns with regards to medicines management in the service. They told us, "(Name of senior) appears very on the ball with medicines."

Accidents and incidents were recorded and reviewed by the manager to check for any patterns or trends which meant they could take preventative measures where possible.

Requires Improvement

Is the service effective?

Our findings

Staff told us that they received regular training. Staff competency to administer medicines, fire safety, and infection control training had been completed in the last 12 months. Staff had also received training in dementia awareness, end of life care, food hygiene, safeguarding and whistleblowing. When we checked the training matrix we found that there were longer gaps between some types of training. For example, moving and handling training was delivered every three years. We spoke with the manager about training who told us that they had reviewed the training schedule and planned to increase the frequency of some training and that refresher training would be provided where required to ensure staff remained up to date with current best practice. We spoke with a staff member who told us, "We get all the training we need; they are hot on training here." Training related to specific medical conditions had been provided. This meant that staff received training which was relevant to the care needs of the people they supported.

Due to a period of absence of the previous manager, there were some gaps in the provision of staff supervision. The manager told us that they had commenced regular supervision, and staff confirmed that they had received recent supervision and that they felt well supported. Records showed that supervision had recently been carried out and that annual appraisals were planned.

People were supported with eating and drinking. People told us they enjoyed the food. One person said, "The food is good, there are no problems with the food." Another person said, "The food is very good, very home-made. We were just saying that at lunch time; this is better than being at home!" A relative told us, "I am happy with the meals and choices, my relative says they enjoy the food." We saw drinks and snacks being offered frequently throughout the day. Tables were fully set with condiments and tablecloths so tables looked attractive and inviting. People were supported appropriately during their meal by staff. We spoke with a cook who told us, "We cater for special diets and we get a list of people's weights each month so we know who is losing weight." Meals were supplemented with cream and butter, and fortified drinks were available to help people to maintain or gain weight. Two choices were offered at each mealtime, and alternatives were available. The cook told us, "One person with a poor appetite spoke all day about fish and chips, so we made them scampi and chips and they thoroughly enjoyed it. They must have really fancied some! We knew they might not eat anything the next day so we take our opportunity when people feel like eating."

Nutritional assessments had been carried out, which identified people at risk of malnutrition or dehydration. We saw that people had been referred to their GP or dietitian, when there were concerns about their dietary intake. The dietitian had provided the recipe for the fortified drinks which were supplied. People were weighed weekly or monthly based on this risk assessment. We found, however, that food and fluid charts and weekly and monthly weights were not always completed and there were some gaps in these records. This meant it was not always possible to accurately monitor that people had received adequate nutrition and hydration.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal

framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training in the MCA and the manager had submitted some applications to deprive people of their liberty to the local authority in line with legal requirements. These were awaiting approval. A consent to treatment policy was available, and staff told us they always sought consent prior to providing any care. Some care plans contained information about the types of decisions people could be involved in, such as choosing their own clothes. We reviewed care records and found that the documentation related to the MCA and best interests decisions was basic, and also contained information which was conflicting. For example, some people had been assessed as lacking capacity, yet had signed to say they gave consent for staff to manage their medicines on their behalf. In other parts of the same care file, a relative had signed care records on their behalf due to their relation's lack of capacity. It was therefore unclear how capacity had been assessed and judgements reached about how and when to involve people in decisions about their care.

A relative told us that she felt that staff would benefit from more training with regards to the assessment of mental capacity. They wanted their relative to make choices where possible, but for staff to recognise that they would sometimes need support with decisions because their capacity fluctuated at times which meant they may need to provide additional support at these times. This meant that they wanted staff not to take refusals of support at face value, because they were deemed to have capacity, and to recognise that at times, some encouragement and cajoling might be necessary.

We spoke with the manager about this who told us that she had already picked up this issue and showed us evidence that she had been working her way through care documentation in order to audit and update records, including those related to MCA.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations 17.Good Governance.

People had access to a range of healthcare professionals. Health and wellbeing care plans contained named professionals responsible for aspects of people's care such as their GP, district nurses, optician, and podiatry. We spoke with a GP who told us, "Abbeyfield is one of the best homes I have dealings with. It has a cosy, relaxed and homely atmosphere. We are called for appropriate things. The staff will have gone through a process before calling us and there will be a good reason." The service worked closely with a community matron who visited the service on a regular basis. They provided support and advice about the health needs of people who used the service. People told us their health needs were met. One person told us, "One person is in charge and they will get the doctor straight away if you need it. You usually get your own doctor too." Daily files were maintained which contained essential medical information which could be accessed in a hurry. These included Do Not Attempt Cardiopulmonary Resuscitation orders where appropriate. We checked these and found that they had been reviewed on a regular basis.

