

Archmoor Care Limited

Archmoor Care Home

Inspection report

116 Sandy Lane
Middleton
Manchester
Greater Manchester
M24 2FU

Tel: 01616532454
Website: www.archmoor.co.uk

Date of inspection visit:
31 January 2017
01 February 2017

Date of publication:
17 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Archmoor Care Home on the 31 January and 1 February 2017. The first day of the inspection was unannounced. Archmoor Care Home is registered to provide accommodation for up to 20 people who require personal care. There were 20 people using the service at the time of the inspection.

We last inspected Archmoor Care Home on 16 July 2014 where we found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was in relation to the lack of systems in place to monitor the quality of the service provided. During this inspection we checked to see if the breach in regulation had been met. We found the registered provider had taken the necessary action to meet the regulation.

The home had a manager registered with the CQC who was present on the day of the inspection. A registered manager is a person who has registered with the CQC 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.

During this inspection we found there were three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines not being managed safely, unguarded radiators and pipework in parts of the home that posed a risk of harm to people and records that are necessary for the management of the home were either not in place or were incomplete. You can see what action we have told the provider to take at the back of the full report.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely. Several of the care staff had received end of life training to help ensure that people were supported at the end of their life to have a comfortable, dignified and pain-free death.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. We saw that people were involved and consulted about the development of their care plans. We also saw how the staff worked in cooperation with other healthcare professionals to ensure people received appropriate care and treatment.

All areas of the home were clean and procedures were in place to prevent and control the spread of infection. Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and water supply.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience.

Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and people were able to choose what they wanted for their meals.

We saw people were provided with clear information about the procedure in place for handling complaints.

Satisfaction surveys were given to people so they could comment on the facilities of the service and the quality of the care provided. To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided.

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 always safe.

The system for the management of medicines was not safe.

Unguarded radiators and pipework were in place in some parts of the home. This posed a risk of harm to people.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service. A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

Requires Improvement 

Is the service effective?

The service was effective.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Good 

Is the service caring?

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

The staff showed they had a very good understanding of the needs of the people they were looking after.

Good 

Is the service responsive?

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Good 

Is the service well-led?

The service was not always well-led.

Records that were necessary for the management of the home were either not in place or were incomplete.

The home had a manager registered with the Care Quality Commission.

Requires Improvement 

Archmoor 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, to check the previous breaches of the regulations had been complied with and to provide a rating for the service under the Care Act 2014.

We inspected Archmoor Care Home on the 31 January 2017 and 1 February 2017. The first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted a number of professionals who were responsible for organising and commissioning the service on behalf of individuals and their families; feedback received is included in the Well-Led section of this report.

During the inspection we spoke with three people who used the service, six relatives, the registered provider, the registered manager, two care assistants and the cook.

As some of the people living at Archmoor Care Home were not able to tell us about their experiences, we spent some time observing interactions and support from staff to help us understand the experience of people who could not talk with us.

We looked around all areas of the home, looked at how staff cared for and supported people, looked at food provision, three people's care records, eight medicine administration records and the medicine management system, three staff recruitment and training records and records about the management of the home.

Is the service safe?

Our findings

Comments made to us showed that people felt safe. Their comments included; "Of course I am safe and well looked after. It's lovely. They always check on you and the rooms are lovely and clean" and "No doubt about it. My [relative] is safe and well cared for."

We looked to see how the medicines were managed. We were told that only the senior care staff who had received medication training were responsible for the management of the medicines. Records we looked at confirmed that medication training had been undertaken and that the senior care staff had been assessed as competent to administer and record medicines correctly.

We were told the medicine keys were always kept with the person responsible for the management of medicines. We were told the exception to this was during the night when, as the night staff did not administer medicines, they were kept in a locked cabinet that was only accessible to authorised senior staff members. Ensuring that only authorised people have access to medicines helps to prevent them from being taken by people they were not prescribed for.

We found that controlled drugs (very strong medicines that may be misused), were not stored securely as required by law; 10 ampoules of Diamorphine injection, although in a locked room, had been left in an open medicine trolley and were not stored in a controlled drug cupboard. The controlled drug cupboard that was in use also did not comply with the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 as amended.

