Roseland Care Limited

Charters Court Nursing & Residential Home

Inspection report

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Ratings

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

Overall summary

Charters Court Nursing and Residential Home provides nursing and personal care for up to 60 older people, some of whom are living with dementia, others who may have had a stroke or who require end of life care. The home is purpose built and opened in April 2014. It is divided into four separate units, each with their own kitchen/dining and lounge area. The home is set within a 'village' which includes a club house and GP surgery. On the day of our inspection 12 people were living in the home.

This inspection took place on 27 January 2015 and was unannounced.

The home has been without a registered manager since November 2014. 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. The home was being managed by

Summary of findings

the deputy manager and overseen by a manager of another of the provider's homes, as well as the provider's Quality and Compliance Manager. All three were present on the day of the inspection. Staff told us they did not always know who to report to in the absence of a registered manager.

The provider had not ensured safe recruitment practices were followed, which meant staff may not be suitable to work in the home.

Care was provided to people by staff who were trained, although we found not all training records were up to date. Staff went through an induction period before they were able to work on their own.

Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Care plans were reviewed regularly. However, we found some information was missing or not clear.

People felt safe and staff had written information about risks to people and how to manage these. People were allowed to take risks within a managed environment. For example, walking independently or going in to the village on their own. People had call bells within their reach when they were in their rooms.

There was a relaxed atmosphere in the home where people and staff interacted in an easy-going manner. One relative said, "The care is excellent at the moment. I am very happy with Charters Towers (Court)."

Staff supported people to take part in various activities and arranged activities that meant something for people. However, people told us they would like to go out more.

People had care responsive to their needs. For example, one person was required to exercise during the day and staff encouraged this.

Staff followed correct and appropriate procedures in relation to medicines to ensure people received their medicines safely.

Staff were able to evidence to us they knew the procedures to follow should they have any concerns about abuse or someone being harmed.

There were a sufficient number of staff to care for people. This included registered nurses and care staff. Bank staff were used during periods of staff shortage.

Staff understood their responsibilities in relation to Deprivation of Liberty Safeguards (DoLS). Staff were working with the local authority with regard to three people and whether or not they needed DoLS applications submitted. Staff were able to explain to us the principles of the Mental Capacity Act (MCA) 2005 and when a best interest meeting should be held.

People were provided with a choice of meals each day and each unit had facilities for staff or people to make snacks at any time during the day or night. Fresh fruit was available at all times.

Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, optician or district nurse.

Complaint procedures were accessible to people. The provider had received two complaints and these had been responded to in a timely manner.

The provider had not yet undertaken a satisfaction survey with people, but people met together for meetings to discuss the running of the home.

We saw evidence of quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live. However, these checks had not identified that care records were not always kept up to date or accurate. As the premises and equipment were new some audits were not required.

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Appropriate checks were not always undertaken to help ensure suitable staff worked at the home.

Staff followed good medicines management procedures.

The provider ensured there were enough staff on duty to meet the needs of the people.

People were encouraged to be independent in a safe way as staff had assessed when people may be at risk.

Staff were trained in safeguarding adults and knew how to report any concerns.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to deliver care effectively.

Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were treated with kindness, care and respect.

Staff encouraged people to make their own decisions about their care.

Residents met together to give their views on the running of the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people were supported to take part in activities that meant something to them. However, people said they would like to go out more.

Although care plans were regularly reviewed.

People were given information how to raise their concerns or make a complaint.

Summary of findings

Is the service well-led?

The service was not well-led. The home was without a registered manager.

Staff did not have the opportunity to meet regularly and although they felt supported were concerned about the lack of registered manager.

Relatives said the home had no management oversight or leadership.

Quality assurance audits were carried out to ensure the safe running of the home but this had not identified care records were not up to date.

