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Polonia

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

Summary of findings

Overall summary

This inspection took place on 26 September and 4 October 2016. Day one was unannounced and day two was announced. At the last inspection in September 2014 we found the provider met the regulations we looked at.

Polonia provides residential care and mixed accommodation for older people predominantly from the Polish or other eastern European communities. The home has 9 beds and is situated across two floors.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they felt safe and very well looked after at the home and overall there were enough staff to meet their needs. We saw the home was clean, tidy and homely and decorated and furnished to meet the cultural needs of the people who used the service. There were systems in place to safeguard people who used the service and to ensure people were protected from abuse. Staff knew how to report any suspicions of abuse or poor practice.

We found systems in place did not fully ensure people who used the service received their medication as prescribed at all times.

Risk assessments had been completed but were not always supported by clear risk management plans to show how risks were reduced or prevented. People's care plans were not always personalised or provided detailed information on how care needs were to be met.

People's care records did not demonstrate people had been supported to make best interest decisions in accordance with the Mental Capacity Act 2005 and there was a risk people were deprived of their liberty without authorisation as applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived.

People received timely access to healthcare; a range of other professionals were involved to help make sure people stayed healthy. People's nutritonal and hydration needs were met very well.

Overall, staff were trained and supported to do their job well. However, the provider's policy did not specify the frequency of refresher training and this could lead to staff's practice becoming out of date.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. There was opportunity for people to be involved in a range of activities that met their social and cultural needs. People enjoyed the activity on offer at the home and were supported to maintain contacts

with friends and family.

Systems of quality assurance were in place to monitor whether the service was providing high quality care. However, these were not always formal which could lead to potential risks being overlooked.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action we told the registered provider to take at the end of this 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?

Requires Improvement

The service was not always safe.

Medication practice was not always safe and improvements were needed. There was a risk that people would not receive their prescribed medications as directed.

People said they felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

There were enough staff to meet people's needs safely.

Is the service effective?

Requires Improvement

The service was not effective.

People's care records did not demonstrate that people had been supported to make best interest decisions in accordance with the Mental Capacity Act 2005. Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived.

Staff received training and support that equipped them with the skills and knowledge to meet people's needs.

People received a varied and nutritious diet which also met their cultural needs. A range of other professionals were involved to help make sure people stayed healthy.

Is the service caring?

Good

The service was caring.

Staff knew how to treat people with dignity and respect and ensured people's privacy was maintained.

Staff knew the people they were supporting very well and how to meet their individual needs.

There was a very pleasant homely atmosphere in the home. We saw caring interactions when staff provided assistance.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were not always personalised or provided detailed information on how care needs were to be met.

People were confident to raise any concerns. Complaints were responded to appropriately.

Activity was provided to ensure people received stimulation and activity that met their cultural needs.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

Staff, people who used the service and visitors spoke positively about the management of the home.

The provider had some systems in place to monitor the quality of the service but needed to make sure the records fully reflected this to ensure their effectiveness and risks were identified.

The registered manager needed to raise their awareness and increase their knowledge of what events they needed to notify CQC of.

Polonia

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 over two days on 26 September and 4 October 2016. Day one was unannounced and day two was announced. On day one an adult social care inspector and an expert by experience attended and on day two an adult social care inspector attended. 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 all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider 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.

At the time of our inspection there were eight people living at the service. During our visit we spoke and spent time with all eight people who used the service. We also spoke with two visitors, two care staff, the deputy manager, the registered manager and the provider. We also spoke with a visiting health professional. We spent some time looking at documents and records related to people's care and the management of the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service said they felt safe and well looked after at the home. One person said, "I came here from hospital. It's not the same as home but I feel a lot safer than when I lived at home. There are people around me [name of provider] lives in the same building so if I am unwell I can speak to him as well as my own GP."

