The Orders Of St. John Care Trust

OSJCT Eresby Hall

Inspection report

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Date of inspection visit:
15 December 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

OSJCT Eresby Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and nursing care for up to 42 people, including older people and people living with dementia.

We carried out this inspection on 15 December 2017. The inspection was unannounced. There were 40 people living in the home at the time of our inspection.

The service was run by a company who was the registered provider. At the time of this inspection the home did not have a registered manager in post. The registered persons had notified us about the reason for the change in manager and had kept us updated regarding the leadership arrangements in place at the home. As part of this inspection the registered persons had confirmed they had appointed a new manager and an application for the new 'acting manager' to register with the Care Quality Commission (CQC) was in the process of being submitted. After we completed our inspection the manager completed their registration and was formally registered to manage the home.

A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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. In this report when we speak both about the company the area manager and the registered manager we refer to them as being, 'The registered persons'.

At the last inspection on 30 October 2015 the service was rated, 'Good'.

At this inspection the service was rated, 'Requires Improvement'. We found there was a breach of regulations. This was because the registered persons had failed to assess risks to people's health and safety and had not done all that is practical to keep people safe. We also found some of the arrangements used to ensure that all parts of the environment were safe were not sufficiently robust. You can see what action we told the registered persons to take at the back of the full version of the report.

In addition we found that improvements were needed to ensure that people reliably benefited from receiving well-led care. This was because the registered persons had not always ensured action was taken quickly enough when things had gone wrong. In addition, quality and environmental safety checks had had not always resulted in identified shortfalls being put right.

Our other findings at the present inspection were as follows:

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm. There was evidence of organisational learning from significant incidents and events. Any concerns or complaints were handled effectively.

We found there were sufficient care and nursing staff available to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way and communicated effectively, internally and externally.

Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. Staff provided end of life care in a sensitive and person-centred way.

Staff were kind and attentive in their approach and there was a friendly, relaxed atmosphere around the home and. People were provided with food and drink that met their individual needs and preferences. The overall physical environment and facilities in the home generally reflected people's requirements.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

The registered persons had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Through our discussions with staff it was clear they understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, four people who lived at the home were subject to a DoLS authorisation and the registered persons informed us they were awaiting the outcome of a further four applications which had been submitted to the local authority.

People were involved in giving their views on how the service was run and there was a range of audit and review systems in place to help monitor and keep improving the quality of the services 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?

Requires Improvement

The service was not consistently safe.

Suitable arrangements had not been made to fully safeguard people from the risk associated with the safety of the environment.

The arrangements in place to ensure that sufficient numbers of suitable staff were deployed in the right way had not always been made.

Staff were recruited safely.

People's risk assessments were kept under review and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Care was delivered in line with current best practice guidance.

Staff understood how to support people who lacked the capacity to make decisions for themselves.

People had access to the food and drinks of their choice and when it was needed they were supported to eat their meals in ways which met their needs.

People received coordinated care when people used different services including people having access external healthcare support when it was needed.

The overall environment was being maintained and people's rooms were set out and decorated in the way people preferred.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The service was responsive.

People's individual care plans were kept under regular review by staff.

People were supported to continue to maintain their hobbies and interests and to enjoy a wide range of individual and group activities.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Suitable arrangements had not been made to consistently assess, monitor and keep improving the quality and safety of the services provided.

There was an open culture in the home and people benefited from staff understanding their responsibilities.

People who used the services, their relatives and staff were engaged and involved in making improvements.

OSJCT Eresby Hall

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 prompted by an incident which had a serious impact on people using the service and that this indicated potential concerns about the management of risk in the service. We looked at the circumstances related to the incident and also the associated risks. The inspection was also planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited OSJCT Eresby Hall on 15 December 2017 and our inspection was unannounced. Our inspection team consisted of an Inspection manager and an Inspector.

At our last inspection on 30 October 2015 the home was rated 'Good'. At this inspection we found the home was rated 'Requires Improvement.'