Requires Improvement

Charters Court Nursing & Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 27 January 2015 and was unannounced. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

As part of our inspection we spoke with 10 people, seven staff, one nurse, four relatives, three visitors, the deputy manager, a Roseland Care manager of another home, the quality and governance manager for the provider and two healthcare professionals. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included six people's care plans, six staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete 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. This was because we were responding to information and concerns that had been raised with us.

The home has not been inspected by the CQC before.

Requires Improvement

Is the service safe?

Our findings

One person told us, "You don't have to wait for staff. Another said, "Loads around." One staff member said, "Sometimes there are more staff than people." Two people told us they were confident about who was looking after them and could trust them. Other people said they liked their rooms and felt safe there.

Staff recruitment records did not always contain the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files did not all include a recent photograph, written references and a Disclosure and Barring System (DBS) check for example. DBS checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The provider was carrying out an audit of staff files, but missing paperwork and checks had yet to be completed. However, this meant that staff may have commenced work at the home without being suitably vetted. This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Action in relation to people at risk of falling required improvement. One staff said the biggest things that affected people was their risk of falls. They told us, "We've recently moved one person's bedroom around by putting the bed against the wall. This person has slipped off the bed on to the floor, mainly at night." However, they did not explain whether the person had been involved in this decision. We found the bedspreads were made of shiny fabric which may have contributed towards the likelihood of them slipping off the bed. We read in this person's care plan that preventative measures were listed for staff. The deputy manager told us that after two falls people would be referred to the falls team (an external support team who give advice to help prevent falls). However, we noted that this person had three falls prior to 1 January 2015, but a referral was not made to the falls team until 26 January 2015.

People's medicines were managed so they received them safely. Staff explained what medicines were for and took time with people to check they took their medicines. Staff followed good hygiene practices when carrying out the medicines round. Staff wore a red tabard with 'do not disturb' on it so they would not be interrupted. Staff returned the medicine trolley to a locked clinical room and locked it to the wall. Medicines were stored and ordered correctly. Medicines were kept in a fridge when appropriate and the temperature was checked each day. One member of staff was responsible for ordering stocks of medicines.

People's medicines records were up to date. Each person had a medication administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. MAR charts included people's photographs as well as any allergies they had. All MAR charts were up to date, completed fully and signed by trained staff. Correct codes had been used when people refused their medicines. Staff followed the medication management policy in relation to over the counter medicines and medicines given 'when required' (PRN). One person had a PRN medicines plan with guidance for staff.

As far as possible, people were protected from the risks of abuse and harm. Most staff had received safeguarding training. Where staff hadn't received training in this home they had been trained in their previous roles. Staff understood the different types of abuse and described the action they would take if they suspected abuse was taking place. A flowchart was available for staff which showed how they should act if they had any concerns. Staff said they would report any concerns to their immediate manager and if necessary the CQC or police. Staff were not aware of the role of the local agency responsible for safeguarding. Two visitors told us staff had checked who they were when they came into the home and confirmed with the person they were visiting that they were happy to see them. There was information available in people's information booklets on how to keep safe.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. The provider used a dependency tool to determine the level of staffing in the home. This determined recommended ratios of staff to people. During staff shortages bank staff were called in. A relative said, "There are usually ample staff, occasionally there is an issue with a member of staff having gone unexpectedly sick and the staff at Charters Court readily adapt to cover the situation." They added, "I am a regular visitor at the home and have monitored the response times (of staff) which are never unreasonable." We saw people being assisted in a timely manner and plenty of staff on hand to support people when they required it.

Requires Improvement

Is the service safe?

Risk assessments had been drawn up to help keep people safe. These included managed risks, for example a person wishing to do something independently. Staff said people who could walk on their own were more at risk, but they would accompany someone, rather than help them to walk in order to keep their independence in a safe way. One staff member said, "I worry about people falling, but we have to encourage their independence." A relative told us that staff provided one to one care to ensure his father was safe and pressure pads were used to alert staff to when he decided to stand up in the middle of the night.

