

Tapton Edge Rest Home Limited

Tapton Edge

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 

Summary of findings

Overall summary

This inspection took place on 13 July 2016 and was unannounced which meant the registered provider and staff did not know we would be visiting.

Tapton Edge is a converted Victorian house situated in the Fulwood area of Sheffield, close to shops, churches and bus routes. The service can provide care and accommodation for up to 25 older people. At the time of our inspection 24 people were living at the service. The home has a communal lounge, dining rooms and bathing facilities are available. Accommodation is provided over two floors, which can be accessed by a lift. To the rear of the home is a large landscaped garden and a car park is available.

The home had a registered manager in place. 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.

Safeguarding alerts had been made when needed. Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risk assessments were in place for people who needed them. They were specific to people's needs. However, risk assessments were not always reviewed effectively on a monthly basis. Foot-notes were used to detail any changes but this made the risk assessment difficult to navigate and understand the persons current needs.

Emergency procedures were in place for staff to follow and personal emergency evacuation plans were in place for everyone. A robust procedure for recording fire drills was in place.

There were sufficient staff on duty. People told us there was enough staff on duty day and night to meet their needs. A dependency tool was not used but this did not have a negative impact on people's care.

Medicines were managed appropriately. The service had policies and procedures in place to ensure that medicines were handled safely. Medication administration records were completed to show when medicines had been administered. Staff confirmed that medication storage room temperatures were read daily, however this was not recorded.

Certificates were in place to ensure the safety of the service and equipment used. Maintenance and fire checks had been carried out regularly by the service.

Robust safe recruitment processes were not in place. References had not always been received before new staff started employment. Disclosure and Barring service checks had not been obtained.

Staff performance was monitored through a system of supervision and appraisal. However, these meetings were not recorded fully and no evidence was available to confirm what had been discussed and any actions as a result of these meetings.

Staff had completed an induction process with the provider. Of the eleven training records we looked at, all had up to date training. People told us they felt staff had the knowledge and skills needed to care for them.

People were supported to maintain their health. People spoke positively about the nutrition and hydration provided at the service. Staff understood the procedure they needed to follow if people became at risk of malnutrition or dehydration. However, some people's weights were monitored using visual checks which did not determine an accurate weight.

Staff demonstrated good knowledge and understanding of the requirement of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard and knew what action they would take if they suspected a person lacked capacity.

Each person was involved with a range of health professionals and we saw records to confirm this. From speaking with staff we could see that they had a good relationship with the health professionals involved in people's care.

The lounge area was big enough to accommodate people who wished to use it. People had spacious bedrooms which included their personal possessions and were able to spend time in private as when they wished to do so.

People spoke highly of the service and the staff. People told us they were treated with dignity and respect.

People, and where appropriate their relatives, were actively involved in care planning and decision making. This was evident in signed care plans. Information on advocacy was displayed within the home and was available should people need it.

Care plans detailed people's needs, wishes and preferences and were person-centred. People's life history was documented. However, one care plan had not been updated when changes had occurred, instead 'foot-notes' had been added to document changes resulting in difficulties to navigate around the care plan.

Activities were planned in advance and displayed on a large notice board within the home. We saw that people participated in activities and people told us there were a range of activities on offer.

The registered provider had a clear process for handling complaints. There had been no complaints made in the past twelve months.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Staff told us they were confident any concerns would be dealt with appropriately. We could see from our observations and from speaking to people and staff that the registered manager had a visible presence at the service.

Quality assurance processes were in place. Records confirmed these were completed on a regular basis. However, the audits failed to record areas where action needed to be taken.

Accidents and incidents were monitored to identify any patterns and appropriate action was taken to reduce risks.

Feedback from staff, people who used the service and relatives was sought. However, no action plans had been developed as a result. The registered provider did take action to correct concerns raised following the inspection.

The service worked with various healthcare and social care agencies and sought professional advice to ensure the individual needs of the people were being met.

The registered manager understood their role and responsibilities. Notifications had been submitted to CQC in a timely manner. Notifications are documents about changes, events or incidents the provider is legally obliged to send us within required timescales.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were in place for people who needed these; they were specific to people's needs. However, not all risk assessments were reviewed effectively on a monthly basis.

