

Durham County Council

Hawthorn House

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

Summary of findings

Overall summary

We inspected Hawthorn House on 10 March 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in.

Hawthorn House is a purpose built single storey building which provides a short break service for up to ten adults aged 18 and above who have a learning disability, some of whom may also have a physical disability. It is located on the outskirts of Durham City.

The home had a manager who was not yet registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager told us they were in the process of completing their application to become the registered manager.

The manager and staff showed that they had an understanding on the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Professionals had completed capacity assessments on people who used the service; however decision specific assessments of capacity were not available on care records we looked at. Best interest decisions were not always recorded.

Staff had received regular updates on their training to enable them to carry out the duties within their role; however the training chart needed further development to detail the dates of staff training and all the training staff had completed.

People were protected by the service's approach to safeguarding and whistle blowing. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building, equipment and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as choking, mobility, community participation and behaviour that challenges amongst others. This meant staff had the written guidance they needed to help people to remain safe.

We found that safe recruitment and selection procedures were in place and appropriate checks were

completed before staff started work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. Sufficient staff were on duty to ensure people's needs were met.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Regular temperature checks were made of the room in which medicines were stored and on some occasions the room temperature was too warm. This meant that some medicines could deteriorate and be ineffective. The manager said they would monitor temperatures and take action if needed.

Staff told us that they felt supported. There was a programme of staff supervision in place. Records of supervision were detailed and showed that the manager had worked with staff to identify their personal and professional development goals. Staff had received an annual appraisal.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, patient and interacted well with people. Observation of the staff showed that they were caring and knew the people very well. Relatives told us that they were happy with the care and service received.

People were assessed and care plans were in place. Relatives told us they were involved with developing the care plans. Care plans described the level of support and care the person needed and likes and dislikes were also recorded. This helped to ensure people received the care and support in the way they wanted. Staff at the service were in the process of reviewing, updating and re-writing all plans of people. At the time of the inspection they had completed 17 of the 72 plans of the people who used the service during the course of the year.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. There were activities and outings for people.

The registered provider had a system in place for responding to people's concerns and complaints. Relatives said that they would talk to the manager or staff if they were unhappy or had any concerns.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The service manager visited the service on a regular basis and completed audits on a monthly basis. The manager also completed an in house audit of care records, but did not always keep a written record of this.

The service manager told us that commissioners completed an annual survey with people and relatives to seek their views on the care and service provider. Commissioners did not share the result of this audit with participants or staff. This meant the management and staff were unaware if improvements were needed.

The manager provided good leadership who provided an emphasis on teamwork. Morale was good and

staff were well supported in carrying out their responsibilities.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version 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?

Good ●

The service was safe.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were completed to help ensure suitable staff were recruited to work with people who used the service. There were enough staff on duty day and night to ensure people's needs were met.

There were arrangements in place to ensure people received medicines in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective

The manager told us staff were trained to care and support people who used the service both safely and to a good standard, however records were not updated to reflect this. Staff received supervisions and an annual appraisal.

The manager and staff had an understanding of the principles of the Mental Capacity Act 2005. However decision specific assessments of capacity were not available on care records.

People had access to healthcare professionals and services.

Staff encouraged and supported people at meal times.

Is the service caring?

Good ●

The service was caring.

People and their families had positive relationships with the staff team.

Staff understood people's needs and preferences and ensured they were treated with dignity and

respect.

People and relatives were encouraged to express their views and be involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were regularly assessed and recorded in care plans which were kept under review. Staff provided personalised care and were responsive to people's changing needs.

Various social activities were offered and people were supported to access and engage in their local community.

Relatives said that staff were approachable and they felt comfortable in talking to them if they were concerned or had a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered provider completed an annual survey with people and relatives; however the findings were not circulated to participants and staff. This meant staff could not reflect on the findings and drive improvement.

The manager provided good leadership and was committed to developing the service. There was an emphasis on team work and staff had good morale and felt well supported.

Senior management visited the service on a regular basis and also completed monthly audits. The acting manager completed audits of care plans; however this audit was not always recorded on a formal auditing tool which meant we were unable to determine the actual checks they were making.