People were relaxed, happy and comfortable in the company of staff. We saw positive interaction throughout our visit and it was clear people who used the service had developed good relationships with the staff and management team. One person told us, "I trust them very much."

We looked at the systems in place for managing medicines in the service. Medicines were stored in a locked trolley in a pantry room at the side of the kitchen. The temperature of the room was not checked and although on the day of the inspection the room was cool, there was a risk that it may get hot; there were no windows, a fridge and freezer were also in the room and the room was adjacent to the kitchen. The registered manager was not aware that medicines should be stored at
less than 25 degrees centigrade to ensure medicines are stored as per manufacturer's instructions and therefore remain effective. The registered manager said they would obtain a room thermometer and begin a daily check of the room temperature.

The home used a monitored dosage system for the administration of medications. We reviewed the medication administration records (MARs) for four people who used the service. We saw there were systems in place to check and record the amounts of medication received in the home and for most people there were no gaps on the MARs which meant people had received their medication as prescribed. MAR sheets gave details of any allergies people may have had and included a photograph of people for identification purposes.

However, one person's records we looked at showed they were on anti-coagulant medication. Anticoagulants are used to treat and prevent blood clots that may occur in blood vessels. The MAR in place did not indicate how much medication had been received into the home. The instructions on the MAR were hand written and did not match the instructions on the pharmacy dispensed label which advised to administer as per instructions in the anti-coagulant therapy book. We saw in a period of three months there were four occasions where it appeared the person did not receive their medication as prescribed as the MAR was unsigned. The MAR had not been completed with the correct dates; August 2016 had been documented twice when it appeared it should have been September 2016. The registered manager agreed this was not an acceptable record to indicate the person was receiving their medication as prescribed and said they would ensure a pharmacy printed MAR was used in future. It was not possible to check if the person had received their medication as no records had been made of how much medication had been delivered.

Another person was prescribed a soap substitute lotion. The MAR was not signed to say this topical medicine was administered as prescribed. One person who used the service told us they kept some of their medication themselves. The registered manager was not aware of this and had not assessed this person and

their ability to manage their own medication. They told us they would look into this as a matter of urgency to ensure the person was not taking extra doses of this medication which could affect their health.

We looked at the medication policy in the home. This had not been reviewed since 2014 and did not cover all aspects of medication management. For example, there was no guidance on PRN (as and when necessary) medication, covert administration or competency checks for staff. The registered manager had identified they needed to update this and was in the process of obtaining new policies from a company who produced them. Staff who administered medication had been trained to do so. However, there were no systems in place to ensure staff received an annual check of their competency. The registered manager was not aware of NICE guidance on the management of medicines in care homes which gives the most up to date guidance.

There were no systems in place to audit or check medication records or practice. The registered manager said they looked at the MARs each month but did not record they had done this. This system was not effective as the issues we identified had not been picked up through this way of checking.

We concluded there was a risk that people would not receive all their medicines as prescribed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people who used the service were assessed and identified and included the risks of falls or pressure ulcers. However, we saw some people had been identified as at risk of falls or pressure ulcers and there were no detailed management plans in place to show how the risk was reduced or prevented. Another person was at risk from being out in the garden alone. The records stated this person was 'not allowed' in the garden. Staff explained this meant they were not safe to be in the garden alone. Staff and the management team described what they did to manage the risks of falls and pressure ulcers. One staff member said, "No things in the way, good foot wear and make sure people use things such as zimmer frames if they have them." The records were not clear and could lead to needs being missed or overlooked. The registered manager agreed to make sure this detail was added.

We saw the staff on duty were very attentive with people who used the service. The communal areas were supervised well and staff were responsive to requests for assistance from people. The people we spoke with said they had call bells to enable them to summon staff when they were in their own rooms. They said they knew how to use them. Two people told us staff were fairly prompt but did not always come straight away when they called them. They also said they could wait a long time at night for call bells to be answered.