Safeguarding alerts had been made when needed. Staff understood the procedure they needed to follow if the suspected abuse might be taking place.

Safe recruitment procedures were not in place. References and Disclosure and Barring Service checks were not received before employment commenced.

Medicines were not stored within safe limits. Medication room temperatures were not recorded.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff performance was monitored through a system of supervision and appraisal but this was not recorded.

Staff demonstrated good knowledge and understanding of the requirement of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to make choices in relation to their food and drink.

People's weights were not effectively checked and recorded.

Is the service caring?

Good ●

The service was caring.

People spoke highly of the staff and said they were treated with dignity and respect.

Staff were knowledgeable about the likes, dislikes and

preferences of people who used the service.

Care and support was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People who used the service, and where appropriate relatives, were involved in decisions about their care and support needs.

People had access to a wide range of activities

A robust procedure was in place for managing complaints.

People we spoke with knew how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Quality assurance processes were in place and regularly carried out to monitor the quality of the service but failed to record some areas where action needed to be taken.

Feedback from people who use the service, relatives and staff was sought but no evaluation or action plans were developed.

Regular staff meetings had taken place and staff told us they were supported and included in the service by management.

Tapton Edge

Detailed findings

Background to this inspection

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

This inspection took place on 13 July 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting the service.

Before the inspection we reviewed all the information we held about the service which included recent notifications submitted and we spoke with the local authority contracts and commissioning team. The registered provider had not been recently requested to complete a provider information return (PIR).

Tapton Edge is a converted Victorian house providing care and accommodation for 25 older people. The home is situated in the Fulwood area of Sheffield, close to shops, churches and bus routes. Communal lounge and dining rooms are provided and bathing facilities are available. There are twenty-three single bedrooms and one double bedroom. Accommodation is provided over two floors, which can be accessed by a lift. To the rear of the home is a large landscaped garden and a car park is available.

During the inspection we reviewed a range of records. This included three people's care records and ten people's medication administration records. We also looked at three staff files including recruitment, eleven staff files relating to training records and four staff files relating to supervisions and appraisals. We looked at records relating to the management of the home and a variety of policies and procedures.

We spoke with six staff members including the registered manager, deputy manager, assistant manager and three care staff. We also spoke with three people who used the service and one relative.

Is the service safe?

Our findings

During the inspection we looked at recruitment records for three staff. Recruitment records contained a completed application and interview questions. We could see that gaps in employment history had not been fully investigated or recorded for one staff member. Of the three records we looked at, none had received a Disclosure and Barring Service check before employment commenced. 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 to minimise the risk of unsuitable people working with children and vulnerable adults. Two checked references were available in all three staff records we looked at but some of these had been received after employment commenced.

We spoke to the deputy manager about this who told us, "New staff work supervised until we have all of their documentation back. We explain this to new staff. They know that if there is an issue with their DBS or references we may terminate employment." There was a significant risk that new staff would be left alone with people who use the service before appropriate recruitment checks had been completed. No risk assessments had been complete by the provider in relation to new staff working without a current DBS or checked references.

This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I do like living here and I do feel safe. They take good care of me." Another person we spoke to told us, "I would love to be in my own home but I know I would not be safe there and unable to manage. I know I am safe here."

We looked at arrangements in place for managing accidents and incidents and what actions were taken to prevent the risk of reoccurrence. Records were in place to show that accidents and incident were reviewed on a monthly basis. Appropriate forms were completed for each accident or incident that had occurred. Information was recorded on the accident form detailing injuries and the areas these were located. However, body maps had not been completed.

We spoke with staff that were knowledgeable about what action they would take if a person was suffering regular accidents, such as make referrals to other professionals such as the falls team.