Failing to store controlled drugs securely increases the risk of these powerful medicines being abused and places people living in the home at risk of harm.

Inspection of the controlled drug register showed that staff had not followed the home's procedure in relation to the recording of controlled drugs received from the pharmacy. Staff had not 'signed in' the controlled drugs in the register in accordance with their policy and procedure.

We saw that medicines in general use were kept in a locked medicine trolley in a locked room. We found that two sheaths of Paracetamol tablets were not kept in the container they were dispensed in. In addition, one box of tablets had more tablets in it than had been dispensed from the pharmacy. It was explained to us that a staff member must have transferred the stock from one box to another. Medicines must be kept in the container they were dispensed in to ensure that in the event of a product recall, the correct medicines could be identified and returned.

During our walk around the home we found that a tube of prescribed skin cream had been left in the person's bedroom instead of being stored in the medicine fridge as required. Medicines may spoil and not work properly if they are kept at the wrong temperature.

Arrangements were in place to order new medicines and to return medicines that were no longer needed.

We did see however that although medicines no longer needed were kept in a container in a locked room the container was not tamper-proof. Medicines no longer required need to be securely stored to prevent them from being in the possession of people they were not prescribed for. We discussed this with the registered manager who told us they would contact the dispensing pharmacy to obtain a suitable container.

We found that medicines were not managed safely and this was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at all areas of the home. The bedrooms, dining room, lounges and corridors were well lit, clean and bright and there were no unpleasant odours. The provider had taken some steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors, wardrobes were anchored to the wall and most radiators were suitably protected with covers. We saw however that a radiator and pipework in the downstairs shower room needed to be covered. In addition the reception hall and the downstairs and upstairs corridors had unprotected radiators that needed covering. Unguarded radiators and pipework pose a serious risk of harm to people who use the service. Failing to ensure that the premises are safe is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that all staff had received training in the protection of vulnerable adults. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We saw the home had a whistleblowing policy contained within the employee handbook. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were familiar with the policy and knew how to escalate concerns within the service. They also knew they could contact people outside the service if they felt their concerns would not be listened to.

We found that risks to people's health and well-being had been identified, such as poor nutrition, falls, choking and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We found that sufficient staff were provided. We did discuss with the registered manager and the provider however, the need to keep the staffing levels under review. This was because the staff we spoke with told us it would be good to have more staff on duty, especially during busy times, such as the morning. Management told us they had been approached by staff about the staffing numbers needing to be increased. This was due to the number of people who had high dependency needs. We were told that more staff would be provided.

We asked the registered manager to tell us how they ensured their staff recruitment procedure protected the health and safety of people who used the service and that the people they employed were fit to do their job. We were told there was no recruitment policy in place and the registered manager was in the process of producing one.

We looked at three staff recruitment files. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We were shown the fire risk assessment that was in place. We saw that it had been undertaken by the home's fire advisor. We were informed that the registered manager had met with the home's fire advisor after the inspection and that it was his intention to update the fire risk assessment and also arrange for further fire training and fire drills for the staff. Records showed that staff had received training in fire safety awareness.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. We also saw procedures were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. These were contained in the business continuity plan that we were given access to.

We looked at the on-site laundry facilities, situated on the first floor. The laundry looked clean and well-organised. Hand-washing facilities and protective clothing of gloves and aprons were in place. We found there was sufficient equipment to ensure safe and effective laundering.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection.

We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste. We did note that not all areas of the home where clinical waste was disposed of had a pedal-bin in place. The bins had lids that had to be touched by staff. To prevent hand contamination pedal bins need to be in place. The registered provider told us that this would be addressed as soon as possible.

Is the service effective?

Our findings

People we spoke with told us they received the care they needed when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly. Comments made included; "They are really good and I have no concerns. My [relative] was in here before and I was happy with their care so now my [relative] is also here. My [relative] has improved physically since being here and that is a sign of good care."

We looked to see how staff were supported to develop their knowledge and skills. We were shown the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who used the service, staff and visitors. We were told that induction was an on-going process over three months, longer if necessary and that staff were fully supervised until their competency to undertake their role had been assessed. Staff we spoke with confirmed this information was correct.