The premises were generally well maintained. The lounge area had recently been decorated by volunteers from a local shop, and there were further redecoration plans. Some furniture was worn, and paintwork scratched and there was a redecoration and refurbishment plan in place. A building inspection had been carried out in January and a plan developed, detailing work to be done.

There was access to an outdoor garden area, where raised beds had been provided to help people to continue to enjoy gardening. People told us that the garden was used in the better weather. Bedrooms were very personalised and homely. A staff member told us that they were proud of the homely atmosphere in the home and said, "We don't want Abbeyfield to be all matching, it is homely and we want it to stay like that."

Requires Improvement

Is the service caring?

Our findings

Most people we spoke with were happy with the care they received. One person told us, "I have no complaints. It's friendly and you can more or less do what you want." Another person told us, "The people (staff) here are very good. If you just happen to ask for something it's there. There is no one that is grumpy." A relative told us, "The staff are very caring. My relative says 'all the staff are kind.' They are friendly and will have a little joke with them too which they enjoy." Another relative told us, "The staff are excellent in every way, they have resident's interests at heart."

We did not witness any inappropriate care during the inspection and observed that staff were polite and treated people with warmth and humour, despite being advised by some people that the manner of some staff was not always acceptable. People were supported sensitively and discreetly with their personal care needs and during mealtimes. One person smiled broadly when a staff member complimented her dress. Most staff had worked in the service for a number of years and knew people well. One staff member told us, "The good thing about working for Abbeyfield House is that if there is anything you need to help the quality of life of the residents, they'll get it for you."

The privacy of people was maintained. We saw that staff knocked on people's bedroom doors before entering. Records were stored securely which meant that the confidentiality of people's records was maintained. The use of fabric absorbent chair pads, for use in case of incontinence, drew attention to the problem and could therefore compromise the dignity of people who used the service. We spoke with the manager about this who advised that this would be considered when the seating was replaced with more modern easy to clean seating.

People were offered choices throughout both days of the inspection. This included where they wished to sit, what they wanted to eat or drink and whether they wished to be involved in any activities. Information was recorded in people's individual care records which outlined their routines and preferences. This was particularly important for people who may not be able to communicate this to staff. An advocacy and duty to consult policy was available. There was no one accessing any formal advocacy service during our inspection. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The manager knew how to access this service for people if the need arose.

Staff had received training in end of life care. The manager and member of senior care staff told us that care records were being strengthened in relation to the recording of end of life wishes, and we saw that this had commenced. Staff told us they recognised that some people were not ready to discuss this it was important that people were provided with the opportunity to make sure information about their specific wishes was recorded.

Requires Improvement

Is the service responsive?

Our findings

People told us that their needs were responded to. One person said, "I like the fact that there are a range of things to do, and I can call for staff if ever I need anything."

A complaints procedure was in place. We spoke with the manager who told us all complaints, informal and formal, were logged. We found that records of complaints were contained in a complaints book. There was no standardised format for logging complaints, and the quality of the information contained in each complaint record varied. One page was torn from the complaint book. The manager was unsure when this had happened or what had been on the page. We found that an informal complaint had been addressed appropriately by staff but this had not been reported to the manager or recorded in the complaints book. The lack of consistency and detail in complaints records meant that they could not be easily monitored for patterns or trends and the provider had not followed their own policy that informal complaints would also be recorded.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Good governance.

Care plans were in place which contained person centred information, including people's past life history, likes, dislikes and preferences. We found that the care plans we checked had been reviewed monthly, but that some of the plans were generic in style and not always relevant to the person. Care plan headings were taken from activities of daily living, and included, for example, a care plan about "breathing". Even when a person did not have any breathing difficulties, a care plan was in place which had to be evaluated monthly. This was time consuming for staff and meant that care plans were based on a list of pre-determined needs as opposed to based on an entirely person centred assessment. We spoke with the manager about this who told us that they had begun auditing care plans and had made recommendations for improvement. We saw examples of some care plans that had been audited by the manager. We found that care plans for people living with dementia did not always evidence best practice. We spoke with the manager and provider about this, and support was sought from a specialist following the inspection to improve the quality of care planning in this area. We saw that audits of other care plans had already identified improvements to be made to care plans and these were in progress.