A visitor told us; "Always plenty of staff and they are so on the ball." Staff told us there were always enough staff to meet people's needs and they did not feel rushed. Rotas we looked at showed staffing levels were provided as planned. The registered manager told us there were three staff on duty during the day and one staff member at night with on call sleep in support available on site.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the emergency lighting, electrical installation, gas safety and fire extinguishers. Records showed fire evacuation practices had been undertaken. Tests of the fire alarm and fire fighting equipment were undertaken each week to make sure they were in safe working order.

We carried out an inspection of the premises and equipment used in the home. We saw the home was clean, tidy and homely. There were no malodours in the home. The décor reflected the eastern European origin of

the people who used the service; with eastern European art work and ornaments on display. Where there were hazards such a steps and steep stairs these were protected by safety gates and high visibility marking tape to prevent accidents.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. There had been very few accidents reported in recent years. The registered manager said "We do not have many accidents at all, we keep a good eye on people." We saw a record of any accident or incident was made and any action taken was also documented. The registered manager said they were made aware of all accidents but did not sign the accident form to show they had reviewed them and were satisfied all necessary action had been taken. They said they would introduce this practice.

Staff and the management team were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. They were familiar with the home's whistle blowing policy. Staff had received training in the safeguarding of vulnerable adults.

There had been no new staff at the home for many years. Most staff had worked at the home for over ten years. We looked at the recruitment process for two staff and saw there was all the relevant information to confirm these recruitment processes were properly managed, including criminal record checks and references. The registered manager did not have a policy on how frequently a criminal record check should be re-done. They said they would look at the Disclosure and Barring Service (DBS) web site and review in line with their guidance. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

People who used the service and their visitors told us staff provided a good quality of care. They said the staff knew them or their family member or friend well and were able to meet their needs. One person said, "It takes time to know people. I don't have any complaints." A visitor told us, "They are fantastic, well trained to do a good job for people."

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support such as what to do, what to eat or where to spend their time. Staff respected people's choices and preferences such as a choice not to participate in an activity. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and make decisions.

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 looked at care records to see if they contained evidence the service had identified whether a person could consent to their care. There were no capacity assessments on the records despite our observations that some people who used the service may not have had the capacity to make some decisions about their care. No-one had a DoLS in place at the time of our inspection and no DoLs applications had been submitted to the local authority. However, we saw in one person's care file information which led us to believe they had been deprived of their liberty by the use of bed safety rails. There were no records to show this decision had been reached within the framework of a best interest decision. This person received care and support in a way that restricted their liberty.

The registered manager told us they had identified two people who were at risk of deprivation of liberty but had not yet made an application to the local authority to safeguard their rights. One person had been living at the home for almost a year. In the PIR, the registered manager told us there was no-one in the home who had their liberty, rights and choices restricted in any way. This inconsistency and contradiction led us to believe there was a lack of understanding of the MCA and DoLS. The registered manager said they had undertaken basic training on MCA and DoLS but were aware they needed to gain a more in depth and working knowledge of this.

Care plans for people lacking mental capacity to agree to arrangements for their care or treatment did not show evidence of best interest's decision-making in accordance with the Mental Capacity Act, based on decision-specific capacity assessments. People using the service did not have their mental capacity assessed in accordance with the Mental Capacity Act. The care plans did not contain a record of decisions

people were able to make and the ones they needed support with.

Training records did not specifically show staff had completed training on the MCA and DoLS. The registered manager said this was undertaken as part of safeguarding training. Staff were aware of the need to gain consent from people prior to undertaking care tasks. They were not able to clearly describe what working in people's best interests was or how they found out if people had capacity to make their own decisions.

The above evidence demonstrated a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Care records showed arrangements were in place that made sure people's health needs were met. The deputy manager said they had good links with the doctors and district nursing service. The GP visited the home each week to see if anyone needed to see them. A visitor told us, "They are on the ball, very prompt if medical attention is needed. I have every confidence in how they respond." A visiting health professional told us the staff were very responsive in seeking medical attention for people and always followed any instruction or health advice for people who used the service. They said, "I have no concerns at this home at all, health needs are managed very well."

