Mr & Mrs N H Sahajpal and Partners

Manor House Care Home

Inspection report

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Ratings

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

Overall summary

We carried out this inspection on 27 November 2014. The inspection was announced.

We last inspected the service in October 2013. We found a breach of regulation 23; supporting workers. We said, "Staff did not receive supervision or appraisals in order to support them to carry out their roles." At this inspection we found improvements in this area had been made.

The building was a former old vicarage which had been extended to provide accommodation for up to 29 people some of whom were living with dementia. There were seven people living at the home at the time of our inspection.

A new manager had been in post for six weeks prior to our inspection. She had applied to be 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

Summary of findings

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.

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected.

We found concerns with medicines recording systems at the home, such as omissions in the recording of medicines management. This meant a clear audit trail from receipt of medicines through to their administration and/or disposal was not fully in place to demonstrate medicines were administered as prescribed.

People, staff and family members told us there were enough staff on duty to meet people's needs. However, the cleaners were available three days a week and there was no cover at weekends. The manager told us she was in the process of recruiting two care workers to cover day and night duty. We considered improvements were needed in this area to ensure sufficient staff were employed to meet people's needs and to ensure relevant standards such as those relating to infection control and the environment were met.

We found appropriate recruitment checks were not always undertaken before staff began working with people living in the home.

We spent time looking around the premises. People and family members told us they were happy with the building and that it was clean and well maintained. One family member said, "It's homely and welcoming and always clean." However, we found checks to ensure the safety of the premises had not always been carried out as planned.

People and family members told us they were happy with the meals provided at the home. The chef was knowledgeable about people's dietary requirements. We observed people over lunchtime and saw they were supported to eat in a calm unhurried manner.

Staff informed us there was enough training available and they felt well supported. One to one meetings known as supervision sessions had recently been undertaken and an appraisal had also been carried out. The manager told us staff support was one of her priorities.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The manager was not aware of the Supreme Court judgement which had redefined the definition regarding what constituted a deprivation of liberty. She told us she would liaise with the local authority to look at the implications which this judgement had on people living in the home. We considered further improvements were required to ensure people were only deprived of their liberty in a safe and correct way which was authorised by the local authority, in line with legislation.

Staff who worked at the home were knowledgeable about people's needs and we saw care was provided with patience and kindness and people's privacy and dignity were respected.

We saw an activities programme was in place. A complaints process was in place and people and family members told us they felt able to raise any issues or concerns and action would be taken to resolve them.

People, family members and staff spoke positively about the manager and the changes she had made. However, the provider had not notified us of all changes, events or incidents which they were legally obliged to send us.

We saw a number of audits had been carried out. However, these had not identified the problems which we had found with medicines management and the premises.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to management of medicines, the safety and suitability of the premises and requirements relating to workers.

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?

Inadequate

Some aspects of the service were not safe. We found concerns with medicines recording systems at the home, which included gaps or omissions in the records for the receipt and disposal of medicines. There were systems in place to deal with safeguarding and whistle blowing concerns.

People, staff and family members told us there were enough staff on duty to meet people's needs. However, care staff had to carry out cleaning duties on a weekend as domestic staff were not on duty. We found appropriate recruitment checks were not always undertaken before staff began working with people living in the home.

People and family members told us they were happy with the building and that it was clean and well maintained. One family member said, "It's homely and welcoming and always clean." However, we found servicing to ensure the safety of the premises had not always been carried out as planned.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). The manager was not aware of the Supreme Court judgement which had redefined the definition regarding what constituted a deprivation of liberty. We found further improvements were required to ensure people were only deprived of their liberty in a safe and correct way.

People and family members told us they were happy with the meals provided at the home. The chef was knowledgeable about people's dietary requirements. We observed people received the support and assistance they needed to meet their nutritional needs.

Staff received the training they needed to fulfil their caring role. Family members commented on how well trained the staff were. Staff had recently had a one to one meeting supervision and an appraisal. The manager told us staff support was one of her priorities.

Is the service caring?

Good

The service was caring. People and family members told us they were happy with the care provided at the home. One family member said, "They treat them well. Nothing is too much trouble."