The premises and equipment were designed and managed to keep people safe. One staff member said they would make sure a hoist was charged and a safety check carried out regularly to ensure people were lifted safely. They added they would always wear gloves and an apron when carrying out personal care to avoid risk of infection. Staff got to know those who needed help to walk and those who needed assistance getting up from a chair. One person was prone to falls and staff encouraged them to use their call bell to alert them, rather than trying to do things themselves. Staff enjoyed working in the home and told us the best thing was the design. They said it allowed people to move around freely in a safe way.

The provider had a plan in place to deal with an emergency, which meant people would be protected. Staff said there was guidance for them on what action to take and an evacuation plan to ensure people would continue to be cared for should they have to leave the home at short notice.

Good

Is the service effective?

Our findings

Staff had an induction before they worked unsupervised at the service. One member of staff said they worked through the induction programme and had hands-on training, which included manual handling and health & safety. Another member of staff said, "We can request additional training. We recently had training in bereavement and dying." The deputy manager said staff had access to external training, such as bladder and bowel, oral health, falls, diabetes or pressure wound and staff worked through the Skills for Care worksheets (Skills for Care common induction standards which are the standards people working in adult social care need to meet before they can safely work unsupervised). She added staff had mandatory training available such as fire, health and safety and food and hygiene. Staff said they had supervisions, but had yet to have an appraisal. We saw staff work independently and they demonstrated they understood their roles and duties.

Staff were able to progress professionally. One staff member had their National Vocational Qualification (NVQ) Level 3 in Health and Social Care and had now asked to take their NVQ4. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (and competence) to carry out their job to the required standard. A member of staff was a manual handling trainer and they were encouraged by management to hold in-house training sessions for other staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority as being required to protect the person from harm. The deputy manager was in contact with the local authority in relation to whether three people required applications submitted. There were no restrictions on people's movement and people could move around and leave the home when they wanted. One member of staff said, "Everyone has capacity in some way, but at times a 'best interest' meeting is needed to make a decision." One person had their medicines administered covertly. This had been discussed with the GP and their family (who had legal authority) to reach a decision in their best interest. Another member of staff told us, "It's about people's understanding of things. For example, one person needs medication and can't understand why he needs it. It's been okayed by the GP for him to have it mashed up in food." A further staff member commented, "It's about their decision making capacity to make a decision on their own. If they haven't we will call the relatives, doctor or social worker who will assess them and/or make a best decision."

Staff acted appropriately in relation to making decisions for people or gaining their consent. One person had a bed rail authorisation signed by a family member who had power of attorney for health and welfare for their relative. Other people had 'do not resuscitate' forms signed by family or GP with a person's consent. Staff were able to confirm that people had legal authority to sign these. A member of staff said, "If people don't have mental capacity the family may have power of attorney. People can have capacity for some thing's but not others."

One person told us, "Food is excellent, plenty of choice and brilliant for a home." Another person said, "No problems with the food – very helpful. Occasional dislikes but they're very accommodating." A relative told us, "He is offered a glass of wine with his evening meal which he has always liked."

People were provided with a range of food to help maintain a healthy diet. There was a choice of food each day. Staff knew people's dietary requirements. This included the care and kitchen staff. Kitchen staff said there was a list in the kitchen which was updated by care staff. They told us, "As there are only a few people in the home, it is easy to get to know people individually." Staff explained how one person was diabetic and how the sugar content was lowered (for example, diabetic jelly or sugar free desert). People were offered a choice of drink with their lunch. One person chose to have a beer, which is what they preferred and this was provided. People were offered drinks throughout the day and staff chatted to people as they sat in the lounge.

One person had been quite poorly for several days, but because of care provided by staff they had improved. Other people had gained weight as they now received regular meals which they may not have been eating at home. One person needed encouragement to get out of bed and sit in a chair each day to keep them mobile. Staff told us they did this under the guidance of the physiotherapist. A relative told us, "He is cleaner, safer and generally happier."

Good

Is the service effective?

