Bristol City Council

Bristol North Rehabilitation Care Services

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?	Good
Is the service well-led?	Requires Improvement

Overall summary

This was an unannounced inspection carried out on 18 November 2014. When Bristol North Rehabilitation Care Service was last inspected in June 2013 there were no breaches of the legal requirements identified.

Bristol North Rehabilitation Care Service provides a rehabilitation service for a maximum of 20 people aged over 18. The service supports people with rehabilitation and ensures people can care for themselves independently before returning to their own homes following a life event such as a hospital admission or an illness. There was a multi-disciplinary team that supported people which included rehabilitation workers, physiotherapists, occupational therapists, pharmacists and nurses. At the time of the inspection there were 11 people using the service.

Summary of findings

A registered manager was not in post at the time of inspection. 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 service was currently in the process of registering the manager for the regulated activity of accommodation for persons who require nursing or personal care.

Some staff were unable to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and ensure people who used the service were safe. Some people's care records had not followed nationally recommended guidance in relation to diabetes care and we have made a recommendation to the provider. Clear guidance for staff in the event of an emergency was not available. Training attended was not monitored and some staff had not received refresher training to ensure their knowledge was current and in accordance with current guidance.

The provider had failed to notify the Commission, as required, of an incident reported to or investigated by the police.

There were suitable arrangements to identify and respond to allegations of abuse. Staff demonstrated knowledge of the different types of potential abuse to people and how to respond to actual or suspected abuse. The provider had a whistle-blowing policy which provided information for staff on how they could raise safeguarding concerns externally.

People's needs were met promptly. Staff said that sufficient staff numbers enabled them to meet people's needs and perform their roles effectively. The staffing rota showed that staffing levels had consistently met the assessed numbers required to meet people's needs. An assessment tool was used daily by staff to ensure the appropriate number of staff were on duty.

The centre manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) should they need to make a DoLS application be required. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. However, due to the nature of the care the service provided, people were being rehabilitated to return to their homes and at the time of our inspection no person within the home was subject to a DoLS authorisation.

People were provided with sufficient food and drink and people were supported by staff to be independent when preparing and eating their meals. Positive feedback from people was received on the standard of food provided within the service. Arrangements were made for people to see their GP and other healthcare professionals when required. People were also able to see healthcare professionals such as occupational therapists and physiotherapists each day to aid their rehabilitation.

There were positive and caring relationships between staff and people using the service and positive feedback was received from people. People were involved in making decisions about their care and treatment. Supporting records clearly showed that people had been involved in setting the goals they wished to achieve whilst at the service. People said their privacy and dignity was maintained and we made observations that supported this.

People received personalised care that met their individual needs. People were encouraged to express their views and opinions and give feedback about their time at the service. People said staff listened to them and the provider had a complaints procedure and people felt confident they could complain should the need arise.

Staff and the people who used the service spoke highly of the manager. Staff told us the culture of the home was positive and spoke highly of the teamwork within the service. Many of the staff had been employed there for many years and the service had a very minimal staff turnover. Staff felt they were able to contribute to the way in which the home was run and felt comfortable raising concerns. The quality of service provision and care was continually monitored however the absence of robust management monitoring systems had failed to identify some shortfalls.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the training provided to staff. In addition, a breach of the Care

Summary of findings

Quality Commission (Registration) Regulations 2009 was also identified. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Although people told us they felt safe the service was not providing consistently safe care. There was insufficient information for staff on how to meet people's needs in the event of certain emergencies.

Staff were aware of how to identify and report abuse.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People's risks were assessed and plans formulated for care to be delivered safely.

Requires Improvement

Is the service effective?

The service was not effective. Not all staff had received regular training to ensure the needs of people who used the service were met safely.

Where a person was at risk of poor nutrition or dehydration, there were measures in place to monitor and manage the risk and they were supported to eat and drink enough.

Staff ensured that people's healthcare needs were met and worked with the GPs and other healthcare professionals to enable people's rehabilitation.

Requires Improvement

Is the service caring?

The service was caring. There were good relationships between people and the staff team. People were treated with consideration and respect by staff.

Staff were aware of people's preferences and offered people choices.