We observed positive interactions between staff and people. We saw people were treated with respect. Staff we spoke with were knowledgeable about people's needs and could describe these to us, including people's likes and dislikes.

Summary of findings

The manager told us nobody in the home had involvement from an independent advocate.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Care plans were not personalised to the specific needs of each person and some people's needs had not been included in their care plans. The manager told us of her plans to improve the care documentation.

We saw an activities programme was in place which included exercises, games, going for walks and trips out in the car. The manager was developing opportunities for people and family members to give their views about the service including meetings and questionnaires.

A complaints process was in place and people and family members told us they felt able to raise any issues or concerns and action would be taken to resolve them. Nobody raised any concerns with us during our inspection.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The home manager was not yet registered with CQC. The provider had not notified us of all changes, events or incidents which they were legally obliged to send us.

We saw audits had been successful in identifying some areas for improvement but were inconsistent and ineffective to promote sustained improvement in the quality of care provided.

People, family members and staff spoke positively about the manager and the changes she had made. They were also positive the manager was making improvements to the home.

Manor House Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors. The inspection was announced and carried out on 27 November 2014.

Most of the people were unable to communicate with us verbally because of the nature of their condition. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who were able to communicate verbally and two family members to find out their views. In addition, we contacted a district nurse by phone following our inspection.

We spoke with the provider, manager, senior care worker, two care workers and the chef.

We looked at seven medicine administration records (MAR). We looked at two staff member's recruitment files and training files.

Prior to carrying out the inspection, we reviewed all the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local health watch.

Inadequate

Is the service safe?

Our findings

The provider did not have accurate records for the receipt and disposal of medicines. We found concerns with medicines recording systems at the home. We saw staff recorded medicines received into a designated record book and not on individual medicines administration records (MARs). However, not all medicines received were entered into this book. A record of medicines returned to pharmacy was also kept. We saw people's names were not recorded on the record. Instead, staff documented people's room numbers. We considered this recording system could cause problems with people potentially receiving the wrong medicines if they changed rooms. This meant a clear documented audit trail from receipt through to the administration and/or disposal of medicines was not fully in place to demonstrate medicines were administered as prescribed.

We noted generic codes to show why medicines were not administered were not available on the printed pharmacy MAR. This omission meant there was a lack of consistency with recording since staff used their own codes to document the reasons why medicines were not given.

We checked the management of controlled medicines at the home. Controlled medicines are medicines that can be misused. Stricter legal controls apply to these medicines to prevent them from being obtained illegally or causing harm. Staff used a controlled medicines register to record the receipt, administration and return of any controlled medicines. We looked in the controlled medicines cupboard and saw there were two controlled medicines which had not been documented in this register. The senior care worker explained a health care professional had stated they did not need to be recorded in the register until they were ready to be used. This omission meant measures were not fully in place to reduce the risk of theft or illegal use, since there was no record of two controlled medicines being in stock at the home.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We checked recruitment records for two recently employed staff. We noted disclosure and barring service (DBS) checks, previously known as criminal record bureau checks (CRB) had been obtained for both staff. However, we saw the results of the DBS check were not back before both staff started work. One member of staff had worked at the home for over a month before the results were received. The manager explained both staff had been supervised at all times by another member of staff until their DBS had been returned. However, one staff member worked on night shift and we considered supervision at all times could have been difficult since there were only two staff on duty at night.

We noticed two references were in place for both staff. However, we noted there was no reference from one staff member's previous employer. In addition, there was a reference dated 15/02/2000 which was a general reference the staff member had provided. The manager informed us she had tried on several occasions to obtain references for this staff member; but had received no response from the referee. There was no record of these attempts. This meant new staff had started working before the provider had completed the required checks to ensure they were suitable to work with vulnerable.

This was a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We spent time looking around the premises. Accommodation was provided on two floors. At the time of our inspection, all seven people lived on the ground floor of the home. We checked people's bedrooms and communal areas. We saw most areas were well maintained. However, we noted certain checks to ensure the safety of the premises had not been carried out as planned. For example, the manager told us a five year electrical installations check had not been undertaken to ensure the home's electrical installations were safe. We noted a legionella risk assessment had been undertaken by a member of staff. This assessment was not comprehensive and did not cover all areas of risk. We checked fire safety systems in the home. We noted weekly fire alarm tests were last carried out on 7 July 2014. Night staff fire drills and instruction had also not been undertaken as planned.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

Inadequate

Is the service safe?

