

Beaconsfield Care Limited

Mayfield House Residential Home

Inspection report

29 Mayfield Road
Hersham
Walton On Thames
Surrey
KT12 5PL

Tel: 01932229390

Date of inspection visit:
23 June 2017

Date of publication:
28 July 2017

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 23 June 2017 and was unannounced.

Mayfield House is a residential care home providing support to up to 34 older people. At the time of our inspection there were 14 people living at the home. Some people at the home were living with dementia.

There was not a registered manager in post. A new manager was in the process of registering at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Although further improvements are required, this service is out of Special Measures. We will continue to monitor and inspect the service for continued improvements.

At our last inspection we found breaches of regulation. At this inspection we found that most improvements had been implemented. However, we did find one continued breach of regulation.

People's rights were not protected because the provider had not followed the guidance of the Mental Capacity Act (2005). Staff training in this area was not effective as staff were unable to say how the process applied to their work.

Improvements had been made to records but some information around risks to people was not in place at the time of inspection. We recommend that the provider regularly reviews their records, particularly in relation to risk assessments and that these are maintained accurately at all times.

People lived in a clean and safe home environment. The provider had implemented improvements to the home and kept it clean and well maintained. Robust audits had been introduced to ensure the home remained clean and where maintenance work was required, this was actioned by management.

Risks to people were managed safely. Staff took action to reduce risks to people and where appropriate, made referrals to healthcare professionals. The provider was in the process of introducing new risk assessment forms at the time of inspection. Where incidents occurred, plans were put in place to prevent them from happening again.

People's medicines were managed and administered safely. The provider had introduced new storage and

medicine management systems, with regular audits in place. People received their medicines as prescribed and in line with their wishes.

People's care plans were person centred. Improvements had been made to the information available to staff. People's preferences and backgrounds were clearly documented. Reviews were carried out to identify changes in people's needs. Staff knew the people that they supported well. The provider had made improvements to the activities on offer to people. We saw evidence of people participating in activities that they enjoyed and reflected their interests.

People's dignity was promoted by kind, respectful staff. Staff supported people in a way that promoted their privacy and dignity. People told us that they got along well with the staff. People's independence was promoted by staff. Staff understood their role in safeguarding people from abuse and demonstrated a good knowledge of local safeguarding procedures.

The quality of people's care was monitored and where shortfalls were identified, improvements were implemented. People benefitted from regular meetings in which they were consulted on changes at the home.

People's nutritional needs were met by staff. People were offered choice with food and their dietary requirements were met. Staff worked alongside healthcare professionals to meet people's needs. People knew how to complain and any complaints received were responded to with appropriate actions taken.

Staff felt supported by management and had regular supervision and training. Staff had regular meetings where they could be involved in the running of the home. There were sufficient staff in place to meet people's needs. The provider carried out checks to ensure that staff were appropriate for their roles.

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 consistently safe.

Risks to people were managed and staff knew how to reduce risks. Improvements to risk assessments were in progress at the time of our inspection.

Where accidents or incidents occurred, appropriate actions were taken to prevent them from happening again.

Staff understood their roles in protecting people from abuse.

There were sufficient staff present to meet people's needs safely.

Appropriate checks were carried out to ensure that staff were appropriate for their roles.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People's rights were not protected as staff didn't work in accordance with the Mental Capacity Act (2005).

People were provided with food in line with their dietary requirements and preferences.

Staff had appropriate training to meet the needs of the people they were supporting.

Staff worked alongside healthcare professionals to meet people's needs.

Is the service caring?

Good 

The service was caring.

People's privacy and dignity was promoted by kind, caring staff.

Staff involved people in their care.

People were supported by staff that knew them well.

Staff promoted people's independence when providing them with support.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and reflected their needs and personalities.

Regular reviews were undertaken to identify any changes in need.

People had access to a range of activities.

People were supported to complain and complaints were responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements were underway following our previous inspection. However, the provider has not yet demonstrated long term consistency.

Systems were in place to monitor and improve the quality of the care that people received.

The provider kept up to date and securely managed records, but some information was missing. We recommended that the provider reviews their record keeping to ensure risks are always recorded accurately.

Staff felt well supported by management.

People and staff were involved in the running of the home through regular meetings.

Mayfield House Residential 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 checked 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 23 June 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

As part of our inspection we spoke to eight people and one relative. We spoke to the manager, deputy manager and four members of staff. We observed how staff cared for people and worked together. We read care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and people.

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us "Yes of course I'm safe, I go upstairs to my room whenever I want and have what I need here." Another person said, "Yes, it's safe here. The doors locked and there's staff around."