We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service. A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood. We were shown the report book that was made available to staff on each shift.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas. The care staff we spoke with told us they were starting to have regular supervision sessions since the appointment of the new manager.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent before attending to their needs. The registered manager told us that if people were not able to consent then a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

We saw evidence of where a best interest meeting had been held for a person in relation to their reluctance to take their medication. A decision had been made that it was in their best interest to administer their medication covertly (hidden in food and/or drink).

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are

helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). What the registered manager told us demonstrated they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find.

Records we looked at showed that eight people who used the service were subjected to a DoLS. Records showed that all the staff had undertaken training in the MCA and DoLS.

We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We looked at the menus and saw they were on a four week cycle and a choice of meal was always available. We were told that people had mainly cereals, porridge and toast for breakfast but could also have a cooked breakfast if they wished. Staff told us that the kitchen was always open and food was always available 'out of hours'.

People we spoke with were happy with the meals and drinks provided. Comments made included; "Yes, it's all very nice. I have no complaints" and "They give you plenty to eat and it's very tasty."

A discussion with the cook showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods by the addition of butter and/or cream to help improve a person's nutrition. We saw that adapted crockery and cutlery was available. This helps to maximise people's safety, independence and dignity.

We saw that, following a food hygiene inspection on 13 August 2016 the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. Records we looked at showed that following each meal staff completed records for the people who required monitoring of their food and fluid intake. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified.

The care records also showed that people had access to external healthcare professionals, such as community nurses, speech and language therapists, opticians, chiropodists and dentists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Bedroom accommodation was provided on the ground and first floors and access was via the passenger lift.

Communal lounges and the dining room were situated on the ground floor and there were enough accessible bathrooms and toilets that were equipped with aids and adaptations. Staff told us that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

Is the service caring?

Our findings

We asked people who used the service and their relatives if they felt the staff were caring. All agreed that they were. Comments made included; "I feel well looked after. I couldn't ask for a better place and better staff. They are lovely" and "They are very caring. No matter what time you arrive they are always welcoming. My [other relative] is in here now so that tells you a lot." Also, "They are fantastic, really good. They care about us as well as the residents and they always make us welcome. You should have seen it at Christmas."

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. Staff interactions were seen to be polite and friendly. The atmosphere in the home was cheerful, calm and relaxed. We saw that people looked well cared for, were clean, appropriately dressed and well groomed. The people we spoke with told us they chose the time they went to bed and the time they wanted to wake up in the morning and that the staff respected their wishes.

Bathrooms, toilets and bedrooms had overriding door locks and we saw that staff knocked and waited for an answer before entering. This was to ensure people had their privacy and dignity respected.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them. We were told the Roman Catholic ministers visited the home weekly to give Holy Communion.

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told about The Palliative Care Education Passport training that had been undertaken by eight of the care staff members. The training had been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

During our inspection we were shown the Palliative Care Award that the home had won. This was awarded to the home because they had implemented many changes to their practice since undertaking the training; therefore helping to ensure they delivered good quality end of life care.

The registered manager told us that the staff at the home received good support from the district nurses and GPs and that they could also telephone the 24 hour advice line at the local hospice if they needed to.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in a filing cabinet in the staff office area. Other records in relation to the running of the service were kept secure in the manager's office that was kept locked when not in use.

Is the service responsive?

Our findings

We were told that staff responded well to people's needs. Comments made included; "You can tell my [relative] is well looked after. They know what is needed" and "They are always checking on you to make sure you are ok and if you are not, they sort it. You couldn't ask for more than that."

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records contained enough information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people had been involved in the planning of their care. Each care plan had a 'life story' plan and a 'preference sheet' that detailed their preferences around care and support, plus their likes and dislikes around food and drink. Three of the visitors told us they had seen and had discussed their relative's care plan with the staff. We saw that the care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs.

We asked the registered manager about the activities available for people who used the service. They told us a member of the care staff was responsible for organising the weekly plan of activities; these included board games, reminiscence, karaoke and bingo. We were told entertainers who did singing and dancing visited the home every month. During our inspection we saw one lady busy knitting and other people playing dominoes. Magazines and books were available for those people who liked to read.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were told that each person had a 'grab pack'. This is a document that has the relevant medical and personal information in as well as a copy of their MAR sheet. The 'grab pack' would be sent with the person to hospital. This helps to ensure continuity of care.