People who were able to communicate with us verbally told us they felt safe. Family members also confirmed this. One family member said, “He is safe and he’s settled really well.” Another family member said, “Yes, definitely safe.”

There were systems in place to log and investigate both safeguarding and whistle blowing concerns. The provider had safeguarding policies and procedures for staff to refer to. Staff we spoke with were knowledgeable about the actions they would take if abuse was suspected. They said they had completed safeguarding training. One staff member said they would go “straight to the manager with concerns.” Staff were also aware of the provider’s whistle blowing procedure and their responsibilities to report concerns. We asked staff if they felt confident and supported to raise concerns. One staff member said, “No problem, I am here for the people I look after.”

Where risks had been identified staff had undertaken an assessment to consider how the potential risk affected people and others. The level of risk was identified as were the specific actions and controls to manage the risk. For example, we saw one person was at risk when walking around the building due to poor mobility. We saw this risk had been assessed and controls identified including for staff to be extra vigilant and to encourage the person to use the handrails provided.

There was usually enough staff to meet people’s needs. The manager told us there was one senior care worker and one care worker on duty through the day and on a night-time.

In addition, the manager worked Monday to Friday through the day. People, family members and staff told us there were usually enough staff on duty to meet people’s needs. Family members told us there were extra staff on duty on the day of our inspection. One family member said, “There’s enough staff. They nearly have one to one.” Another family member said there was usually enough staff but an extra staff member would help as they “can’t be everywhere at once.”

A domestic member of staff was employed. She worked three days a week for three hours a day. She did not work at weekends. This meant the two care staff on duty at weekends would have to carry out domestic duties as well as care duties. We spoke with the manager about our observations. She told us she was going to look at staffing levels in the New Year.

We checked the staff rotas. We saw one senior care worker worked 66 hours a week. The manager told us this was her choice. The manager said there were two senior care staff to cover day shifts; however one of these staff had been working on night duty. She informed us she was in the process of recruiting two members of staff for day and night shift.

We considered improvements were needed in this area to ensure sufficient staff were employed to meet people’s needs and to also ensure relevant standards such as those relating to infection control and the environment were met.

Requires Improvement

Is the service effective?

Our findings

Family members told us they felt staff knew what they were doing when delivering care. One family member said, "I have confidence in them. They know what they're doing." Another family member said, "Staff are really well chosen, they are lovely." Another family member said, "Very good staff, cannot complain about them."

Staff told us there was enough training. They explained there was training in safe working practices and training to allow them to meet the specific needs of people who lived there. One staff member told us, "We've got lots of training. We're busy doing dementia training at the minute." Another said, "Since I've been here I've done lots of training. I'm a training person, I enjoy it." We saw fire training had been organised on the day of our inspection. The manager delivered in-house training on moving and handling. She told us and records confirmed she had completed a train the trainer course in moving and handling which enabled her to deliver training on this subject. Family members also told us staff received regular training. One family member said, "The staff do training. I know this because they will say, there's training on today." Another family member said staff were "getting trained every week."

Staff gave us examples of how their training had made them question or change some of their practices. One care worker told us about the palliative care training they had recently undertaken. They told us about how they now responded differently to people when they talked about end of life care. For example, they would now ask the person whether they wanted to talk about how they were feeling.

Staff told us, and records confirmed, one to one meetings known as supervision and appraisals had been carried out. One staff member said, "I just had my supervision yesterday. I think we needed a new manager, she's been so supportive." The manager told us, "It was important for me to carry out staff supervisions and get to know staff. Supervision had been neglected before I came." She told us of her plans to ensure all staff received regular supervision.

We checked how people's nutritional needs were met. People told us they were happy with the meals provided at the home. Family members confirmed this and gave examples of how meals were adapted to cater for people's needs and preferences. One family member said, "[My relative] is on soft foods and they accommodate that." Another family member said, "Good chef, dietary requirements are written down and the information is in the kitchen." They told us how food was adapted by leaving out onions to suit their relative's taste. Another family member told us on Friday's their relative was offered poached or steamed fish as they didn't like fried fish.