In preparation for, and as part of this inspection we reviewed information that we held about the home. This included information the registered persons sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service did well and improvements they plan to make.

We reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about. We also looked at information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered persons and the local authority safeguarding team.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. This was because some of the people who lived at the home had difficulties with their memory and were unable to directly tell us about their experiences of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We spoke with six people who lived in the home, five visiting family members, five members of the care staff team, the activity co-ordinator, the cook and the maintenance staff member. We also spoke with the acting manager who was available together with the area operations manager and one of the registered person's quality assurance managers to provide any additional information we required at this inspection.

We also looked at a range of documents and written records including the care records related to the needs of nine people and six staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and the monitoring of the overall service provision.

Requires Improvement

Is the service safe?

Our findings

People and most of the relatives we spoke with told us they felt safe with the care and support staff provided. One person said, "I feel safe. I have good friends I have made here. It feels very safe and warm." A relative commented that, "The home is secure." Care staff knew the actions they should take to ensure people were protected from abuse. A range of equipment, which we saw was maintained and serviced regularly, was available to enable staff to help people to move around safely. People told us this helped provide them with the personal care they needed and that they felt secure when staff used equipment to care for them.

However, whilst we received mostly positive feedback from people and their families in relation to the care provided at the home some of the relatives we spoke with described their concerns about people's safety as serious.

When we spoke with people and relatives about how staff were deployed and how they responded to their care needs one person said, "The staff are wonderful. Like family and they get to me quick when I need help." However, another relative commented that, "Staffing levels are better than they have been but I am a bit concerned about the levels of staff at night and if there are enough."

Care rotas across all the shifts were maintained and kept under regular review by the registered persons. However, although overall there were sufficient care staff to meet people's care needs we had concerns about their capacity to respond when needs increased at short notice, for example when additional support was needed at the time of any incidents.

The registered persons had reported a recent incident to us and the local authority safeguarding team which related to the availability of staff to help keep people safe at night. We found that at the time of the incident which occurred on 30 November 2017 there were two care staff available to cover the night shift. The registered persons had identified a need to have three care staff working at night. This meant there were insufficient staffing levels for that period and people were at risk. As a result of this one person was not provided with the appropriate level of support and supervision they needed to keep them and other people safe at all times. Following the incident the registered persons had identified care staff had not been deployed effectively enough to prevent a further specific incident from re-occurring at the home the following night. Despite identifying this, there were two further incidents where the person was not provided with appropriate supervision and were found by care staff in other people's bedrooms. We spoke with three relatives of people whose family members had been involved in the incidents who also shared their concerns with us.

Failure to assess risks to people's health and safety and to do all that is practical to keep people safe was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered persons who told us how they responded to the incidents and the actions taken to ensure people were safe. They also told us and the local authority safeguarding

team about their actions and learning from these incidents and how they had taken additional action to ensure the risks associated with the concerns identified had been addressed.

When we looked around the home, although the home was being maintained in a consistent way we were concerned about the arrangements in place to enable people to move between floors at the home. On the upper floor of the home the stair rail bannisters were low and presented a potential risk in that people could fall over the rails.

We raised this with the registered persons who acknowledged our concerns and told us that suitability for the home for each person was assessed prior to admission and consideration was given to the open stair wells. They said the risks were managed alongside people's right to move freely around the Home.

Following our feedback the registered persons told us consideration was being given to raising the height of the bannister. In addition they confirmed they had re-assessed all of the mobility needs of the people who lived in the home and that a risk assessment was now in place in each of their care plans regarding the use of the stairs. The registered persons also confirmed the risk assessments would be kept under regular review together with a falls risk analysis which was monitored monthly so that any appropriate actions could be quickly identified and addressed.

There was also a stair gate fitted for the protection of people at the top of one of the staircases which opened outward. Staff needed to lean over the gate to open it and this represented a potential risk to anyone using it. This was discussed with the registered persons who acknowledged our concerns and confirmed they would review the arrangements in place and tell us about any actions they planned to take to make sure any risks were addressed.