We observed the lunch time meal in the home. People ate their meals on tables in front of them in the lounge. We were told this was their preference and the dining room was used for special occasions and celebrations. We saw a number of photographs in the home which showed the dining room in use for birthdays and Christmas celebrations or parties. We saw most people were encouraged to eat themselves and two people were assisted with their meal. This was done in a dignified manner. The meal was a hot soup for starter followed by meat and vegetables. The food looked and smelt appetising. Some people had blended food to meet their needs and this was presented attractively. Three people had their meals in their rooms which was their preference.

We saw people enjoyed their meals and there were frequent drinks and snacks provided for people. Cake and ice-cream was served in the afternoon and people thoroughly enjoyed this. There was fresh fruit in a fruit bowl in the lounge where people could help themselves if they wished. Polish dishes were frequently cooked and included home-made traditional soups and dumplings. The registered manager told us fish was served on Fridays for religious observations and they maintained the Polish tradition of no meat on Christmas eve.

The registered manager said they based the menus on people's likes and dislikes and saw what went down well with people; especially those who may not have been able to express their likes and dislikes. We were told people could always have an alternative to what was on the menu and we saw the kitchen and pantry were well stocked with a variety of food and drink. Care records did not contain information on people's food and drink likes and dislikes. However, staff we spoke with were able to give a detailed account of people's preferences. One person's records stated they had a poor appetite but did not give any information or instruction on how they were encouraged to take a good diet. A staff member told us what they did to promote a good diet for this person and said they made sure meals always had something of the person's favourite within them. One person who used the service said they would prefer a choice of meals as sometimes the food was too salty for them.

Staff told us they received good training and were kept up to date. One staff member told us they had been supported to complete a national vocational qualification (NVQ). The registered manager said they had an independent trainer who provided all their training at the home. The registered manager ensured all staff understood the training by participating in this themselves and providing language interpretation for staff who needed support in Polish.
Training records showed a number of training courses were undertaken. These included moving and handling, safeguarding, basic first aid, dementia and food safety. The registered manager did not have a policy on the frequency of refresher training for staff. They said they were working on this with the home's trainer to make sure staff's practice remained current and up to date. We saw from the records that some staff had not completed any refresher training for two or three years. The registered manager had identified this and said plans were in place to address this.

Staff said they received regular one to one supervision and annual appraisal. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs and any concerns. Records we looked at showed this to be the case.

Good

Is the service caring?

Our findings

People who used the service said they were well cared for at the service. Comments we received included; "All the staff know me and are very good and look after me", "The carers are very attentive and look after me well", "I like her very much [staff member] she is very kind" and "The staff call me by first name. They are all friendly. I can ask them to help me and they do help."

Visitors spoke highly of the service and were very complimentary of the staff and their caring approach. Comments included; "The staff are fantastic, most have been here a long time so they know people so well", "So caring and kind, we get on well with them all" and "I always feel so welcomed here." One visitor told us the caring approach of staff was extended to visitors; they told us they were given a meal to take home with them when they were took ill during a visit. They said, "They are so kind and that was a very thoughtful gesture."

A visiting health professional said, "Staff here genuinely care about people, people always look well cared for."

Throughout our visit we observed polite and respectful interactions. Staff were encouraging and supportive in their communication with people. Staff spoke in Polish or English when communicating with people. People who used the service enjoyed the relaxed, friendly communication from staff. There was a relaxed and homely atmosphere; with lots of smiles, chatting and laughter.

We saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with personal care. People who used the service said their privacy was respected. One person said, "The staff always knock on the door before they come in my room." Care records we looked at showed people's independence had been considered as part of the care planning process. Staff spoke of how they encouraged people to do what they could for themselves to maintain their independence and dignity. The registered manager told us they worked alongside staff to ensure high standards were maintained.