People's privacy was respected. People were cared for in the way that they preferred and the staff took account of their personal choices and preferences.

Good

Is the service responsive?

The service was responsive to people's needs. People said they received care which met their needs when they needed it.

The provider had a complaints procedure and people felt able to complain and were confident that they would be listened to.

Good

Is the service well-led?

The service was not consistently well-led. People and staff told us the home was well run and attributed this to the centre manager and senior staff

Notifications required by law had not been sent to the Commission as required.

The provider encouraged people and staff to express their views and opinions.

Requires Improvement

Summary of findings

Monitoring systems were used to ensure that the service was running safely and to a good standard however minor shortfalls were identified.

Bristol North Rehabilitation Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. The last inspection of this service was in June 2013 and we had not identified any concerns.

On the day of the inspection we spoke with six people who used the Bristol North Rehabilitation Care Services. We also spoke with six people employed at the service. This included the centre manager, senior management and care staff. We observed how people were supported and looked at six people's care and support records.

We looked at records relating to the management of the service such as staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Requires Improvement

Is the service safe?

Our findings

Risks to people were assessed and plans were in place to reduce these risks, however the planning of care was not always in accordance with national guidance. People's records contained risk assessments to reduce their risk of harm or receiving inappropriate care or treatment. For example, assessments for people's risk of falls and skin breakdown were recorded. Where a risk had been identified, an intervention or care plan had been completed. Where people were identified as having a risk of skin breakdown, a list of the equipment used by the person, for example a pressure relieving cushion, was recorded. Records also showed that where a risk of falls was identified, people were encouraged to remain mobile as part of their rehabilitation and to ensure they used their mobility aid where required.

The service did not have appropriate arrangements in place to deal with certain emergencies that may arise. There were two people with type 2 diabetes receiving rehabilitation at the time of our inspection. Care records did not contain a care plan to guide staff on how to manage the condition. For example, the records did not detail how to keep the person safe in the event they experienced a hypoglycaemic or hyperglycaemic shock as a result of abnormal blood sugar levels. Staff we spoke with were unable to demonstrate a clear knowledge of the symptoms these conditions may present. Although the risk to people was low due to their ability to independently manage their diabetes, recorded guidance for staff in the event of an emergency would help to ensure people did not receive unsafe or inappropriate care should staff intervention be required.

The people who used Bristol North Rehabilitation Care Services felt safe. All of the people we spoke with spoke positively about the service. Comments we received included, "The staff are lovely, absolutely fantastic" and "It's not my own home, but it's a very helpful and friendly environment."

The provider had appropriate arrangements to identify and respond to the risk of abuse. Staff told us they had received training in safeguarding and identified the different types of abuse. They told us they were able to access the provider's reporting policy and guidance if required. Staff told us they would inform the centre manager or other senior management if they suspected someone was being abused.

Staff told us they felt able to raise concerns within the service. The provider had a whistleblowing policy which provided staff with guidance on how they could raise concerns about the workplace internally and externally. We spoke with staff who were aware of different organisations they could contact to raise concerns, for example, the local authority or the Commission. However, we found that although staff were aware they could contact the Commission, the current policy did not list the Commission as an external agency staff could contact.

The centre manager had arrangements for recording incidents and accidents to help ensure people's safety. Records showed the service did not have any recorded accidents, however incidents that may have impacted on people's health were recorded. For example, where the pharmacy used by the service had failed to supply people's medicines, this had been recorded and the outcome of the incident was also documented. Other incidents included discrepancies in people's medicines from the pharmacy and we saw that these discrepancies were investigated. Another incident showed that staff had incorrectly given a person the wrong medicines. The incident report showed the immediate and longer term actions taken by the service. These included the staff member being spoken with and advisory steps being discussed with the staff member to avoid repetition.

Equipment used within the home was maintained to ensure it was safe to use. Maintenance checks of mobility equipment used including hoists and slings was undertaken. The centre manager told us that a significant amount of people's mobility equipment such as walking frames arrived with them at the service following their hospital admission. The centre manager told us this equipment was visually examined and checked by the physiotherapy and occupational therapy staff.