Following our inspection the registered persons provided additional information to confirm the concern was being further reviewed and that any potential risk would be eradicated.

In addition, we were concerned about the safety of a radiator located outside of the laundry area. Although this area was intended for staff only use it was not secured. This meant that people who lived at the service and visitors could access the area. We were concerned that the radiator was hot and it was not covered to prevent people putting their hands on it. We also noted one of the radiator covers in a communal area of the home was loose. We raised these issues with the maintenance staff member and the registered persons who took immediate action to arrange for the radiators to be covered and secured so they would both be safe.

The registered persons showed us they followed safe recruitment processes by having procedures in place which ensured staff were recruited safely. We reviewed the recruitment information related to six staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the registered persons had employed people who were suitable to work with the people who lived in the home.

The arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Medicines were only accessible to staff who had had the necessary training in this area. Additionally, medicines, including unused medicines were stored securely, pending collection by the supplying pharmacy. Staff responsible for medicines management maintained an accurate record of the medicines they administered, including prescription creams. Each person's medicine file included an up to date picture of the person so they could be easily identified. Details of any allergies were available so staff knew about any related risks and detailed information was available to staff on all the medicines in use in the home.

When it was being used, daily checks were undertaken and recorded in regard to the temperature of the medicines fridge to ensure medicines which needed to be stored in this way were kept fresh. Arrangements were also in place to ensure the safe use of any 'controlled drugs' (these are medicines which are subject to special storage requirements). Regular medicine audits were also carried out to check that medicines management systems were being maintained in a consistent way.

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. One person said, "The staff are very clear about their work. They are good at knowing what to do care wise. Another person commented, "I would say the staff are skilful and have the right approach to care."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Information we looked at showed how the induction had been aligned to a national model for appropriately introducing new staff to care settings. A care staff member we spoke with told us how they had been supported through their induction to shadow staff and, "Take time to meet people and read the care plan records so I knew what to do and was confident."

The registered persons maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Care staff told us and records confirmed they had also been supported to obtain nationally recognised qualifications in care. In addition, records showed that staff had received training in key subjects including how to support people who experienced memory loss and who lived with dementia.

Staff also received regular supervision and support from the management team. Staff told us that they found this a helpful opportunity to reflect on their practice and to discuss opportunities for further professional development. In addition to their training and supervision, staff had access to a range of other information sources to ensure they were aware of any changes to good practice and legislative requirements. For example, the registered persons supplied regular updates on any changes in national guidance that staff needed to be aware of. The acting manager confirmed any information which needed to be shared was discussed at staff team meetings so all of the staff could be kept up to date.

In addition we saw infection control procedures in the home were also regularly reviewed and updated. The registered persons confirmed they had identified a member of staff to act as the lead for development and learning in relation to the management of infection control.

When people needed additional help in expressing their views and making decisions care records showed the registered person's had assessed people's capacity to consent to their care. If it had been needed systems were then introduced to fully support them with their decisions whilst keeping them at the centre of that process. The registered manager and staff understood what constituted a restriction to someone's freedom and support workers had been trained in, and showed a good understanding of, 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 less restrictive.

In addition to being able to describe the five key principles of the MCA those support staff we spoke with

were also able to tell us in detail about what these meant to each person. Staff gave examples based on access to the community with staff support to keep people safe and the safe storage of medicines to safeguard people.

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). At the time of our inspection, four people who lived in the home were subject to a DoLS authorisation in order to keep them safe. The registered persons also confirmed they also had submitted four other applications to the local authority and that these were pending approval.

People we spoke with told us they enjoyed the food provided in the home. One person said, "The food is really varied. I like everything they have on the menus and each meal time is a treat."