At our inspections in August 2015, August 2016 and December 2016, people's care was not provided safely. We had concerns about the safety of the home environment and risks to people were not appropriately assessed and managed. We also found that medicines were not managed and administered safely. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to the way that risks were managed. Staff took appropriate actions to reduce risks to people. Staff noted one person was becoming less steady on their feet. They raised this with the manager and the person was referred to the falls team. The person was prescribed a walking frame which reduced their risk of falls. Risk assessments were in place that identified measures to reduce risk. However, we did note that assessments were standardised and did not always identify every risk. One person was at risk of pressure sores and there was not a thorough risk assessment and plan for this. However, staff were taking action to manage this risk despite it not being clearly documented. Staff administered prescribed creams to the person and repositioned them regularly. A chart was in place that recorded each time the person was repositioned. When staff had noticed changes to the person's skin, healthcare professionals were contacted quickly. People and relatives told us that they felt risks were managed safely. Reduced numbers of incidents demonstrated that staff were managing risks to people. The manager was in the process of updating to a new style of risk assessment at the time of our inspection. These assessments were detailed and up to date, with plans to manage risks clearly outlined to staff. We will follow up on the impact of these improvements at our next inspection.

Staff responded appropriately to any incidents that occurred. After our last inspection, the provider had introduced new systems for recording and analysing accidents and incidents. Incident forms were completed and where patterns were identified, appropriate actions were taken. For example, one person had fallen twice in a short period of time. Their care plan was updated and they were monitored more closely. A sensor mat was put in place which alerted staff if the person got up. This reduced the risk if they fell again. They were seen by their GP quickly and referred to a local community falls team. Records showed that actions taken by staff in response to incidents were appropriate. These actions were documented and where appropriate, people's care plans were updated. When one person fell at night time, staff responded and made sure they were safe. The person's care plan was then updated to include more frequent checks at night time to ensure they were safe.

Staff understood their roles in protecting people from abuse. All staff had been trained in safeguarding and the provider had clear policies and procedures in place for staff to follow. Staff were aware of the whistle blowing policy and they were able to identify the signs of abuse. Staff demonstrated a good knowledge of how to respond if they had concerns. One staff member told us, "I'd talk to the shift leader. I could also call

someone from the safeguarding team." Where there had been safeguarding concerns, we saw evidence of staff working alongside the local safeguarding team to keep people safe.

People lived in a safe home environment. At our inspection in August 2016, we had concerns about the impact of building work on people's safety. The provider took action to address this and the building work had progressed significantly by the time of this inspection. A full health and safety audit was carried out in January 2017, which considered the impact of improvement works. Risks had been assessed, with consideration for how the building work could impact on people. Some refurbishment work was still underway, in line with the provider's plans to improve the home environment. Communal areas were clear and tidy. Furniture and decoration had been updated, creating a warm atmosphere. People's needs had been considered when making improvements to the environment. For example, the provider was creating more defined spaces by using colour and signage. This helped people living with dementia to orientate themselves. People, relatives and staff were kept updated on works being carried out through meetings.

People's medicines were managed and administered safely. At our last inspection, medicine administration records (MARs) were incomplete. There were not robust systems in place to ensure people's medicines were managed safely. At this inspection, improvements had been made to the way people's medicines were stored and administered. MARs were checked frequently and any gaps identified were followed up. MARs we looked at were up to date and complete, with no gaps. Important information about people's medicines was in their records, including how they liked to take them. One person liked each tablet handed to them, before swallowing with water. We observed staff following these guidelines when administering medicines to the person. Staff followed best practice, checking records carefully and following hand hygiene procedures before giving people medicines. Staff training in medicines had been refreshed since our last inspection.

The provider had made improvements to the way that medicines were stored. The storage area was secure and tidy. Regular checks were undertaken to ensure medicines were stored at the correct temperature. People's medicines were managed in a way that meant staff could keep track of when new prescriptions were required. A recent audit by the pharmacy had identified minor issues which had all been addressed by the time of our inspection.