People said they had access to healthcare professionals. One person told us, “If there’s a problem they call the doctor.” A relative told us, “Her needs are anticipated by the staff rather than always having to spell out what is needed.” They added, “Her health is always reviewed and we have always been impressed and reassured by the actions of all the staff.”

The health needs of people were met as staff referred people to healthcare professionals as and when needed. Care plans evidenced the involvement from external health professionals to provide guidance to staff on a person’s changing needs. We read people had involvement from the tissue viability nurse, GP, physiotherapist, podiatrist, dietician and palliative care. The GP came to the home once a week to check on people. One person was losing weight as they had lost interest in eating. A relative told us this had been picked up and was being proactively addressed in consultation with the dietician. Another person told us they were arranging to see a dentist.

Staff involved healthcare professionals when people’s health deteriorated. Healthcare professionals told us staff made appropriate referrals to them. One healthcare professional said staff had referred one person to them in relation to pain and infection. Staff had followed the professional’s guidance in providing care and support to this person. Staff had also referred another person as soon as they had identified a need for a healthcare professional’s involvement.

Good

Is the service caring?

Our findings

People spoke highly of staff. One person said, “They do have time for you if you need it.” Another told us, “Quite enjoy living here. Everyone tries to help me, the staff couldn’t be better. I sleep well at night. I can’t remember calling anyone; I wouldn’t hesitate to call the staff.” They are very nice here. I don’t have any complaints.” A healthcare professional told us they found staff quite caring and concerned about people.

Staff were respectful. We heard staff speak to people respectfully, using their first names and taking time to listen to them. People had the opportunity to spend time privately, either in their room or in areas around the home. Staff encouraged people to be independent and people could leave the home without restrictions. People could take a call bell with them to alert staff of when they returned to the home.

The home had a calm atmosphere. Two people were watching television and chatting about the show that was on. One person said, “Can’t fault the home. Staff are kind and caring.” A relative told us, “They (staff) are very conscious of preserving dignity and respect.” They added, “I can particularly highlight just an overwhelming ambience of security, relaxation and friendship.” Another relative said, “Can’t speak more highly of the caring staff.”

One staff member said, “I talk to people and give people time even if I’m rushed. I don’t let people think I am rushed.” Another staff member was seen sitting next to someone explaining what their drink was and how it would help them.

People were able to socially interact. One person told us they sat with three other people at the table and they, “All get on quite well.” People were heard at their tables involved in conversation during lunch. There was a great deal of camaraderie between staff at all levels during the lunch period. People who needed support to eat their meal were not rushed by staff. Staff took time with them.

After lunch people were assisted back to their chairs or their rooms with kindness. They were allowed time to walk at their pace and not rushed. We felt a great deal of camaraderie between staff at all levels during the lunch period and some of it was directed towards people, who joined in. During the afternoon activity there was good interaction between staff and people.

People could make their own decisions about their care. One person told us, “If you don’t want to wash, that’s fine. We can make our own decisions.” People could decide when they got up or went to bed. One person was seen having a late breakfast. Staff said, “If someone was in bed and didn’t want to get up, I’d encourage them. Tell them they’d feel better if they had a bath or something. If not, I’d leave them and check them regularly.”

People were provided with a booklet explaining to them what was available to them in the home. There were also residents meetings when people could put forward ideas, raise concerns or generally feel involved in the running of the home.

Staff knew people and their preferences. One staff member said, “I get to know a person by talking to them and about their past, using photographs, old albums and people tell you about their past. I played Connect 4 with a person this morning, I explained how to play and we played a game. Best thing is we have time to talk with people and play games.”

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. People had telephones in their rooms to keep in touch with people. One person told us, “Visitors can have lunch with me.” Another told us, “I’ve got my family. I see them twice a week which is lovely.” One person had two visitors. They (the visitors) told us staff greeted them warmly, made them feel comfortable and offered them tea.

Requires Improvement

Is the service responsive?