We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaints procedure was displayed in the entrance hall. It was also contained in the service user guide that was given out to people. The procedure explained to people how to complain, who to complain to, and the times it would take for a response.

The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns. We saw that the registered manager kept a log of any complaints made and the action taken to remedy the issues.

Is the service well-led?

Our findings

The service had a registered manager who was present on the day of the inspection. We asked the registered manager what they considered to be the key achievements of the service since they took up their position as the registered manager. They told us they felt they had developed a better support network for the staff by ensuring regular formal supervision meetings were held. They also told us that the delivery of high quality care, especially in relation to end of life care, was something that all the staff aspired to. They told us their key challenges were to improve the quality of record keeping and the implementation of the necessary paperwork required for the management of the home.

We found that not all records, necessary for the management of the home, were in place. We asked to see the fire log book and were given records that showed weekly checks were carried out on the fire alarm system only. These checks did not identify which fire activation point had been tested. There were no records to show that regular checks were undertaken on the emergency lighting, fire exits or smoke detectors. Following the inspection we were advised that the registered manager had obtained a fire log book the contents of which should ensure that the necessary checks would be undertaken.

There was no evidence of a gas safety certificate and no evidence to show that thermostatic control valves (TCV's) had been fitted to the water outlets of the baths and showers. The registered provider told us they felt certain that a gas safety check had been undertaken and that TCVs were in place. This could not be confirmed as there were no records in place.

We saw the temperatures of the water outlets in the bedrooms were checked but records showed these were not always undertaken on a weekly basis as the home's policy required. There were no records of the immersion bath and shower temperatures being undertaken. Failing to ensure the discharging water is at the correct temperature places people at risk of harm from scalding.

We checked the medicine administration records (MARs) of eight people who used the service. On one MAR it was recorded that a controlled drug had been given on a date that it was not prescribed to be administered. Inspection of the stock and controlled drug register showed that the drug had not actually been given. The record was inaccurate.

Inspection of two of the MARs showed that people were prescribed topical/ skin creams. Neither MAR had any instructions as to where the creams were to be applied. One cream was to be applied 'as directed' and the records showed it was applied mainly twice a day. Records showed however that the prescribed cream had not been applied for 14 days. The manager informed us that the cream had not been discontinued and it was probable that staff had not recorded when they had applied it. Inaccurate records place the health and welfare of people living in the home at serious risk of harm as their medicines may be missed out or given incorrectly.

Failing to have records that are necessary for the management of the home is a breach of Regulation 17 (2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place. This showed that regular checks were undertaken on some aspects of the running of the home such as; infection control, medication, care plans and the health and safety of the environment.

The daily medication audits that we looked at however were not robust enough as they did not identify the issues of concern that we found during this inspection. It is essential to have a robust system of audit in place in order to identify concerns and make the improvements necessary to ensure medicines are handled safely within the home.

The local authority commissioners that we contacted told us they were happy overall with the service and care that people received. They told us they had been working on an action plan with the registered manager to improve things and that management were receptive to advice and suggestions.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that resident and relatives meetings were held previously but they were not well attended. In view of the fact that it was a small home and the registered manager had an 'open door' a decision was made by management to cancel the meetings. Visiting relatives told us they could speak with the registered manager at any time and that they did not feel the need for formal meetings.

We were told that satisfaction surveys were given out annually to people who used the service and to their relatives. The surveys asked for people's views on how they felt they were being cared for, and if the facilities at the home were to their satisfaction. We looked at nine of the responses received. They were very positive about the staff, the care and facilities provided.

Records showed that staff meetings were held every three months. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff confirmed to us that regular staff meetings were held and staff told us they felt included and consulted with. We were told that 'mini meetings' were held every two weeks with the senior staff so that any issues that have arisen can be discussed and dealt with.

Staff spoke positively about working at the home. They told us they felt valued and that management were very supportive and approachable.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed safely. This placed the health and welfare of people at risk of harm.</p> <p>Unguarded radiators and pipework were in place in some parts of the home. This posed a risk of harm to people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records that are necessary for the management of the home were either not in place or were incomplete.</p>