Risk assessments were in place associated with the day to day running of the service. Regular checks were made in areas such as water temperature, emergency lighting and fire alarms. However, we could see from looking at water temperature records that issues identified were not always resolved in a timely manner. For example, one bathroom was identified as having no running hot water in February 2016. Monthly risk assessments completed for following months had identified the same issue but no action had been taken. The bathroom still had no running hot water on the day of inspection. Another room within the building

recorded 'poor water flow for the hot tap' in April 2016. No actions taken to address this problem had been recorded. The registered provider later informed us that the issue had been identified and a heating engineer had visited the service. The problem was caused by low water pressure and action to correct this would not have been feasible. The registered provider confirmed that the action taken had not been recorded.

We looked at arrangements for managing risk to ensure people were protected from harm. Risks to people were assessed and care plans put in place to reduce the risk of them occurring. Where a risk was identified further assessments took place to assist in taking remedial action. For example, a risk assessment for one person showed they were at risk of falls. This led to a moving and handling care plan being produced. However, one risk assessment that we looked at was not up to date and did not correspond with the person's needs. A health and safety risk assessment covering areas such as medication, mobility, wandering and bathing had been completed in 2005. Changes in the person's needs had been identified in the monthly review document but the risk assessment documentation had not been updated to correspond with the current level of support needed. Foot-notes had been added but as a result the risk assessment was difficult to navigate. We spoke to the registered manager about this who told us they would review the care plan and risk assessments immediately.

All staff spoken with had a good level of knowledge and understanding of safeguarding and the different types of abuse. They were able to tell us procedures they would follow should they suspect abuse. An up to date safeguarding policy was available and displayed in the reception area of the home along with contact numbers should people need them. We looked at eleven staff training records in relation to safeguarding training; all eleven staff had up to date training in safeguarding.

Staff told us they would not hesitate to whistle blow (tell someone) regarding any concerns they had. One staff member told us, "I would not hesitate to report anything to my manager or senior. I know it would be dealt with in confidence". Another staff member told us, "I think all staff here would whistle blow and I would have no problem doing it if I had concerns."

Personal emergency evacuation plans (PEEPS) were in place for each person who used the service. PEEPS provide staff and emergency services with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The PEEPS contained information including what assistance would be required and other considerations such as medical condition that would need to be considered to evacuate someone safely. We could see that PEEPS were reviewed and updated when needed.

A recent local fire authority visit had taken place at the home in February 2016. There had been concerns raised and areas which were considered to be failures to comply with The Regulatory Reform (Fire Safety) Order 2005. An action plan had been produced and at the time of the inspection all areas of concern had been actioned by the registered provider.

Records showed that regular fire drills were taking place for both day staff and night staff. A thorough record of the fire drills that had taken place was recorded and we could see different scenarios had been used on each fire drill that had taken place. The document recorded any issues that had been raised during the fire drill and what could be done to improve the process in the future.

We looked at arrangements for ensuring safe staffing levels. During the day there was one senior and four carers and during the night there was one senior and two carers. The registered manager and deputy manager were also present most days and were not included in staffing numbers. A member of the

management team was on call outside of normal working hours should staff need assistance or guidance when the registered manager was not present. The registered manager was also available outside of normal working hours if further assistance was needed.

The registered provider did not use a dependency tool to ensure there was enough staff on duty to meet the needs of the people who used the service, however this did not have a negative impact on people's care and there was sufficient staff on duty on the day of inspection. We spoke to the registered manager about this who told us, "We have set staffing levels and they stay the same even if occupancy levels drop. Staff would identify if there was an issue with staffing." Staff and people we spoke with confirmed there was enough staff on duty, day and night, to meet their needs. One staff member told us, "There is definitely enough staff. We don't have a problem with under-staffing." Another person told us, "If I need them (staff) they are there in a flash. I never have to wait so I wouldn't say there was a problem." From observations we could see there was an appropriate number of staff to respond to the needs of people who used the service.

Systems were in place for the safe management of medicines. People's use of medicines was recorded using a medicine administration record (MARs). A MAR is a document showing the medicines a person has been prescribed and the recording when they have been administered. A limited number of the MAR charts we looked at did not contain a photo of the persons. A photo helps staff to ensure they are administering medicines to the right person. The registered provider later informed us that one of the people who used the service had refused to have a photograph taken and they were awaiting consent for other people who currently did not have a photograph.