There were sufficient numbers of staff to support people safely. People told us that care was provided when they needed it and that staff responded to their needs quickly. People told us that call bells were answered quickly when they used them and that staff were not rushed when they were attending to their needs. One person said, "There are always enough staff, they are amazing I couldn't wish for

Requires Improvement

Is the service safe?

better." Another person told us, "There is enough staff around, I have used the bell and they always come quickly." Staff we spoke with told us they had no concerns with the staffing levels and told us that staffing numbers increased when required depending upon people's assessed needs. We saw the supporting records of a dependency assessment completed daily by the centre manager and staff. This showed people's assessed needs and identified if their needs had increased, for example if they were unwell, and this ensured that if required additional staff were sought to meet people's needs.

We spoke with the centre manager about staff recruitment. They explained that no new staff had been recruited by the provider for many years as there was a minimal staff turnover. The newer staff employed at the service had moved internally from a different location run by the provider but had also been employed for many years by the provider. Despite the absence of recruitment files, the centre manager had undertaken new Disclosure and Barring Service (DBS) checks for all staff since January 2014. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified.

Medicines were managed safely whilst people's independence was promoted. People's medicines were stored in their rooms to replicate the situation at home following them leaving the service. We observed a medicines round with a member of staff and observed the staff member prompted people to take their medicines when required. People told us they were assisted by staff with their medicines and they said that staff encouraged them to be as independent as possible. We spoke with a staff member who explained that medicine administration records were used upon the person being admitted to the service but ultimately the use of these was reduced as people became independent with their medicines. The service had appropriate facilities for the storage of controlled medicines and medicines that required refrigerated storage.

We recommend the service follows published guidance by Diabetes UK. This guidance recommends all people with diabetes within a care home environment have an individualised care plan tailored to their needs.

Requires Improvement

Is the service effective?

Our findings

Although people spoke highly of the staff, training records showed that the provider had not ensured regular training had been undertaken by staff. This meant that people could be at risk of receiving unsafe or inappropriate care as staff had not received training aligned with current guidance or best practice. We spoke with staff about the training provided by the service and reviewed the current training record for all staff employed by the service. Staff told us they felt they received regular training, however this was contradictive to the current training record that we were given by the centre manager.

The record showed that although staff had historically completed training in certain subjects, no refresher training had been undertaken for a period of time. For example, within the record there were numerous members of staff that had not completed any first aid or basic life support update training since 2012 and 2013. The training record showed these training expiry dates, however no further record to demonstrate that update training had been completed was available. The training record had also been left incomplete in areas which created the risk that training updates could be missed. For example, one staff training record showed the staff member had completed first aid training in September 2009. The training record had the facility for the provider to record when the training required an update, but this had not been completed to allow the training to be accurately monitored. The records also showed examples of expired manual handling training, for example one member of staff's record showed no update had been received since 2010, and some other records showed no refresher training had been completed as required since May 2012 and July 2013. The absence of current training presented a risk to people as some staff may not be aware of the current best practice and guidance to be able to support people effectively.

Staff had not received training specific to the needs of some people who used the service. For example, at the time of our inspection there were two people who were type 2 diabetic and took regular medicine to control their condition. The training record showed that eight of the 39 staff members had previously received training in diabetes, however this training was completed in 2007. Staff we spoke with told us they had not received training in diabetes and were unable to clearly explain the signs and symptoms of either a hypoglycaemic [low blood sugar] or hyperglycaemic [high blood sugar] shock. People who used the service were therefore at risk of receiving inappropriate or unsafe treatment should an emergency situation happen. This was because staff did not have training specific to the needs of the people using the service to ensure they had the required knowledge and skills to support specific health needs.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The people who used the service spoke highly of the staff and all told us they felt the staff were competent at performing their roles. People told us the standard of care they received was high. One person said, "The staff are lovely, absolutely fantastic." Another person told us, "I've been here three weeks now, they [staff] have been brilliant and first class. They have really helped me get ready to go home."