At our inspections in August 2016 and December 2016, the provider had not carried out checks to ensure staff were of good character and suitable for their roles. Important checks, such as references and work histories, were missing from staff files. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the required improvements to recruitment checks had been made. After our last inspection, the provider addressed gaps in employment checks that we found. They carried out an audit, to ensure that all correct checks were in place for staff. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

There were sufficient staff present to meet people's needs safely. One person told us, "There are enough staff. I can get up when I want in the morning, that works for me." At our inspection in August 2016, people were not cared for by sufficient numbers of staff. Since that inspection, the ratio of staff to people had increased. The provider had introduced the new role of deputy manager. This meant more support was in place for care staff, and the manager had assistance in implementing improvements from the home's action

plan. We observed staff spending time with people and people's care was provided in a timely manner. People did not wait long for staff when they needed them. Staff told us that they had enough time to meet people's needs, and our observations supported this.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required in the event of a fire. The fire alarm system was tested regularly. There was a contingency plan in place to ensure that people were safe in the event of the building being unusable following an emergency.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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).

At our inspections in August 2015 and August 2016, people's rights were not protected because staff did not follow the guidance of the MCA. Decision specific mental capacity assessments were not carried out before decisions were made to deprive people of their liberty. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had not made all of the required improvements. DoLS applications had been sent to the local authority, but there were no decision specific mental capacity assessments in place. This meant that restrictions were placed on people before staff had established that they lacked the mental capacity to make the decision to consent to them. The manager was not aware of this requirement from our previous report. We showed them what was missing and they took action to resolve this. Staff did not demonstrate a good knowledge of the MCA, despite having attended training recently. We informed the manager of this and after the inspection they met with staff to identify ways of embedding this knowledge. Following the inspection, the provider submitted evidence to show that mental capacity assessments had been carried out for people where DoLS applications had been submitted. The people affected were found to have lacked capacity, so the impact of this was minimised. Despite this improvement, this is the third inspection in which the provider has failed to meet this regulation.

The lack of decision specific mental capacity assessments and lack of staff knowledge of the MCA was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they liked the food they were offered. One person said, "I never have anything that I don't like." Another person said, "It's very nice." Kitchen staff knew people's preferences and people had a choice each day. Where people did not like the menu choices, an alternative meal was prepared. Food was discussed at meetings, where people's feedback was sought. People had the support that they needed to eat and we observed that people finished their meals. Food that was served looked and smelt appetising.

Where people had specific dietary requirements, this information was in their records. One person had a visual impairment. Staff cut up their food for them and ensured the plate and cutlery was within reach. This was clear in their care plan and we observed staff supporting the person to eat in this way. The kitchen staff

knew people's individual nutritional needs and allergies and a system was in place to ensure any changes were communicated to them.

People were supported by staff who were trained to meet their needs. A relative told us, "The staff seem confident and well trained." Staff told us that they undertook mandatory training in areas such as safeguarding, infection control and medicines management. At our last inspection, we had concerns about staff moving and handling practice. To address this, the provider carried out observations of staff practice and staff received refresher training in this area. At this inspection, we observed staff deploying safe moving and handling techniques when supporting people to transfer. All new staff completed the care certificate. The care certificate is a set of national standards in adult social care. Staff told us that the training provided made them confident in their roles. The provider kept a record of training completed and records showed staff training was kept up to date. Staff received regular one to one supervision and appraisals. Records showed that these were used to discuss their practice, as well as identify any training needs that they had. We did note that at the time of the inspection, staff were undergoing refresher training as a part of improvements to the home. We will assess how this has improved staff practice at our next inspection.

Staff worked alongside people's healthcare professionals to ensure that their healthcare needs were met. One person had an ongoing medical condition. Information from healthcare professionals was added to their care plan. Another person was awaiting cardiac tests. This had been discussed at their most recent review and their GP had been kept updated on their condition. Staff contacted healthcare professionals quickly when they had concerns. Staff noted swelling of one person's ankles and had contacted the GP that day. Staff followed the GP's advice by ensuring the person's legs were elevated and supporting them to attend a blood test. People's records contained evidence of involvement of chiropodists, opticians and dieticians where required.

Is the service caring?

Our findings

People told us that they thought staff were caring. One person told us, "The staff who work here are nice people." Another person said, "I enjoy having a joke with them (staff)."

At our inspection in August 2016, the care that people received was not consistent. Interactions with staff were rushed and we observed staff using language that was not respectful. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people were cared for in a way that promoted their dignity. After our last inspection, the provider had discussed dignity and respect in team meetings. It had also been discussed with staff at one to one supervisions. New staff had been recruited since our last inspection and the manager told us they looked for staff that had a caring nature. People told us that they got along well with the new staff. Caring interactions that we observed demonstrated kindness and compassion. One person living with dementia took another person's coffee cup by mistake. Staff intervened gently, reassuring the person and preparing them a new cup. Staff chatted to people throughout the day, asking how they were and discussing their plans for the week. People looked comfortable with staff, talking to them and sharing jokes. One person was very keen to tell us how well they got along with one member of staff. We observed another person really enjoying playing with a ball with a staff member. Staff spoke to people in a respectful way, calling them by their preferred names and spending time with them.