We reviewed ten people's MAR's and saw there were no gaps in administration. Where medicines had not been administered the reason for this had been recorded. A list of staff signatures for those staff administering medicines was stored in the front of the MARs. This helped create a clear record of who was administering medicines.

Medicines were stored securely in a locked medicines trolley. When they were not being used for medicine rounds they were stored securely in a locked cupboard. However, the temperature of the medication cupboard was not recorded so we could not ensure medicines were stored within safe limits. There was a thermometer available which the registered manager told us staff checked every morning, but it was positioned in a way that it was very difficult to read the temperatures.

Stock checks of medicines were carried out every month to ensure people always had access to the medicines that they needed. Surplus medicines were securely stored until they could be returned to the pharmacist for safe disposal. Some people were prescribed controlled drugs. These come under the Misuse of Drugs Legislation and have strict control over administration and storage. We could see that they were securely stored and were audited on a daily basis.

The home had a medication policy in place which staff understood and followed.

Communal areas throughout the building were clean and tidy with pleasant décor. From observations we could see that people were able to spend time in communal areas and have private time, in their room, if they wished. A number of people who used the service were incontinent but there were no clinical waste bin available in bathrooms to dispose of incontinence pads correctly. One the day of inspection we identified two used incontinence pads that had been left on the bathroom floor by staff after personal care had been completed. The deputy manager took action to dispose of the incontinence pads appropriately. It was also identified that open top bins with no liners were used in some bathrooms and toilets. We spoke to the registered manager about this who told us they would take action to correct this by purchasing pedal bins

and liners. The registered provider contacted us following the inspection to inform that pedal bins were now in place in all bathrooms and toilets.

Is the service effective?

Our findings

We asked staff to tell us about their induction, training and development opportunities they had been given at the service. Staff told us, "We have done a lot of training recently just to refresh. I enjoyed it, it's always good just to refresh but I am confident I have all the training I need to do my job correctly." Another staff member told us, "All new staff get an induction and the training they need. If we had any concerns about new staff we would speak to management." We look at the induction records of three people and could see that a thorough induction process was followed.

We looked at training files for eleven staff. These showed that staff had received training in areas such as medication, moving and handling, health and safety, food safety, safeguarding, MCA & DoLS, infection control and equality and diversity. We spoke with staff about training. They told us that they received regular training and felt they had the skills they needed to provide safe care and support to people.

The registered manager told us that staff were supported with regular supervision and appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered provider's supervision and appraisal policy states that staff should receive a minimum of six supervisions a year and one appraisal. We asked to look at recorded to support this. However, supervision and appraisal were not recorded fully. There was no recorded evidence of what had been discussed or any actions that needed to be taken as a result of the meeting. The deputy manager was able to show us a record sheet which showed the date and time of the supervision, the names of the supervisor conducting the supervision and signatures of both the supervisor and the staff member. No other documentation had been completed as a result of the meeting. We spoke to the deputy manager about this who told us, "Staff attend a supervision or appraisal and discuss anything that is needed. If there is a concern or issue we will record it. We keep things very confidential. We ask staff at the end of the supervision if they would like written notes of the meeting – if they say no then we don't produce them." The deputy manager was unable to produce any written notes from previous supervisions and appraisals that had taken place where concerns had been raised or actions were needed. Following the inspection the registered manager amended the supervision an appraisal form and provided us with a copy of this document which showed action had been taken to improve documentation in this area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and 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 Mental Capacity Act.

The registered provider and staff that we spoke to told us that they attended training on Mental Capacity Act (MCA) 2005. Staff spoken with were able to demonstrate their knowledge and what they would do if they suspected someone lacked capacity to make decisions. At the time of the inspection there was no one using the service that lacked capacity.

We could see from records that we looked at that one person had been subject to a Deprivation of Liberty Safeguard authorisation but this had recently been removed. We were able to view a detailed record of meetings and discussions that had taken place with other professionals in relation to the DoLS and relevant documents such as the DoLS assessments and reviews and a behaviour care plan so the provider could record any cause for concern. Care plan documentation had been updated to reflect any changes in the DoLS authorisation. All staff we spoke with were aware that the DoLS authorisation for this person had been removed.