During our inspection we spoke with the chef. He was knowledgeable about people's nutritional needs and could explain these to us. He told us there was an emphasis on home baking. He said, "Everything is homemade, there's none of that packet stuff here!" We observed the tea trollies which staff took around in the morning and afternoon were stocked with homemade rock buns, chocolate chip cookies, fruit and crisps. We spent time with people over lunch time. We saw discrete one to one support was provided where required. The manager ate her lunch with people. She told us, "I always do this, it's important to spend time with the residents and see what's going on."

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The Alzheimer's Society state, "Staff in care homes… should always try to care for a person in a way that does not deprive them of their liberty. If this is not possible; there is a requirement under DoLS that this deprivation of liberty be authorised before it can go ahead." In England, the local authority authorises applications to deprive people of their liberty. The manager was not aware of the Supreme Court judgement which had redefined the definition regarding what constituted a deprivation of liberty. She told us she would liaise with the local authority to look at the implications which this judgement had on people who lived at the home. We saw from viewing people's care records there was a DoLS authorisation in place for one person. We had not been notified of this authorisation. This is discussed further in the well led question later in this report. This meant further consideration was needed to ensure people were only deprived of their liberty in a safe and correct way which was authorised by the local authority, in line with legislation.

We spoke with staff about the MCA. Some staff were not fully aware of the principles of MCA or how this affected people who lived at the home. One staff member was unaware a DoLS was in place for one individual. We spoke

Requires Improvement

Is the service effective?

with the manager about this issue. She told us she had booked training for staff which would be carried out in March 2015. We viewed the care records for two people who had been diagnosed as living with dementia. We found there were no care plans or documented guidance about how these people should be supported with making decisions about their care. We saw family members had signed care plans and other care records on behalf of each person.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

Some people displayed behaviours that challenged the service. We found these people had 'behaviour management' plans in place. These identified the specific behaviours people displayed, potential triggers and strategies staff should use to support people. However, we found the information for staff about effective strategies was limited. For example, 'staff to try to eliminate any potential triggers.' This meant staff did not have access to sufficient information to enable them to support people when they were experiencing distress.

Staff told us they asked people for permission before delivering any care and would respect their decision. One staff member said, "[Staff] don't force people. If they want to eat later let them eat later." Family members also confirmed their relative's wishes were respected. One family member said, "They [staff] are not allowed to make people do things." Another family member said, "[My relative] tends to go for a lie down. Staff know and respect that."

Family members told us, and records confirmed, people were supported to meet their healthcare needs. For example, records showed people had access to a range of healthcare professionals such as speech and language therapists and GPs. Family members told us health professionals were present around the home on a regular basis. One family member said the, "GP comes in and the district nurse. There are regular visits from the optician and chiropodist. Everything is done for them." Family members told us they were informed if their relative was unwell and had seen their GP.

We spoke with a district nurse to gather their views about the care delivered at the home. They told us about a situation where they had not been notified of deterioration in the health of one person's who was receiving palliative care. They said the person's GP was aware, but staff had not contacted the district nurses office. Although no treatment had been required this meant the district nurse had not been available to monitor the person's condition and provide emotional support for the person and their family if required. However, the district nurse told us the "hands on care had been amazing." We spoke with the manager about this issue. She told us staff had thought the GP surgery would inform the district nursing team since their offices were together.

Good

Is the service caring?

Our findings

People and family members told us they were happy with the care provided at the home. One family member said, "They treat them well. Nothing is too much trouble." Family member's also commented, "Everything is concentrated on the residents. If they want to sleep in they can. They don't force them to get up", "We don't like him going to hospital. The care is better here", "[My relative] gets good care. Only seven people so people get looked after properly", and, "Care is very good, [my relative] gets well looked after."

We observed positive interactions between staff and people. Staff were knowledgeable about people's needs and could describe these to us. They said they had information to read about people's likes and dislikes. They also said family had been involved in providing this information. Family members said since the new manager came every person had a book in their room and a chart on their wall. These included important information about each person including their preferred name and what they liked to do. For example, one person liked a light on in their room on a night-time. One family member said staff had a "good understanding of people."