Our findings

One person said, "Always something to do. I'll do most things that anyone suggests. I've yet to ask for something which they haven't done."

People received care that was responsive to their needs, although information in care plans was not always completed or up to date. Care plans contained monthly assessments of care needs, hobbies, past life and interest, food and weight information. One person had several falls and although had been referred to the falls team. Another person's weight had reduced from 64.5kg to 51.6kg in a four month period. We spoke with staff about this who were able to explain the reasons for this weight loss.

Staff said they asked people for their likes and dislikes when they first moved in and the care plan was prepared by senior staff. One staff member said, "Reviews are done with the resident, relative and GP if necessary. We communicate in the communications book if anything needs changing." Another member of staff told us, "I find out about peoples care needs, if I've got a spare minute I go to their care files and read them." A relative said their family member's needs were discussed with them and reviewed frequently. Two relatives we spoke with said they felt up to date with their family members care.

Staff made people feel they mattered as they arranged activities for them that had meaning. One person said they liked bridge and staff had arranged external bridge players to come in regularly to play bridge with them. Another person enjoyed their listening books and music and staff supported them to do this.

Generic activities were arranged for people to participate in. A theatre club visited regularly and Zumba (exercise class) took place once a week which everyone enjoyed. Other activities included word games and cheese and wine parties were popular. One person said, "There's usually something going on." Another person told us, "We sit on the patio in the summer. I like to join in on the odd thing, but happy to sit in my room." A further person commented, "I like playing games and yesterday a member of staff played dominoes with me. I enjoyed that." A relative told us, "My worry was that she would be left in her room, but when I come to see her she is always here (in the dining room)."

Three people were actively taking part and enjoying a word game with staff. Another person liked to read the newspaper each morning. A staff member said, "If someone is sitting doing nothing, I ask them if they want, for example, a foot massage."

A staff member told us, "At Christmas we made paper mache decorations. We ask people if they'd like to play cards or something, or get them to play Scrabble, for example. Other members of staff join in and we have team competitions." They added they found activities appropriate for people living with dementia. For example, they made handprints and stuck pictures to a large piece of card to make a collage. The home had memorabilia in the corridors and communal areas. There were items for people to touch, hold or look at.

However during our conversations with people and relatives we felt people could become socially isolated. Relatives told us they felt disappointed more was not going on in the home, particularly in relation to the mini bus which had never been used. They felt their family member often stayed in their room as, "There was nothing to come out for." One person told us they had been in the home since May 2014 and had not been out. People did not know they could go out. One person said, "I forgot they had transport." Another told us, "No, I don't go out, I stay in my room, but I like it if staff walk me round the garden for ten minutes; it's fresh air as it is very hot here." A further person stated, "I don't always know what is going on. Staff sometime come and wheel me down to the lounge." We did not find anything specific to support and develop memory for people such as pictures, photographs or different technology such as electronic equipment to ensure communication in a meaningful way. This can be particularly important for people living with dementia. This may mean people were not always involved and stimulated through activities in the home. This is an area that needs to be improved upon.

People knew how to make a complaint or comment on an issue they were not happy about. We were told most recent complaints, although not in writing, were about the lack of stability at the home whilst there was no registered manager. Two formal complaints had been received and we read these had been dealt with appropriately. We asked

Requires Improvement

Is the service responsive?

staff what they would do if someone wished to complain. One staff member told us they would refer someone to the nurse in charge and another said they would document it and deal with it themselves or report it to a senior carer.

Requires Improvement

Is the service well-led?

Our findings

One person said, "The managers come and speak to me and will always listen to me, particularly the deputy manager." A relative said, "The only thing I would say needs improvement is the provision of a new manager." This was reiterated by other relatives who told us, "The home has been void of management for a long time. There is no communication at all or leadership"; "There is no overall manager. I have previously called head office, but that wasn't useful as no one got back to me." And, "There are clearly management issues at the home."