Some people had made advance decisions on receiving care and treatment and 'do not attempt cardio-pulmonary resuscitation' (DNACPR) orders had been completed by relevant professionals. The correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held within the health and social care professional completing the form. The registered manager had a tracker that was used to ensure DNACPR remained in date and were reviewed by a relevant professional annually. We could see that all DNACPR orders were in date. Other advance decisions included 'living wills' and copies of these documents were included in people's care plans.

People were supported to maintain a balanced diet. People weights were not always monitored effectively. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. People's weights were monitored in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss. This information is used to update risk assessments and make referrals to relevant health professionals if needed. However, from records we looked at we could see that eight people who used the service had not recently had their weights checked appropriately and comments such as 'unable to weight due to mobility' had been added to the weight record and 'visual checks for weight loss completed' but no other action had been taken to establish an approximate weight for these people, such as arm circumference being taken. This meant the provider had no accurate indication as to whether there was any incidence of weight loss.

Staff were able to tell us whether the people they supported had specific dietary needs and if so what they were. The registered provider supplied the service with a menu that had been developed with the input from the residents and cook. The cook said they were free to adapt this to meet people's preferences.

We looked at the menu plan. We could see that there was a three weekly rolling menu. Two meal options were available at tea time. People were able to select what they wanted for tea the evening before. However, people were asked to select their breakfast options up to four weeks in advance. We spoke to staff about this who told us that people could change what they wanted for breakfast if they didn't want their original choice as it was flexible and that people could select a different meal choice at lunch time if they wished as there were always alternative options available.

We asked people about the food. One person told us, "Oh I love the food here; I am looking forward to lunch as it is one of my favourites." Another person told us, "The food is fine. I have no problems with it. I sometimes chose something different like a jacket potato but this is never a problem."

We observed the lunch time experience. We could see that tables were pleasantly presented and staff were

available to offer assistance when needed. Condiments were available on each table and the room was large enough to accommodate all the people who wished to eat there. Some people chose to eat in private and their meal was taken to them, on a tray, to their rooms. We could see that staff were attentive to their needs and went back to their rooms on several occasions to check if they needed any further assistance.

Care records contained evidence of close working with other professionals to maintain and promote people's health. These included GP's, district nurses, social workers and dentists.

Is the service caring?

Our findings

People who used the service told us they were happy and staff were caring. One person said, "The staff are lovely, what can I say. They do a very good job and look after us well in here." Another person told us, "Yes I am happy here. I get taken care of by the staff. What more could I want?"

During the inspection we spent time observing staff and people who used the service. We could see that staff had good relationships with people and people knew the staff by name. We saw that staff were respectful and called people by their preferred names. Staff were patient with people when speaking to them and took time to make sure people understood what was being said. One person asked if they could play the piano that was located in the reception area. The staff member assisted the person to sit comfortably at the piano and sat next to the person while they played. We could see that the staff member chatted and encouraged the person to play another song. The staff member then asked if the person to teach them how to play and they played the piano together. We could see this was a positive experience for the person and they chatted and laughed throughout the one to one time spent with the staff member.

Throughout the inspection we saw examples of kind and caring interactions between people and staff. One person had fallen asleep in an armchair and dropped their newspaper. This was quickly spotted by a staff member who picked up the newspaper and placed it beside the person.

Care plans detailed people's wishes and preferences around the care and treatment that was provided. We could see evidence, such as signatures in care plans, that people had been involved in care planning and where relevant, relatives had also been involved. One relative told us, "I must admit they are very good at keeping us up to date with what is going on and all the staff know [person] very well."

We observed staff seeking people's permission before any care or treatment was provided to them and people we spoke with confirmed this. We saw staff knocking on people's doors and waiting for permission before entering. We saw one staff member taking a meal at lunch time to a person who wished to eat in their room. The staff member knocked on the door and asked where they would like the food tray putting. The person was then asked what drink they would prefer and the staff member responded to the person's wishes.

People using the service had access to independent advocates. An advocate is someone who supports a person so that their views are heard and rights are upheld. There was information available on independent advocates for people if needed and information was also displayed around the home. The registered manager told us that people had used advocates in the past.