The centre manager demonstrated an awareness of their legal responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The centre manager had responsibility for making DoLS applications should they be required. The provider had a policy that showed when an authorisation to deprive a person of their liberty may be required, together with guidance on how the application should be made. We also saw that guidance from the Department of Health and information relating to a recent court ruling in March 2013 was available. We discussed the DoLS with the centre manager and how the DoLS were applicable in the service. The centre manager explained that due to the needs of people who used the service, they have had no requirement to make a DoLS application to date. The centre manager explained that people within the service normally had capacity and were at the service to receive rehabilitation in order to return to their own home.

Consent to care and treatment was recorded within people's care records. Within people's care records there were documents that showed staff had discussed people's care and treatment with them and documented they had obtained people's consent. For example, records showed that people had signed to consent to their information being recorded and retained by the service, and that where necessary the information would be shared with other

Is the service effective?

healthcare professionals as part of their rehabilitation. People had signed to consent to photographs being taken of them and if necessary any injuries they had. There was also guidance for people to read that explained why information was recorded to help people make an informed choice about giving their consent.

People told us that staff always asked them for their consent or permission before carrying out any care. Every person we spoke with said that they were always asked if they would like to do things prior to them happening. For example, one person gave an example with personal care and told us things are never done unless you want them to be. They told us, "They always ask if you want to do something first and give you the choice of doing it later if you wish." Staff told us that they sought consent from people and this was done verbally.

People gave positive feedback about the food in the home. Every person we spoke with told us they had received a high standard of meals whilst using the service. People's comments we received included, "The food is really nice here", "The foods ok here, there is plenty of choice and I certainly don't go hungry" and "The food is very good, I have sometimes found it too much." People were provided with a choice of meals and types of food. People made their meal choice prior to meal times and the meals would be served to them by the staff. There was a choice for people to eat within the rooms or within the dining room area of the home. Within people's bedrooms we saw that drinks were available and hot drinks were regularly served throughout the day.

Where people had an identified risk of poor dietary and fluid intake, referrals and appropriate healthcare interventions had been made. People had a risk assessment completed in relation to their risk of malnutrition. Records showed that a dietician had been consulted where people were identified as being at risk and any subsequent guidance had been recorded. For example, we found that on admission to the service a person was identified as being at risk of malnutrition. The recorded dietician guidance showed the specific foods and liquids the person needed for weight gain. The staff had followed the required guidance and the records showed that since being at the service the person had returned to their recorded weight prior to becoming ill.

People were supported to use healthcare services. People were temporarily registered with a local GP practice for the duration of their stay at the service to ensure they had prompt access to a GP. Upon their discharge from the service, they were registered back with their own GP. People we spoke with were aware of this and understood the necessity for this. The local GP completed scheduled visits in the home and also visited as necessary when requested by the centre manager. As part of their rehabilitation, people had access to other healthcare professionals such as occupational therapists and physiotherapists in order to achieve the goals of their admission to the service.

Good

Is the service caring?

Our findings

People spoke highly of the caring nature within the service. We received positive comments about the caring attitude of staff from people and a person's relatives. One person told us, "The staff have cared for me well here and they have been very helpful getting me ready to go home." Another person commented, "The care I get here is exactly what I need and I feel it's helping me." One relative said, "I am very happy with [person's name] care here, I have no concerns. Their condition has greatly improved since arriving here so I am happy."

During our visit we observed good relationships between the staff and people. Staff communicated with people in a friendly manner and we heard humour and jokes shared between people and staff together with laughter. We heard staff communicating with people as they walked around the home, offering the people encouragement throughout and giving guidance where necessary. The staff demonstrated they were aware that a pivotal role in their job was to encourage independence to ensure that people developed the necessary confidence and ability to return to their own homes.

Compliment cards sent to the home were displayed within a communal corridor. They were from people who had previously used the service during rehabilitation and their relatives. All of the cards provided very positive feedback about the home and the staff. For example, one person wrote, "To all staff, thank you for looking after me so well." Another person said, "Thank you for taking such good care of me during my recent stay." A card from a person's relative read, "Thank you for all of your help and kindness looking after Mum."