Hawthorn House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

We inspected Hawthorn House on 10 March 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider was not asked 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.

At the time of our inspection visit there were seven people who used the service. We spent time with two people. Communication was limited because of their disabilities however; we spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms. After the inspection we spoke with the relatives of three people who used the service.

During the visit we spoke with the manager, service manager, the cook, two home support workers and an agency care worker.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I like it here." A relative we spoke with said, "I have always felt [person] is safe there particularly when we go on holiday."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. During the inspection we spoke with staff about safeguarding vulnerable adults. Staff were aware of the different types of abuse and what would constitute poor practice. They had confidence that the manager would respond appropriately to any concerns. The manager said abuse and safeguarding was discussed with staff on a regular basis and during supervision. Staff we spoke with confirmed this.

Staff said they had received safeguarding training within the last three years. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said, "[Manager] is very approachable and easy to talk to. I know [they] would take action if needed."

We looked at the arrangements in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. The manager explained to us that staff assessed all the risks or hazards each person may be susceptible to during their daily life. We saw that people had risk assessments in place for choking, mobility, community participation and behaviour that challenges amongst others. Staff supported people to keep safe. The risk assessment of one person detailed that they would eat quickly and were at risk of choking. The risk assessment stated that staff were to tell the person to slow down when eating. We saw this happen during the inspection. The person was eating their food very quickly and staff very respectfully reminded the person to slow down.

The manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, emergency lighting, and gas safety.

We saw certificates to confirm that portable appliance testing (PAT) were up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Personal emergency evacuation plans (PEEPs) were in place for only two of the people who used the service.

PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The manager told us they would make sure all people had a PEEPs as a matter of importance. Records showed that tests of the fire alarm and fire practices had been undertaken during 2016.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The manager said that accidents and incidents were not common occurrences, however had appropriate documentation in which to record an accident and incident should they occur.

The manager and many staff had worked at the service for some time. Ordinarily the service did not have a high turnover of staff, however four staff had recently left their employment and the manager had interviewed for new staff. The new staff to be recruited were transferring from other departments within the local authority. The manager told us these staff would have a minimum qualification of a National Vocational Qualification [NVQ] level 2 in care. The manager was able to tell us about the recruitment procedure the local authority followed for any new staff. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also reduces the risk of unsuitable people working with children and vulnerable adults.

We looked at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day and evening there were three care staff on duty. Overnight there were two staff to support people. In addition to this the manager worked supernumerary during the day from Monday to Friday. There was also additional staff to do the cooking and cleaning. The manager told us that staffing levels were flexible, and could be altered according to need. We were also told that agency care staff worked at the service to provide any additional one to one time people had been funded for. The manager told us they used the same agency staff to ensure continuity. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff spent time talking with people and engaging in activities. Staff told us that they worked well as a team and there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "I really like working here. We are a good team."

We saw that appropriate arrangements were in place for the safe management and administration of medicines.

Relatives were responsible for ensuring sufficient medicines was brought in for the person's stay and this needed to be accompanied by a copy of the person's current medicines prescription. Medicine had to be in its original container, which was clearly labelled for staff to read. Two staff would then check the medicines to make sure they were correct.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. A relative we spoke with said, "They always supervise [person] with their tablets and make sure [person] has a glass of water."

The service had a medicines policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). A MAR is a document showing the medicines a person has

been prescribed and recording when they have been administered. We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medicine was for and potential side effects. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medicines had received training and had their competency assessed. This showed us there were systems in place to ensure medicines were managed safely.

We saw that daily temperature checks were taken of the room in which medicines were stored. We saw on some occasions the room temperature was too warm at 26 and 27 degrees Celsius (medicines should not be stored above 25 degrees Celsius). Some medicines are prone to deteriorate if they are stored at too high a temperature. The manager said they would monitor temperatures and take action if needed.

Is the service effective?

Our findings

One person who used the service told us staff provided a good quality of care. One person said, "They [staff] are all nice." A relative we spoke with said, "[Person] has been going for so long that they [staff] know everything about them and what they need."