Kitchen staff understood people's preferences and used this to guide them in their menu planning and meal preparation. For example, the cook told us and showed us information to confirm menus were changes seasonally and that they had the flexibility to provide alternatives to the planned menu if people wanted something different. Information was also available to guide the kitchen staff in relation to any dietary risks associated with the types of food served and how food was presented. Some people needed to have their food served in ways which made it easy to swallow to avoid the risk of choking. Other people, for example those who had needs associated with diabetes had their menu options adjusted through discussions with them so that they were still able to make the meal choices they wanted. The cook knew the names of the people who needed additional support with their diet and confirmed they were supported by another cook to ensure consistency was maintained when they were not available.

From talking with people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and therapists.

We also found the registered persons had given consideration to ensuring the physical environment and facilities in the home generally reflected people's needs and requirements.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us the staff were caring. One person said, "The staff care a lot. Its lovely here and I have made many friends."

A relative told us how they undertook daily visit to the home to see their family member. Describing the care their loved one received they told us, "I visit any time and the staff try their hardest. They are very caring and sensitive. [My family member] always looks relaxed and peaceful when I visit and the staff are wonderful here to me. The staff have even given support to me and asked me about whether I wanted to join any support groups but I get the support I need from my family."

When undertaking support and care tasks it was clear that care staff knew people well. They called each other by their first names and people were relaxed and comfortable with staff when they received the help they needed from them. A care staff member told us about the importance of providing care which was centred around the person. They told us, "It's not about talking but listening to how people communicate. Everyone likes to be addressed differently and people are unique. We care for people in this way so the focus is on the person rather than just the task of giving care."

The staff team supported people in ways that helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. People had access to their own private rooms which were furnished in line with their individual tastes.

Staff also understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, care staff asked for permission before carrying out any care tasks and we observed several examples of care staff offering assurance to people when they assisted with tasks which involved the person needing to sit or stand up or when being transferred from one part of the home to another.

Staff also supported people sensitively when they became distressed. We observed an example of this when one person told us about an item they had mislaid and wanted it found. We saw they were becoming distressed and staff responded quickly in a person centred way by speaking with the person gently and in a way which showed they knew the person very well. The item the person had lost was recovered and the person became much calmer and happier. They talked with two other people who they told us they were friends with and they continued to talk about their day.

During our inspection visit we observed two examples of inappropriate behaviour by two members of the care staff. Whilst these did not have a direct impact on people we were concerned about the need for these to be addressed. When we discussed the examples with the registered persons they welcomed our feedback and told us about the actions they would be taking to address these.

Information about local lay advocacy services was available to people to access in the home. Lay advocacy

services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. The acting manager told us told they would not hesitate to help someone secure the services of a lay advocate, should this be necessary at any time.

The registered persons and care staff we spoke with described the importance of maintaining confidentiality in relation to people's personal information. We saw that people's main care plan records were stored securely and computers used by the registered persons were password protected. During our inspection we saw that any supplementary care folders which contained information care staff needed to refer to in people's rooms was stored discreetly so that they could be accessed but that they also remained confidential to the person. The registered persons had also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of technology including electronic communications and the use of social media. We saw an example of this when information shared by the registered persons with us externally was sent securely so that only those with a password could access it.

Good

Is the service responsive?

Our findings

If someone was interested in moving into the home, the acting manager told us they, or another senior member of staff normally visited them personally to carry out a pre-admission assessment to make sure the provider could meet the person's needs.

Following any initial assessment we saw that the care records we looked at had been further developed using a care plan to show how care was being provided along with any changes that care staff needed to know about in relation to caring for each person individual needs. Where people needed support to help reduce the risks of them getting sore when they were cared for in bed records were available to show how this support had been given. However, we noted that whist turn charts were being completed consistently for those people who needed support to be repositioned the information about the frequency needed had not been recorded in all care records. We discussed this with a senior staff member and fed back to the registered persons who assured us actions would be taken to update the records to reflect the times care had been given.

People we spoke with said that staff had regularly consulted with them about the care they wanted to receive and that they were checked and reviewed with people to make sure they were up to date. A relative we spoke with told the staff were, "Good at responding to any issues and they are sensitive to need." When we spoke with care staff it was clear they understood people's needs and preferences well and overall we observed this was reflected in their practice.