We saw people looked well cared for, clean and tidy which is achieved through good person centred care standards. People were dressed with thought for their individual needs and had their hair nicely styled. In one person's care records we saw the importance of keeping high standards of personal appearance had been noted. This person's visitor told us; "They make sure [name of person] is always well turned out just like she always liked to be."

Staff we spoke with were confident they provided good care and spoke of how they ensured people's privacy and dignity were respected. Staff and the management team spoke warmly about people who used the service and it was clear they had developed good relationships with people. We saw many photographs in the home which showed the provider and staff team spent time together enjoying activities and festivities. People who used the service and visitors spoke very highly of the provider. One person said, "He is a good kind man." A visitor said, "[Name of provider] really cares about the people here."

The registered manager told us no one who lived in the home currently had an advocate. They were however, aware of how to assist people to use this service and a service specifically for Polish people.

Requires Improvement

Is the service responsive?

Our findings

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the home. However, the assessments were not dated to clearly show when they had taken place.

We looked at the care records for three people. Care plans were developed from the initial assessment of needs and risks were also identified. Care records were written in English and Polish to assist staff and people who used the service in their understanding of them.

Some care plans were detailed and person centred and provided staff with clear guidance on how to meet people's needs. However, there were some shortfalls with the care plans and risk management plans. Some plans did not give full details of how care needs were carried out. Terms such as 'assist', 'prompt' and 'supervise' did not tell staff how much support a person needed and could lead to needs being overlooked.

There was a lack of person centred detail on people's likes, dislikes and preferences regarding food, drink or activity. One person's dietary care plan stated 'to provide healthy and appetising food'. There was no information on their likes, dislikes or how their type two diabetes affected their diet. We saw a care plan which showed a person living with dementia was confused at night and frequently up and walking around the home. The care plan did not give guidance for staff in how to assist the person to manage this behaviour and anxiety. We also saw the person had been assessed to be at a high risk of developing pressure ulcers and falls. There were no detailed management plans in place to show what was in place to prevent falls or pressure ulcers. However, staff were familiar with people's individual needs. They could talk confidently about the support they gave and people's preferences for how they liked their care to be carried out.

Medication care plans listed the medication people took but did not give any detail on how people liked to take their medication. Staff were however, able to describe this and spoke of the type of drink people liked when taking medication. We discussed the lack of detail in the care records with the registered manager who said they would re-look at them to ensure they were improved.

People's care records had a section to record their personal history and background. This information helps staff to get to know people and develop a good understanding of them. In some of the records we looked at this section had not been completed. However, staff were aware of people's backgrounds and could tell us people's history and what was important to them, for example, friends, family and activities they enjoyed. They told us one person had been a keen gardener and liked to always have fresh flowers in their room. We saw they had these. Staff told us another person liked to keep to the social routines they had enjoyed when they were at home such as going out for their hair done and going to bingo with their friend. The registered manager showed us some of these records that had been completed to a high standard with good person centred information on people's past history and background.

We looked at how people who used the service were involved in planning their own care. Records did not show how this was done. Care plans and care plan agreements had not been signed by people who used the

service. We saw for one person the monthly review of care needs had been signed by the person to show they were in agreement with the care provided. We asked people how they were involved in care planning and people who were able to told us they were happy the staff knew them and what their likes and dislikes were, and didn't feel it was necessary to be involved in the care plans. However, for people who were not able to agree to their care it was unclear who was involved in identifying and agreeing care needs.

We looked at daily records made on people's care and support. We saw people's health and welfare was monitored and records on care delivered such as baths or showers was made. However, the notes were at times repetitive and difficult to decipher due to the hand writing and grammar used. Frequently people were described as 'walking at night' or 'confused' but nothing was recorded on the actions staff took in response to this. Staff were however, able to describe what they did; this included walking with the person, offering cups of tea and general reassurance. They indicated their awareness of good practice for people living with dementia.