We asked the manager to tell us about training that was provided to staff. They told us moving and handling and safeguarding training was provided every year and health and safety training was every three years. They said that staff received fire safety training from an external provider every three years and in-between staff completed regular fire drills as part of their learning and a yearly discussion took place in-house with staff about fire safety.

Staff we spoke with told us that there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, epilepsy awareness and health and safety amongst others. One staff member said, "We have done a lot of training this year. The training is good and some is in house from professionals." One staff member told us they had been on epilepsy training but to ensure they were confident they had asked to attend this again. They told us how pleased they were to be able to attend this training again and how this had increased their confidence.

We looked at the staff training chart to determine if staff were up to date with their training. We could not determine if staff were up to date with their training as some training was recorded as completed, but the date was not recorded and some training staff had undertaken was not recorded. For example the manager told us staff were up to date with first aid training, however this was not recorded on the training chart. The manager said they would contact the learning and development department of the local authority to address this and bring the chart up to date.

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

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. We asked the manager if families had Court of Protection arrangements for depriving people of their liberty in the community as this was

transferable to the service. We were told other professionals within the local authority were responsible for undertaking capacity assessments on people who used the service and they would check out if Court of Protection arrangements were in place. Examination of records and discussion with staff informed that both relatives and staff were making best interest decisions for people who used the service, however these were not always recorded. A discussion took place with the manager and service manager about the need for decision specific mental capacity assessments and evidence of best interest decisions to be kept within care records.

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

Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care. Relatives we spoke with after the inspection confirmed this.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We looked at the supervision records of two staff and saw they had last received supervision in November 2015. A staff member we spoke with said, "We get about four supervisions a year but we can have more if we need it."

We saw records which confirmed that staff had received an annual appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth.

The cook told us the service had a two week menu plan, however, this changed depending on the people who used the service. As many people had used the service for a number of years they were aware of the food people liked to eat. There was also a list in the kitchen of people's likes and dislikes and any specialist diets such as diabetic or gluten free. We looked at the menu plan which showed a varied selection of meals. The cook told us people were provided with choice at each meal time. We saw that people were offered two choices of what they would like for their lunch on the morning of the inspection.

At lunchtime we sat in the dining area with people who used the service whilst they had their lunch. We saw that food was presented well and that portion size varied depending on the person. Staff were attentive and people were provided with the help they needed. The care plan of one person detailed that food should be cut up into bite size pieces to reduce the risk of choking. We saw this happened during the inspection when staff cut the food into small pieces so they could manage to eat it. They also observed that the food was a little dry and asked the cook for more beans, which they provided. Another person asked for extra helpings, which the cook provided. They told us the food was, "Lovely." This meant that people were supported to maintain their nutrition.

One relative we spoke with told us how staff kept them up to date with the food the person had eaten during their stay. They told us about a diary which was used to aid communication between people, relatives and staff at the service. They said, "The diary is very good. It tells me what [person] has eaten and how much of it. I find it quite reassuring." The same relative told us how the cook was very friendly and worked hard to accommodate the needs and likes of people. They said, "[Person] loves the cook up there. [Person] has taken to the cook as they always make a fuss and look after [person]."

We saw that people were offered a plentiful supply of hot and cold drinks during the day. At lunch time

there was a jug of juice on the table so those people who were able could help themselves and other people were provided with assistance."

We asked the manager what they would do if people became unwell during their stay at the service. They told us if people lived nearby and were registered with a local GP then they would either take the person to the doctor or request a home visit. If people were from out of area the local GP would still see people or staff at the service would call 111 for advice. Staff at the service worked closely with other health and social care professionals to help ensure people's needs were met. This included social workers, stoma nurses, representatives from the speech and language therapy [SALT], diabetic nurses and epilepsy nurses.

Is the service caring?

Our findings

People we spoke with during the inspection told us they were very happy and that the staff were very caring. A relative we spoke with said, "All the staff are nice and friendly." Another relative said, "They [staff] are brilliant, [person] can't wait to go to Hawthorn House [person] loves all the other people and staff." Another relative said, "[Person] loves to go but [person] also likes to come home."

Staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. Staff actively listened to what people had to say and took time to help people feel valued and important. Staff were able to understand the needs of those people who had limited communication. For example, one person who used the service was unable to communicate verbally, however staff were able to tell us about their non-verbal communication and what this meant the person wanted. One person had limited mobility and needed the help from staff to get around. Staff told us how when they raised their hands up to staff this meant they wanted to get up and walk. We saw that this person raised their hands up to staff many times during the inspection and on each occasion staff gently supported the person to get up and walk. Staff were able to tell us about other people who used the service and describe their body language when they were happy or unhappy. This demonstrated that staff knew the people they cared for extremely well.

Staff used friendly facial expressions and smiled at people who used the service. They also complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement.

Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw one person who used the service reach out to the manager. The manager responded by getting onto their knees so they were at the person's eye level to talk to and reassure them. On another occasion the hair of the person went into their eyes and staff affectionately and gently removed this out of the way. This showed staff were caring.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. We saw that staff treated people with dignity and respect. Staff were attentive and showed compassion. On occasions the top of one person who used the service showed their stomach when they moved around and staff were always quick to pull this back down. The care plan of one person described their behaviours that challenged. This care plan informed staff to take a firm approach in the way they spoke to the person but to also respect and listen to their opinion as they did not like to be dismissed. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door and keeping people covered when helping with their personal care needs. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

During our visit we observed people being involved in decisions about their day to day lives. For example, decisions about what they wanted to wear, eat, drink and what activities they wanted to do. We saw that

people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. This helped to ensure that people received care and support in the way that they wanted to.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Staff, people and relatives told us there was a plentiful supply of activities and outings. Staff told us that people had many different interests and as such activities were tailored to each individual person. A list of the activities taking place was displayed in the entrance to the service and included, pamper sessions, jigsaw, walks out, music and movement and arts and crafts. Staff told us the arts and crafts depended on the time of year. They told us they were to make Easter arts and crafts with people who used the service.

The care plan of one person who used the service told us how they liked to tip all the toys out from the toy box and scatter them all over the floor. We saw this happen during the inspection. Staff sat on the floor and spent time with the person playing ball. The person who used the service showed clear delight and enjoyment when staff made a noise when rolling the ball to them. Staff talked and played with the person throughout the morning, moving from one activity to another when they showed signs of getting bored.

One person showed us their magazine that staff had been out to get for them on the morning of the inspection. Staff spent time speaking to the person about the magazine and pictures. The person who used the service engaged in conversation with staff and clearly liked the interaction.

For the warmer months there was an enclosed garden area for people to enjoy. The manager told us how people enjoyed making up the flower pots.

Prior to using the service people were assessed by a social worker and the amount of respite care they were entitled to was determined. The manager told us how they sent letters out to relatives of people who used the service every six months asking them to confirm the respite dates they would like for the six months ahead. The manager during the planning of the respite also tried to ensure the mix of people who used the service was right; they explained that it was important not to mix people who were timid with people who were more boisterous. The relatives we spoke with during the inspection stated that they had been accommodated for the dates they had requested. However, one relative said that the service only provided respite from one to seven days at a time and that this could be restricting particularly if they wanted to go on holiday.

At the time of the inspection staff at the service were in the process of reviewing the care plans of all people who used the service. They had completed 17 of the 72 people who used the service during the course of the year. During our visit we reviewed the care records of two people. We looked at the older and new care plans which were nearly completed. We could see there was much improvement in the way the new care plans had been developed. We saw people's needs had been individually assessed and plans of care drawn up. The care and support plans included people's personal preferences, likes and dislikes. The new care plans provided staff with step by step instructions on how to meet people's needs. Care plans clearly described what people's non-verbal communication meant. For example, when the person was happy they would jump around on their knees. Relatives told us they had been involved in making decisions about care and support and developing the person centred plans.

Each person who used the service had a diary of communication which was completed by both relatives, staff at the service and staff at day services people attended. Relatives told us they found the diary useful as it would describe how the person had been during their respite, activities they had taken part in, information about their appetite and food they had eaten and other important and relevant information about their stay. Relatives told us they were able to speak to staff whenever they wanted but the diary did prove useful, particularly when people went straight to the service from day services. Relatives were able to record any important information about the person they wanted to share with staff. This process helped to ensure effective communication and continuity of care.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. When people first stayed at the service they and their relatives were provided with a service user guide. This document provided people with the information they needed should they wish to make a complaint. Discussion with the manager confirmed that any concerns or complaints were taken seriously. There had not been any complaints made in the last 12 months. Relatives we spoke with told us if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One relative said, "They [staff] are all very approachable and easy to talk to. I'm not unhappy but if I was I would talk to them."