Staff treated people with dignity and respect and we could see that staff were attentive to people who used the service. Doors were kept closed when providing personal care and staff knocked on doors to bedrooms, toilets and bathrooms before entering. When we spoke with staff they were able to give us details as to how they respect a person's dignity when providing care. One staff member told us, "It is important that people feel comfortable, this is their home and we respect that. All staff keep doors closed, curtains closed and have

the decency to knock before entering a person's personal space. If I saw staff were not doing this I would report it." Another staff member told us, "I always talk people through what I am doing. They all have capacity so I wouldn't do something unless they consented."

A notice board within the home displayed a 'dignity and respect – our value's' and staff we spoke with were familiar with these values.

At the time of our inspection there was no one receiving end of life care. However, information on people's wishes and preferences was documented in their care files.

Is the service responsive?

Our findings

During our inspection we looked at three care plans. Care plans began with 'personal information'. This contained a photograph of the person and detailed the person's personal details such as date of birth, previous address, doctor, optician and dentist contact details as well as a detailed description of the person including hair and eye colour. A 'personal history' document had also been completed. This detailed family history, past profession, places of significance and likes and dislikes in areas such as food, music and holiday locations.

Care plans were produced to meet individual's support needs in areas such as communication, mobility, eating and drinking, behaviour and personal hygiene. Care plans were detailed and focused on the person's preferences. For example, one person's care plan detailed that they 'like to rise in the morning at 7am and retire on an evening at 10pm' and 'prefers to eat in the dining room, likes medium portions but will often asked for more if they are still hungry'. The registered manager told us that care plans are reviewed monthly or sooner if changes occur and new care plans would be produced when needed. From the records we looked at we could see that one of the care plans required updating as the need of the person had changed. For example, a behaviour care plan that we look at had been completed in October 2011. From the information in the care plan monthly review record we could see there had been changes to their behaviour and mental health but a new care plan had not been developed to support this. Instead 'foot-notes' had been added to the original document to update some information which resulted in difficulties navigating around the care plan and establishing the current level of support needed.

We spoke with staff that were extremely knowledgeable about the care that people received. Staff were responsive to the needs of people who used the service and people and relatives we spoke with confirmed this.

We saw a large notice board displayed near the main lounge which detailed daily activities that were planned which included dominoes, facials, hairdresser, poetry, carpet bowls, bingo card games and exercise to music to name a few. The registered manager told us they did not employ an activities coordinator but all staff contributes to the delivery of activities. One the day of inspection we could see that a large number of people who used the service participated in a verbal quiz. Staff encouraged people to join in the activity. We saw that some people chose to have quite time in their rooms or in the reception seating area.

The registered manager also arranged activities from other professionals in areas such as health, fitness and wellbeing. This included a 'Pulse' fitness session where people who used the service could participate in armchair and light exercise. People we spoke with confirmed they enjoyed this activity. One person told us, "They sure do keep us busy. There is always something on morning, noon and night. I enjoy walks around the home grounds and whenever I fancy a walk a staff member is always available to join me." Other activities from outside entertainers included singer, pianists, music sessions and sing-a-longs. Staff told us that all activities were well participated in.

We were given a copy of the provider's complaints procedure. The procedure gave people details about who

to contact should they wish to make a complaint and timescales for actions. The deputy manager told us that both herself and the registered manager speak to people on a daily basis so people who used the service would generally express any concerns they had to them and this was encouraged by management. One person told us, "I would speak to the manager or deputy if I had any problems. To be honest I could speak to any of the staff and I know they would sought it for me. I can't say I have any complaints at the moment." Another person told us, "I don't need to complain, I am happy here really. I know who to go to if I am not happy though."

We looked at the record of complaints. No complaints had been received in the past 12 months but we could see that a clear procedure was in place for managing complaints should they occur.

Is the service well-led?