The home had been without a registered manager for four months. The providers Quality and Compliance Manager recognised recruiting a new registered manager was the key challenge for them. They told us they hoped to recruit someone by the end of January 2015. They had changed the job description so they would be a dedicated (registered) manager for the home, rather than both the home and the village, which would increase the management support for staff. Relatives told us they had contacted the providers head office in relation to the lack of registered manager, but the providers head office in relation to the lack of registered manager and had been disappointed their calls had not been returned and there was little communication.

Staff said the deputy manager was very good and was on the floor every day and other management were supporting them during the period without a registered manager. Staff said the provider's chief executive and other senior managers visited the home. One staff member said, "They give us plenty of support." They added they were a good solid team with experienced staff. However, staff were concerned about the lack of registered manager and some staff told us they were unsure who they should report to. One member of staff said, "At the moment we are wondering who the (registered) manager is going to be." Another member of staff told us, "Sometimes too many chiefs." A further member of staff told us, "Hasn't been a staff meeting yet – no one has asked me how I'm doing. This is an area that needs to be improved upon.

Staff did not always have the opportunity to contribute towards the running of the home. Staff told us they had only had one staff meeting. They said managers have been very busy to get everyone together and a meeting was usually only convened when there was a problem.

However, we were told by the providers Quality and Compliance Manager that staff had submitted suggestions for the garden area of the home, such as a small farm, or the installation of a washing line or telephone box for people.

People were able to make suggestions and become involved in the home. At the last resident's meeting, held August 2014, people discussed the food and activities. We read that one person was disappointed there was nothing to do in the home and another would like more discussion groups, baking and to get out more. A further comment related to a request for a particular food and we heard this had been acted upon. Residents had formed a committee for the Christmas fete, but staff had not encouraged this committee to continue to meet to plan other events for people. Relatives said there were plans to form a relative's committee but this has never come to fruition. They said a relative's meeting was held in August last year where a lot of good ideas were put forward, but none had been addressed by staff or management.

People had not been asked to complete a survey to give their feedback about the home. The Quality and Compliance Manager told us a resident and relative survey was about to be sent out.

Internal quality assurance checks took place to help ensure the safety of the home for people. These related to fire safety checks and water temperatures as well as other checks. We read a care plan audit had been undertaken, however this had not identified the missing information in care plans that we had identified. The lack of clear leadership, effective response to relative's concerns, and an ineffective quality assurance process was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Information held by the home was not always up to date or complete. Staff told us they had access to training, however the records we were provided were not complete and did not contain up to date, clear information. Care plans were not always completed or up to date. One person had several falls and although they had been referred to the falls team, this was not clearly recorded in the notes. In one person's hospital passport (a document that contains important information should a person be admitted to hospital) it did not mention this person was diabetic.

Requires Improvement

Is the service well-led?

Another person had lost weight. Staff were able to explain the reasons for this weight loss, but this was not detailed in this person's care plan. We found a couple of falls risk assessments in care plans had not been filled in.

A relative said they had not had a formal care plan meeting in the six months their family member had been in the home. They had requested such a meeting but it hadn't happened. Despite this, they said they did feel up to date with their family members care.

The lack of robust records was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were cared for by staff who felt safe to raise issues that might impact on people's safety. We saw staff had a whistleblowing policy available to them in order to raise concerns. Staff told us they were aware they could whistleblow if they had any concerns.

Care records and staff records were stored securely and confidentially but accessible when needed. Staff were able to provide us with all the documents we requested without any difficulty, showing us they were aware of how to access policies and procedures. We were shown policies for fire, safeguarding, advocacy, mental capacity act, health & safety, whistleblowing, drugs policy, storage and administration and the ethos, aims and values of the home.

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 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 Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The provider did not have regard to the complaints, comments and views of people.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **The provider did not hold an accurate record in respect of each person.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The provider had not complied with Schedule 3 of the Health & Social Care Act 2008 in relation to good recruitment processes.**