Is the service well-led?

Our findings

The service did not have a registered manager. There was a manager who had worked at the service for some time and who had been appointed to take day to day charge of the service in December 2015. The manager told us they were in the process of completing their application to become registered manager.

Relatives told us they thought the manager was approachable and that the service was organised and well led. One relative said, "This is a great service with very good staff."

We asked the service manager how they sought the views of people who used the service and relatives. They told us an annual survey was completed by the commissioning department of the local authority. We asked to see the findings of the survey and were told that feedback was never provided by the commissioners. This meant that participants and staff were unaware of the findings. We were unable to determine if the manager had reflected on the results of the survey and taken action to drive improvement. The manager and service manager told us they would contact the commissioners in order to receive feedback of the last survey.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The service manager visited the service two to three times a week. They told us they completed a number of checks on a monthly basis to ensure that the service was run in the best interest of people. These included checks on health and safety, medicines, accidents, care plans, that supervision was up to date amongst other areas. We saw records to confirm this. This helped to ensure that the home was run in the best interest of people who used the service.

The manager told us they completed a more in depth audit of care records prior to supervision with staff. They said this enabled them to give feedback to staff on care plans and if any changes or updates were needed. However the manager did not keep a record of this audit. The service manager showed us a document that the local authority had for auditing care plans. They told us this would be completed in future for all care plan audits. At the time of the inspection the manager and staff were in the process of updating and reviewing all care plans of people who used the service. The registered provider had provided extra staffing hours for this to be completed.

The manager had completed an audit of all medicine incidents from January 2015 to February 2016. They told us the idea of this audit was to identify any trends so that future measures could be put in place to reduce such incidents. The audit identified any missed medicines, late medicines or wrong doses. Although no pattern to the medicine incidents was identified the acting manager was able to identify if it was the fault of the GP, pharmacist or staff at the service.

The manager reported all accidents and incidents to the health and safety department of the local authority. There was a quality improvement group meeting held each month. At this meeting

representatives from the local authority met to discuss incidents, any falls, violence and aggression and anything else that was relevant to the service. This meant that the registered provider had a system in which to review performance and practice, identify areas in need of improvement and to monitor effectiveness.

Staff said they felt the manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt, would be taken seriously. One staff member said, "[Manager] is very approachable, caring and supportive and totally committed to the service and people. If anything was wrong [manager] would be on to it immediately."

Staff told us the morale was good and that they were kept informed about matters that affected the service. Some of the staff had worked at the service for many years. One staff member said, "I have worked here a long time and still really enjoy coming to work." They also said, "Communication is good and we are very much listened to." They told us that meetings took place and that were encouraged to share their views. We saw records of a kitchen staff meeting in January 2016 and a domestics meeting in February 2016. The manager said that they had shared information to staff on a regular basis but there had not been full staff meetings for a number of months due to a recent departure of staff and availability of time to do this. They told us they were now fully recruited and the next full staff team meeting was planned for April 2016.

Staff described the manager as a visible presence who worked with people who used the service and staff on a regular basis. One staff member said, "[Manager] is not an office manager she gets involved with service users and staff. [Manager] delegates fairly and always draws on peoples' skills."

The manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. Meetings took place every other month and people who were using the service at the time attended to share their views. We saw notes were kept of these meetings. Topics discussed included keeping safe, activities, food and making sure people were happy.

Throughout the year the service had notified the Care Quality Commission of any events it was legally required to inform us of.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not keep an accurate, complete, contemporaneous record in respect of each service user. MCA decision specific assessments were not available and best interest decisions were not always recorded on care records.</p> <p>Regulation 17(2)(c)</p> <p>The registered person did not keep training records up to date.</p> <p>Regulation 17 (2)(d)</p>