Our findings

The registered manager and deputy manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their service, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Audits were carried out by management in areas such as infection control, medication, care plans and building maintenance. We had identified on inspection that there was issues with running hot water in two different rooms. However, this had not been recorded by the auditing system management were using. No issues had been recorded over a 12 month period by the audits that were being completed so it was unclear if the audits being used were effective. Care plan audits completed failed to identify when risk assessments required updating. The registered provider later informed us that the issue with the running hot water had been identified and action had been taken resulting in a heating engineer visiting the service. The registered provider confirmed that this action taken had not been recorded.

During our inspection we looked at feedback that was sought from staff and people who used the service. Resident questionnaires had been completed and returned by people who used the service in May 2016. The feedback had been evaluated to give an indication as to how satisfied people were in areas such as meals, activities and staff attitude but no action plans had been produced as a result of this feedback. From looking at the questionnaires we could see that one relative had commented that they were unhappy about meal times. As no action plan had been developed it was difficult to see if any action had been taken to address the concern raised.

Staff questionnaires had been completed in August 2015. Again, an evaluation was available but no action plan had been developed, although the comments about the service were positive.

The registered manager told us that staff were supported with regular supervisions and appraisal. However, these meeting had not been fully recorded. There was no recorded evidence of what had been discussed or any actions that needed to be taken as a result of the meetings. Action was taken by the registered manager to change the way these were recorded following the inspection.

This is a breach of Regulation 17 (Good Governance) of the Health and Social care Act (Regulated Activities) Regulation 2014.

People who used the service spoke positively about the registered manager. We could see that the registered manager had a visible presence at the home and regularly interacted with people who used the service. One person told us, "[Registered manager] is lovely. They are here most days. I get along with all the management. They are very helpful." It was clear that the registered manager was familiar with people who used the service and relatives that came to visit.

Staff told us that the registered manager supported them. They told us if they had any concerns they had no

problem approaching the registered manager or another member of the management team and they were confident any concerns would be dealt with appropriately. One staff member told us, "I get regular support. [Registered manager] is a good boss. They support us and are here all the time." Another staff member told us, "I think this is a good home and we all work well together. We get support and are listened too."

Staff told us that the morale was good at the home and staff worked well together as a team. They told us they were kept informed about changes to the service and were given the opportunity to raise any suggested areas for improvement. One staff member told us, "The moral is good I would say. We all get along and help out where we can. We have been short staffed previously so we all chipped in to cover extra shift but things have improved now."

The registered manager investigated safeguarding alerts and accidents and incidents in a timely manner and informed the local authority and CQC when needed. Safeguarding's and accidents and incidents had been thoroughly recorded and any action taken as a result had been accurately recorded by the registered manager.

The deputy manager completed a daily 'walk round' audit which looked at areas such as staff presentation, staff communication with people who use the service, the home environment, staff approach and equipment to name a few. This audit was thoroughly recorded, however, on inspection we identified equipment, such as shower chairs, which was in need of repair or replacement and this had not been identified by the audit.

We saw that regular staff meetings had taken place with the most recent meeting taking place in May 2016. The minutes of the meeting showed that staff had the opportunity to raise concerns and be involved in decisions about the service. Areas that were discussed included infection control, annual leave, training, dignity and respect and recruitment. Regular resident meeting had also taken place. People were given the opportunity to discuss areas such as the menu and activities. We could see from the minutes of the meetings that meal times were discussed. The registered manager told us that meal times were discussed as a result of the comments made on relatives questionnaires although this had not been recorded on the questionnaire action plan.

We asked the registered manager and staff what links they had with the local community. They told us, "We have good relationships with local schools, churches and the council. We often have children that come and perform and we get invited to local schools to watch concerts and show. I would say we are very much involved."

From our discussions with the registered manager and staff we could see they followed the visions and values of the service and people who used the service were at the centre of this. We could see that staff had taken appropriate action to raise concerns and the manager ensured CQC and the local authority were notified in a timely manner of incidents which occurred at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Supervisions and appraisal was not fully recorded. Quality audits were ineffective and did not identify areas where action was needed. Action was not taken to address feedback to improve the service.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed DBS checks had not been obtained before employment commence. Two checked references were not always obtained before employment commenced and were not from last employment. Gaps in employment history were not investigated or recorded.

The enforcement action we took:

warning notice issued