A range of activities were available. People and their relatives told us that activities happened on a regular basis and that there was always something to do if they wished to join in. During the inspection there was a church service, a bus trip and a game of skittles. One person said, "There are always things going on and outside groups come in." Social assessments were carried out which identified how people liked to socialise and preferred to spend their time. Another person told us, "I like to spend time in my room but can join in activities if I wanted to." Some people had telephones in their room or mobile telephones to help to prevent social isolation. We saw that another person had the Radio Times delivered so they could decide what to listen to. A bus trip took place on the first day of the inspection. The home had regular access to the bus and people were taken to scenic locations which alternated between the coast and countryside. People told us they enjoyed looking at the scenery from the bus and one person said, "We stop with a view and have juice

and cake."

We spoke with a relative who told us, "The activity organiser is friendly, pleasant and has a good sense of humour. Art classes in the summer seemed well attended and I saw several residents enter into the activity with a sense of pride." They also told us that they would like staff to proactively give people the opportunity to opt out of activities they may find childish or too patronising. They also praised other age appropriate activities such as poppy making. We passed this information to the manager to discuss with staff.

Requires Improvement

Is the service well-led?

Our findings

A new manager was in post and had applied to be registered with CQC. Staff and relatives told us that the new manager was approachable and helpful. Staff told us that staffing shortages and changes in management had affected their morale, but that this was improving with the appointment of new staff and a permanent manager. One staff member told us, "This is a lovely place to work, the committee have been very supportive." Another staff member told us, "We are getting to know the new manager. She is a nice person and said to go to talk to her if we were unsure about anything." A deputy manager had been appointed and was awaiting recruitment checks before starting work in the service.

At the last inspection we found a breach of regulation 17. Good governance. Records kept in relation to people's care and treatment were not always accurate. Systems in place to assess and monitor the quality of the service were not robust. At this inspection we found that systems had been introduced to monitor the quality of some aspects of the service such as cleanliness, but there remained some gaps in record keeping.

We checked records related to the care and treatment of people who used the service, and found that some of these contained gaps in information. Documentation related to the MCA was incomplete and contained conflicting information, and food, fluid charts, and weights were not fully completed or able to be located. Certificates to evidence safety checks of the premises had been completed, were also difficult to locate but found, and complaints records varied in quality and were not easy to audit for trends.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations 17. Good governance.

Statutory notifications for two incidents had not been completed in line with legal requirements. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. This was due to the absence of the registered manager. We spoke with the manager about this who confirmed their understanding of notifiable incidents. Other incidents had been notified appropriately.

An executive committee which included the nominated individual for the service, took an active role in the running of the service. Each executive committee member had designated areas of interest or responsibility. These included staffing and human resources issues, cleanliness and infection control, and activities and outings. We saw various members of the executive committee during the inspection and they were familiar with the service and staff and people who lived there. This meant that the committee had daily contact with the service. CQC had also been kept up to date with issues affecting the service by the executive committee chairman, who was keen to be transparent and to share their recognition of areas that needed to be improved.

We observed three committee members in the home during our inspection. They all spoke with people who used the service and appeared to have a good rapport with people and knew them well. One member of the

committee helped to take people out on a trip on a regular basis, and we observed that they engaged with people well, made sure people were warmly dressed and safely supported onto the transport. We observed that staff greeted people warmly upon their return and asked them about their trip.

Regular meetings were held with staff, people who used the service, and their relatives. Meeting minutes were available and showed that a range of quality and safety issues had been discussed. Staff signed the back of meeting minutes to confirm they were aware of the contents. The opinion of staff had also been gathered through the use of questionnaires. Relatives and people who used the service told us they were also consulted on a regular basis.

The executive committee met monthly and the manager provided them with a monthly report on audits completed. A quality assurance file was available which included incident analysis records which included a review of incidents and action taken. Care files, social activities and cleanliness were audited on a regular basis.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to people were not properly maintained to ensure they were accurate and complete. The quality of complaints records was unsatisfactory. Records related to the safety of the premises and equipment were difficult to locate.