People told us they were involved in decisions about their care and treatment. Care records showed that people had been involved from the outset of their admission to the service. Records showed that a 'goal setting' meeting was completed shortly after admission to the service. This recorded what the person wished to achieve prior to being discharged, for example one person's record showed they wished to be independent with their personal care and mobility. The records showed how the person was going to achieve this, for example with assistance from an occupational therapist and an exercise programme.

People made decisions in relation to their discharge from the service. A discharge planning meeting was undertaken with people. We saw records that showed people discussed their discharge and what additional level of support they may need following discharge. For example, people discussed if they felt they made need additional community care when at home, or what mobility equipment they would find helpful within their home to keep them safe. We saw that people agreed to an assessment from an occupational therapist for things such as meal preparation or making a hot drink. This allowed the occupational therapist to assess the person's ability at these tasks and if required, make suggestions to reduce any evident risks.

People's privacy and dignity was respected. People said they felt respected by the staff at the service and they said staff treated them with dignity. One person told us, "They [staff] are so kind and friendly here, I shall miss it here when I go home." Another person said, "I was worried coming here as I like my privacy and I always shut my door but they [staff] have respected this." We observed that staff would knock on people's doors prior to entering and if they assisted people with personal care the door was closed prior to this. On admission, the service gave people information on how they would respect their privacy and dignity. We saw from the welcome pack that should people request it, a 'do not disturb' sign could be given to them for use on their bedroom door.

People could be visited by their friends and relatives. We saw that the service operated a 'visiting hours' period during the day. The centre manager told us this was primarily to ensure that people's visitors did not arrive during times of rehabilitation or physiotherapy. Although there were specified hours, the centre manager did tell us these were not stringently adhered to and exceptions were continually made. They said that towards the end of people's rehabilitation and where deemed appropriate, people's family and friends were welcomed with the person's consent during these times. They told us this was useful as the friends and family could watch the exercises the person may need to do at home as part of their on-going rehabilitation. We also spoke with one person's relative who told us they had spoken with the centre manager as they wished to have lunch with their relative every day as this was something they had done for many years. They told us the centre manager granted this request without hesitation.

Good

Is the service responsive?

Our findings

People made positive comments about the personalised care they received. People said the staff met their needs and told us the service had changed things to meet their needs. We saw examples that showed when people had asked for something the home had responded. One person told us that they were vegetarian and the staff had sat down with them and discussed their preferred meal options to meet their preferences. They told us the service had purchased their preferred choice to meet their needs. Another example was a person who had a specific like of spicy food and the service had purchased specific foods to meet their preferences.

People were provided with care and support that met their individual needs. Within people's care records we saw that an assessment of people's needs was completed. This assessment helped to develop a care plan for the person to ensure they received the care appropriate to their needs. The care plans provided guidance for staff to support the person with all aspects of their daily living needs. We saw examples of staff meeting people's assessed needs, for example a person who required a pressure relieving cushion to reduce their risk of skin damage was using the correct equipment. Where people had been assessed as requiring a specific mobility aids to enable them to safely transfer from their chair, this equipment was to hand and readily available for them.

We spoke with staff about the care they provided to people and how they ensured the care they gave was person centred. They told us the 'goal setting' meetings on admission were very important and gave them the opportunity to get to know the person. They told us that due to the nature of the service, many people they cared for would leave within a few weeks of arrival and said that due to this they had to learn people's preferences quickly. They told us that at the initial meeting, they would learn about and record people's preferences for drinks, daily routines and meal preferences. This was reflected in people's care records and in the feedback people gave us.

The service did not run social activities for people during their rehabilitation. Most people told us that either spent their day watching television or reading. They told us they did not mind this as they knew their stay at the service was for a short period of time. Two people told us they were sometimes bored, and said there was only a limited number of things to do. We spoke with the centre manager who confirmed that no organised activities were held. They said that during the short rehabilitation period people were at the service, the staff attempted to replicate, as close as possible, how people's lives may be when they returned home. A daily organised activity would not be in keeping with their daily lives upon leaving the service. There was a communal lounge and communal kitchen where people were encouraged to socialise together, however the centre manager did say that people's choices were respected about how they wished to spend their day. There was a large selection of books for people and other activities such as crosswords and word searches were displayed within a communal area.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues since arriving at the service. There was a complaints procedure and people were shown this on arrival within the welcome pack. The complaint log showed that one complaint had been received during 2014. The service had investigated the complaint and the supporting documentation showed the progression and conclusion of the complaint.