People who used the service were involved in a range of activities. Care staff and the management team provided the activity and there was an occasional activity organisation that were booked to come in to the home to undertake music and exercise type activity. Records we looked at showed activity on offer included; Polish television, puzzles, dominoes, exercise to music, singing, walking in the grounds, ball game, manicures and sitting in the garden. We saw the home had obtained knitted hand muffs with a variety of textures sewn onto them for people to interact with. They were left out in the sitting room so people could have easy access to them.

On the first day of our visit staff were involved in providing a lively ball game/exercise to music activity in the morning. This was clearly enjoyed by people with lots of laughter, clapping and cheering. Staff engaged well with people and encouraged their participation. In the afternoon people played board games and staff were encouraging and interacting with people. On our second day, similar activity was provided and people were also encouraged with knitting and reading.

The deputy manager told us a Catholic priest visited the home once per month to give people holy communion if they wanted this. The deputy manager told us people were offered activity such as going to the local park but did not always want to do this. The registered manager told us how they encouraged contacts with family and friends and the local Polish community. They said they frequently offered visitors a meal and refreshments and occasionally had local scouts and a Polish folklore group coming in to the home to sing and interact with people.

There had been no complaints at the home for over two years. Records we looked at showed any complaints received had been well managed and responded to properly. People who used the service said they did not have any complaints but knew what to do if they had. One person said, "I would speak to [name of provider] he listens to me."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a small team of care staff. The provider lived on the premises and was available in the home each day. People who used the service said how useful it was to have the provider living there and that he spoke their language and was a very kind and approachable person.

A visitor told us the home was very well run. They said, "I am here every day, [name of registered manager] is the boss; she's fantastic and makes sure people are looked after well." They also said the registered manager was approachable and they felt comfortable to speak with them if they had any concerns or worries about their friend.

A visiting health professional said, "This is a good home, I enjoy coming here, there is always a good atmosphere, the staffing is not spread too thinly and everything is well organised."

The home did not have residents or relatives meetings. The deputy manager said they gained feedback from people who used the service when they conducted monthly reviews of care and because the service was small they were speaking with people and their visitors all the time to find out their satisfaction with the service. The registered manager conducted regular one to one meetings with people who used the service to gain their feedback on the service and anything they may wish to change. They told us this worked better than a general meeting which people had been reluctant to attend.

The provider also sent out annual questionnaires for people who used the service and their relatives. These were reviewed make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2016 and these showed a high degree of satisfaction with the service. No comments or suggestions for improvement had been made.

Staff spoke highly of the management team and the provider and spoke of how much they enjoyed their job. Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was approachable and always had time for them. One staff member said, "The manager is a beautiful person in all ways."

There were some systems in place to assess and monitor the quality and safety of the service. The registered manager said they spoke on a daily basis with people who used the service, staff and the provider to ensure the home was running smoothly. We saw there were documented audits of cleanliness, safety, mattresses and fire safety. However, the medication checks and care record reviews were not formal and had not identified the issues we found so were not fully effective in ensuring quality and safety. The registered manager agreed they needed to introduce a more formal audit to show this activity and ensure improvements were identified and made when needed.

We were told that the provider visited the home regularly, usually each day, to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the

service, staff and the manager during these visits. Our observations showed us the provider was well known to the people who used the service and staff.

The provider had informed CQC about one significant event that had occurred in the home but from our review of records we saw they had not yet informed us of a reportable event that had taken place the previous month. We discussed this with the registered manager who showed they understood their responsibilities to report events to us and agreed to send in this notification as a matter of urgency. They said they needed to refresh their knowledge on the requirements of events that CQC should be notified about and would make sure they did this.

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 11 HSCA RA Regulations 2014 Need for consent Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived. It was not clear in the care plans we looked if the rights of people who lacked the mental capacity to make decisions were respected as decision specific capacity assessments had not been completed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.