Care plans had been developed to guide staff as to the most effective method for communicating with people. A care worker explained it was sometimes difficult to understand one person's verbal communication. She told us, "You just have to take your time, listen and look and let them explain themselves." During our inspection we observed one person was unable to communicate verbally. We saw staff communicated with this individual throughout the day; smiling and talking with them. One care worker informed us they could tell by the tone of [the person's] voice whether they were happy or distressed.

Staff showed an interest in what people were doing throughout the day. We heard one care worker say to a person, "Is that magazine good?" We heard another care worker say to a person who was looking through a reminiscence book containing pictures of various household items, "Do you remember this? I used to use Dreft for my woollens, like lovely snowflakes and look - can you remember cleaning the brass with Brasso? We used to rub and rub and rub. My mum used to say polish the brass candlesticks." The person nodded in agreement and smiled.

Staff had a good understanding of the importance of promoting people's privacy and dignity. Staff gave us practical examples of how they delivered care to achieve this aim. For example, they said they would make sure doors were shut when delivering personal care. We also observed staff promoted people's privacy and dignity. One care worker noticed a person was not wearing his watch. She asked him, "Has your watch fallen off?" She explained he liked to look smart and always wore a tie and his watch. This was confirmed by his family who told us, "He always looks smart, they always keep this up." Family members told us staff treated their relative with dignity and respect. One family member said, "Staff are lovely, couldn't be better." Family members also said, "[Staff were] really lovely people. If I wasn't 100% happy we wouldn't be here", and, "Staff treat people very good."

The manager told us no one was currently accessing any form of advocacy. Advocates can represent the views and wishes for people who are not able express their wishes. She informed us she would look into advocacy services on an individual basis if the need for an advocate arose.

Requires Improvement

Is the service responsive?

Our findings

We viewed the care records for two of the seven people who used the service. We saw each person had a document in their records called 'This is me.' This included important information about each person. For example, the person's preferred name, any allergies they had and medical conditions. People's needs had been assessed to identify those areas where people needed help and support. The assessment also gave details of people's likes and dislikes. For instance, one person liked family contact and football. Another person particularly liked reading, music and dancing. We found a detailed 'life history' for each person had not been developed. Life histories are important so staff have access to information to help them to better understand the needs of the people in their care. Care records evidenced family members had been involved in providing some information about their relative.

Care plans had been developed covering a range of identified needs, such as communication, eating and drinking, mobility and sleeping. However, we found these were not personalised to the specific needs of each person. For example, one person required regular fluids to help with a specific medical condition. We found this had not been identified in the person's care plans. The manager told us of her plans to improve the care documentation. She told us, "The care plans need to be more person-centred. Everyone is going to have a pen portrait. I want in-depth information on their likes and dislikes for instance; [name of person] likes to put his vest on first." We saw care plans had been updated recently.

Care reviews had taken place for both people whose records we viewed. A record of the review was kept in the person's records. We saw the reviews involved the person and staff. However, family members had not been included even though the person had regular contact with their family. The outcome from both reviews was people were happy with the home and their care.

The Manager informed us a key worker system was not yet in place. She said, "I want to spend time matching staff up with the residents. So for someone who's worked down the pit all their lives, you've got to think who would be best to be key worker for them. I can't rush this process; if I was to do something now, it would just for the sake of doing it…It's got to be right."

People and family members did not raise any concerns or complaints about the service. However, they told us they knew how to complain and would not hesitate to raise any concerns they may have. One family member said, "We've no complaints. We know we could talk to staff if we had any concerns." Another family member said they would be the "first to shout if anything was wrong." The manager told us no formal complaints had been received.

There was an activities programme in place. Family members informed us there was enough going on for people. They gave examples of activities their relative could be involved in including exercises, games, going for walks and trips out in the car. One staff member said activities were based towards group activities. They thought people would get more from individual activities. The manager explained, "There's always some sort of stimulation going on, even just talking to them, it's important."

Staff were knowledgeable about people's interests. One care worker said, "[Name of person] loves to sing and dance. We do a wheelchair dance and [name of person] loves to crochet and [name of person] likes to do jigsaws."