People's privacy and dignity were respected by staff. Where people needed support with personal care, staff did this discreetly. People were supported in their rooms with the doors closed. Staff were observed knocking on people's doors before entering, waiting for permission to enter. Staff demonstrated a good understanding of how to provide care in a way that promoted people's privacy. One staff member told us, "When I start personal care I ask if I can come in. I ask if they want a shower or bath or strip wash. We close the door and I tell them what I will be doing."

People were involved in decisions about their care. We observed staff offering choices to people and involving them. One person told us they were 'feeling musical' so staff supported them to put some music on. Staff and another person got up and enjoyed the music spontaneously, dancing and singing. People's care plans contained information on any preferences that they had expressed. These included when people wished to get up, what they liked to eat and what they wanted to wear. At the time of inspection, a new keyworker system had been introduced. A keyworker is an allocated member of staff who works closely with a person and helps them to identify any changes to their needs or preferences. In a recent keyworker meeting, one person had discussed how much they enjoyed an exercise game. Following the meeting, staff ensured the game was included in the activity timetable.

People were supported by staff that knew them well. Consistent staff were in place which meant that people got to know them and build positive relationships with them. Where agency staff were used, the manager requested regular staff who knew people. One person was observed enjoying music and dancing with an agency member of staff. The staff member knew the person's favourite music and lyrics, which they sang

together. Staff demonstrated a good knowledge of people's backgrounds and their interests when we spoke to them. People's care plans contained information about their life stories and backgrounds. These had been completed by staff sitting with people. This had provided a meaningful and interesting activity for people, whilst enabling staff to gather information about people's backgrounds.

Staff promoted people's independence. People's care records reflected their abilities and things that they could do for themselves. One person was living with dementia and had a visual impairment. Due to this, they required support in a lot of processes. Their care records contained information on what they could do for themselves, and how staff could promote their independence. For example, they were able to eat independently if food was cut up and put near to them. We observed staff supporting the person to eat in this way. Staff were patient, allowing the person time to eat their meal independently. Staff provided gentle prompts and encouragement to the person.

Is the service responsive?

Our findings

People told us that they received person-centred care. One person told us, "I have freedom to choose what I do. There's music down here and a couple of people play the piano. I can also spend time in my room where it's quiet." Another person told us, "They (staff) know what I need and when."

At our inspection in August 2016, people did not receive person-centred care. Robust assessments were not carried out before people came to live at the home. Information in people's care plans was incomplete, which meant people's preferences were not clear to staff. We also had concerns about how suitable the home environment was for people living with dementia. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the required improvements had been made. The management team had audited every person's care plan, ensuring that information was up to date. They had spent time with people and relatives to ensure the information in them was person-centred. Information on people's interests was up to date. One person had worked for a particular organisation all of their life. This was still important to them today, and they enjoyed spending time talking about their experiences with staff. This was clear in their care plan and we observed staff talking to the person about this during our inspection. There was guidance for staff on what time people liked to get up, and how they liked to receive their personal care. One person liked to complete some tasks themselves. Their care plan identified that staff needed to help them to prepare a wet flannel and they could wash their face themselves. A staff member was aware that this is how the person liked to be supported. Staff that we spoke to demonstrated a good understanding of how to provide care that was person-centred.

People's needs were reviewed regularly and any changes in need were actioned by staff. After our last inspection, the management team had carried out reviews of every person living at the home. They designed a new review form that captured person centred information. Where people were not able to verbally express themselves, relatives had been involved in their reviews. At a recent review, relatives had provided information on how one person liked to dress. They told staff they liked to dress smartly. This information was added to their care plan. Another person's review had led to a referral being made to a healthcare professional, following staff identifying increased confusion. People's views were recorded on the new format. One person had said at their last review, 'I think this is a wonderful place'.

The home environment had been improved, with a focus on making it accessible to people living with dementia. Rooms were clearly signed, with pictures. This made the home easier to navigate for people living with dementia. Rooms had been updated to create more space for activities, as well as to improve the atmosphere. A large, homely activity room had been created, with a piano. This created a space for games, parties and piano recitals. People told us that they liked using this room. Musicians visited the home to play the piano, but some staff and people were able to play it too. A number of people living at the home had interests in music, so this room was responsive to their needs and preferences.