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to notify the Commission of an incident as required. During our inspection, we found a record of an incident in June 2014 where the service had to report a matter to the police. The service had correctly reported the matter to police and the matter was investigated by the assistant manager of the service, however the notification required by law to be sent to the Commission as a result of police involvement had not been sent as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had a programme of audits to monitor the safety of people in the home and the environment. However, we found there was confusion between management and staff about the use of some audits and some cleaning monitoring schedules implemented by the centre manager had not been used correctly by staff. For example, the service had a medicines auditing system used by staff to that monitored the medicines held for people in the service. We looked at a sample of the medicines audits and asked the centre manager for an explanation due to its complexity. The centre manager was unable to explain the audit system or what recorded figures on the audit were representative of. A medicines trained member of staff was requested to assist. The member of staff was unable to explain the recording of one audit, and told us that each member of staff had a slightly different way of using the audit tool. The member of staff demonstrated on an audit they had personally previously completed how they used the audit tool system. Although no medicines stock errors were identified, the absence of a consistently used audit system meant there was a risk a medicines stock error could go unidentified.

The centre manager showed us cleaning schedules they had introduced since their appointment in January 2014 to monitor the cleanliness of the service as part of their infection control practice. The records showed that although staff had initially used the implemented system, the absence of a robust management monitoring system had failed to identify that staff had not used the schedules correctly for a period of time. For example, we found that records that showed that certain areas of the cleaning schedules had not been completed since March 2014 and other records had not been completed since June 2014. Although no cleanliness issues were identified, this demonstrated that monitoring systems implemented by the centre manager had not been monitored effectively.

People said they were aware of the centre manager and all said they had spoken with the centre manager during their time at the service. People said the centre manager was approachable but no person was able to give a specific example of when they had needed to speak to them in a formal capacity as nobody had raised any concerns about the service.

People were able to share their experiences upon being discharged. The service had an 'exit questionnaire' that people were encouraged to complete when they left the service. The questionnaire asked, for example, if people felt welcomed to the service, if they felt that they were aware of the purpose of their stay, if they felt their cultural or religious needs were met and ultimately if people felt enabled to return home following their stay. The centre manager had a monthly monitoring system that ensured people's feedback was reviewed. We saw from previous questionnaires that people spoke highly of the service and no significant areas of concern were identified.

Staff said they felt the service was well-led and the centre manager was approachable. Staff did say they had known the centre manager for a long period of time and they said they could ask for assistance or guidance at any time. A member of staff told us, "The leadership here is fantastic, the management are approachable and they listen." Staff were very positive about their employment at the service and made comments such as, "I love it here" and "We [the service] have a really good team here at the moment." Staff told us they felt they would be listened to if they raised suggestions or ideas about how the service was run but no specific examples of when this had happened could be given.

The provider had a system that allowed staff to feedback if they felt they were under excessive pressure or stress at work. An annual document was sent to staff to establish their views on matters such as the demands of their role, the support they had from their management and peers, their relationships with staff at the service and if any other significant life events may affect their performance. The survey for 2014 was currently being received by the centre

Requires Improvement

Is the service well-led?

manager. They told us that when all of the documents were returned by staff they would be reviewed and an action plan would be created to identify any areas of concern identified.

The centre manager communicated with staff about the service through meetings. Staff told us that meetings were held within the home and we saw the meeting minutes that had resulted from these meetings. Although staff could not provide any specific examples, they told they felt they could contribute to the meetings. They said they the meetings were useful and informative. We saw from the minutes that matters such as staff and management roles and responsibilities, medicines, equipment servicing, building maintenance and the occupancy numbers of the service were discussed

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 Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.** **How the regulation was not being met: Training that required updating had not been identified. Regulation 23(1)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **Regulation 18 of the Care Quality Commission (Registration) Regulations 2009** **The provider had failed to notify the Commission, as required, of an incident reported to and investigated by the police. Regulation 18(1)(2)(f)**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.