The provider was developing opportunities for people and family members to give their views about the service. We saw from viewing meeting minutes that two meetings had been arranged. The manager told us there were no family members present at the second meeting. The initial meeting was used to discuss the manager's vision for the future, moving the home forward and fundraising ideas. The manager told us the dates for future meetings had been planned in advance to give family members plenty of notice. Questionnaires had been sent to people and family members in October 14. We viewed the six responses that had been received. People and family members were asked to rate the service across a range of areas including catering/food, personal care/support, daily living, premises and management. We found all responses to the questionnaire were either 'excellent' or 'good.' Family members told us their views were taken into account. One family member said, "We've done questionnaires and they organise relatives meetings…They do listen."

Requires Improvement

Is the service well-led?

Our findings

There was a new manager in post. She had commenced employment six weeks prior to our inspection. The new manager's previous experience had been in extra care housing. She had applied to register with CQC. The previous registered manager had left the home on 22 February 2013. Staff informed us there had been a further two managers employed until the present manager had taken up post.

Family members gave us positive feedback about the new manager. One family member said the new manager was "good for the home" and there had been "lots of changes made." Another family member informed us of the "positive changes" the manager was making to the home. One family member told us, "[Name of manager] is really making an effort here. It would really give the home a boost if there were some more residents came in." Other comments included, "As far as we're concerned, we couldn't speak more highly of the home", "Yes, it's well led", and, "The manager is okay, the manager checks what is going on."

Staff were positive about the new manager. One member of staff said, "She's very supportive. You would have thought she'd been here for years." The manager told us, "I do like to get involved in the care and show my face around the home, it's important to know what's going on." Another staff member said the manager was open to suggestions and had an 'open door' policy. They said the manager had "taken us under her wing and taught us a lot of things."

The manager spoke enthusiastically about the home and told us, "We've got to get it back on the map." She explained she had started a luncheon club which was open to the local community. She told us how important it was to "open the home up" not only to the local community but also to health and social care professionals so they could see the "excellent care" which was provided there.

Staff informed us the registered provider was always at the home. One staff member said, "[Name of provider] is always around. She helps out and we can go to her." We spoke with one of the providers. She said, "We're dedicated, it's our home… Everyone says the care is really good." She explained they were trying to increase the occupancy levels at the home and were looking at other avenues of revenue such as providing a domiciliary service. She said, "We're trying everything we can. We don't want to give up."

The manager told us she was planning on developing a training matrix so she had an overview of the training staff had undertaken and when training required updating.

Prior to our inspection, we checked all the information we held about the service. We saw we had not received any notifications of abuse or allegations of abuse or notifications of death since 2013. However, during our inspection, the manager provided us with a file which contained five notifications of abuse and one notification of death which had been completed by the previous manager and provider in 2014. We had not received these notifications. In addition, we had not been notified of the DoLS authorisation. Notifications are changes, events or incidents the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. This issue is being dealt with outside of this inspection process.

The provider had a quality assurance policy which had been reviewed recently. We saw a number of audits were carried out. These included checks on medicines records, people's care files and staff files. We found these checks had been successful in identifying some issues and ensuring action was taken to deal with them. For example, audits had identified one person did not have a personal emergency evacuation plan (PEEP). We saw following the audit this had been put in place. However, the current system of audits had not identified the issues we found with medicines management and the premises during our inspection. The manager told us she had inherited these audits from previous managers. She was aware the audits needed to be developed further in order for them to be used as a tool for driving forward sustained improvement. The manager told about the plans she had to improve the quality monitoring system.

The day after our inspection the manager was pro-active in sending us an action plan. The manager stated, "I hope by sending this action plan you will understand I have taken on board what you have said and I am already working towards improving most of the areas you mentioned in your inspection."

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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. Regulation 18.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Appropriate recruitment checks were not always undertaken before staff started to work at the service to ensure staff were suitable to work with vulnerable people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People were not fully protected against the risks associated with

This section is primarily information for the provider

Action we have told the provider to take

unsafe or unsuitable premises because servicing and checks of certain areas of the home had not been carried out as planned.