People had access to a range of activities. An activities co-ordinator had been introduced to help develop

person-centred activities at the home. There was a varied timetable of activities that people could attend. Activities included games, musical activities, outings and visiting entertainers. Activities were discussed with people at meetings and at reviews and keyworker sessions. We observed activities taking place, and they created a lively and warm atmosphere. A planned musical activity took place in the morning, with people also taking part in one to one activities with staff throughout the day. People were engaged in activities and they sparked conversation and interest between people and staff.

The provider responded appropriately to complaints. One person told us, "I've not had to complain but I'd just speak to (staff member)." There was a complaints policy in place and people told us that they felt confident to raise any concerns that they had with management. Information was displayed around the home to tell people how to complain. Where complaints were received, the provider took actions to address them. A relative had recently complained as a person was spending less time in their room. They had enjoyed spending time in their room as they could watch local wildlife out of the window. The complaint was responded to and the person's care plan was updated to reflect that they wished to spend more time in the room. All complainants were given a response, updating them on what actions had been taken. Information on where to go if they were not happy, such as the Local Government Ombudsman, was provided to people.

Is the service well-led?

Our findings

People told us that they liked the new management team. One person told us, "(Manager) is very friendly." Another person said, "(Deputy manager) is a nice man."

After our inspections in August 2015, August 2016 and December 2016, we identified a lack of governance at the home. There was a lack of systems in place to measure the quality of the care that people received. Shortfalls that we had identified at our inspections had not been picked up by internal processes. Following our inspections in August 2016 and August 2015, the provider had not taken appropriate actions to address our concerns. We also found that records were not kept up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had taken action to improve the leadership and governance of the home. A new manager was in the process of registering with CQC at the time of inspection. An action plan had been drawn up following our last inspection and improvements were completed to the timescales the provider had set. A deputy manager had also been appointed. They oversaw the implementation of the action plan and reported to the manager and provider. This delegating of improvement work helped ensure changes were implemented quickly. The provider visited regularly and oversaw the improvements being made.

There had been improvements to the records that the provider kept. Records had been audited, and up to date information was in them. Staff had received training in how to keep accurate records. A guidance document had also been produced to provide staff with prompts on what to record in people's notes. Records that we looked at were clear and up to date. We did note that improvements to records had not been embedded for long. Improvements to mental capacity assessments and risk assessments were not made until after our inspection.

We recommend that the provider regularly reviews their records, particularly in relation to risk assessments and that these are maintained accurately at all times.

There was evidence that the improvements made were impacting positively upon people. One person said, "It is much brighter in here now." A recent compliment read "I visited (person) at the weekend and was very pleased to see all the improvements at Mayfield. There seemed to be plenty of staff around and it was good to see the ramps in place. I also enjoyed a good tasty lunch." At our previous two inspections, this domain received an 'Inadequate' rating. This domain will not achieve a 'Good' rating until we have seen evidence of consistency and improvements becoming embedded.

Staff told us that they felt supported and had clearer direction. One staff member told us, "Things are so much better. Everyone is pulling together." Some staff members who had left previously, had returned to work at the home due to the improvements in leadership. When asked what the best thing about the home was, one staff member said, "The management. We have two managers who support us with everything." Staff had frequent contact with management through one to one supervisions. The management team were observed on the floor interacting with people and staff. Staff told us that they found the new manager

approachable and they could raise any concerns they had or make suggestions. Staff meetings were taking place regularly. Minutes showed that staff were kept up to date on the changes at the home. A recent meeting had been used to discuss staff break times. This was to ensure there was staff presence in communal areas at all times. Staff told us this had been resolved and they went for breaks at agreed times to ensure there was enough support available to people throughout the day.

There were systems in place to monitor the quality of the care that people received. The provider had introduced additional audits since our last inspection. Every month, areas such as infection control, medicines, health and safety and care plans were audited. Where shortfalls were identified, action was taken to improve them. At the time of inspection, a number of improvements to the environment, records and staff practice had just been implemented. A recent environment audit had identified some areas of the home that would benefit from redecoration. This had been actioned by the provider. At the time of inspection, the manager was in the process of sending out feedback forms to people and relatives. These would allow people to give their feedback on the home and the improvements made.

People were involved in decisions about the running of the home. Regular meetings took place in which people and relatives were updated on the improvements that were being implemented. Meetings were used to consult people on the recent redecoration at the home. People and relatives raised concerns they had at meetings, and these were addressed.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure that decision specific mental capacity assessments took place before restrictions were placed on people. The provider failed to ensure staff had an understanding of the Mental Capacity Act (2005).

The enforcement action we took:

Warning notice