The acting manager told us how they ensured communication was used to keep people updated and informed about how the home operated and any developments using a range of methods. This included holding meetings with people who lived at the home and a regular newsletter about events and activities at the home. They described how they understood some people may need information about the home and how care as provided available to them in different formats so they could access it. They confirmed that they could produce their records in large print or other formats if this was needed at any time and that the registered persons supported them to do this.

The registered persons told us how they used the assessment process to learn all about the person they cared for and that this involved discussing and where appropriate recording individual's life stories. This information was then used to determine how people wanted their care delivered and plan and arrange activities people liked.

People told us and we observed people had continued to be fully supported in maintaining and further developing their interests and hobbies in ways which were meaningful to them.

Although it was not in use during our inspection we saw and people told us they had access to the homes in-house pub. People told us they liked to meet in the pub and that it was open at specific times to enable them to do this. People and care staff told us how the pub could be booked for special occasions by families to use privately if they wished to and that In addition to the pub the service also had a Victorian tearoom. We

saw that this offered an alternative place for people to meet together and with their relatives and friends. The tearoom was run by volunteers who people said they looked forward to seeing when they came into the home.

During our inspection we spoke with the homes activity Co-Ordinator. They confirmed they provided support for people to take part in a range of group and individual activities during the week and that this included one to one time with people who were unable to take part in physical activities.

The co-ordinator and people we spoke with described how they were also supported to go out into the community to undertake activities. We saw information confirming three people had been on holiday to Bridlington. One of the people who had been on the holiday described their experience as being, "Lovely" and that they had a, "Lovely time." People also told that if they had any religious needs or beliefs these would be respected. One person said, "We attended a carol service yesterday." A care staff member described how one person liked to read their bible every day and that they were supported to do this. They and other people we spoke with also confirmed two weekly church services were held with those who wished to attend. One care staff member we spoke with emphasised the importance of ensuring people who did not follow a religion had their choice met. They told us we have people who live here who don't follow a religion and we fully respect that. You have to ensure you learn about people as individuals and that they are unique."

When describing the activities they undertook one person told us how they enjoyed having a hand massage and that they liked watching films. We observed a visiting entertainer undertook an interactive singing session with people and people said that they enjoyed the event very much. People had the choice to stay for the whole of the event or to come and go as they pleased. We saw an example of this when one person said they wanted to leave and care staff respected their choice and supported them to do this.

The acting manager described how staff had been supported to ensure people who were reaching the end of their lives were cared for with compassion and kindness. A relative we spoke with described the care their family member had received saying, [My family member] communicates using facial expressions and I know them well. I can see how peaceful they are and how the expressions show that the care being given is sensitive and timely."

In their PIR the registered persons told us that they had a robust complaints procedure in place as well as opportunities to share compliments. Describing their approach they said, "The Manager operates an open door policy and a "first fix" approach where-ever appropriate." People we spoke with said they would not hesitate to speak with staff or any of the registered persons if they had any concerns or complaints and were confident they would be addressed. We saw the registered persons had a complaints policy which was reviewed and kept up to date. We saw the complaints procedure was accessible to people and records regarding any concerns raised with actions taken in response to these were maintained. The registered persons confirmed during the last twelve months they had received one formal complaint and they told us about how they had responded to this.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection the home did not have a registered manager. The registered persons had notified us about the reason for the change in manager and had kept us updated regarding the leadership arrangements in place at the home. The registered persons had confirmed they had appointed a new manager and an application for the 'acting manager' to register with the Care Quality Commission (CQC) was in the process of being submitted. Following this inspection we were able to confirm the acting manager had successfully registered with CQC to manage the service.

The acting manager was available together with the area operations manager and one of the registered person's quality assurance managers to provide any additional information we required at this inspection. They told us that they were committed to promoting a positive culture in the service that was focused upon achieving good outcomes for people.

In addition, records showed that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care.

The registered persons had ensured information about how the home was set out and being managed was available to people and visitors to the home. We also saw the report and rating from our previous inspection was on display in the home, and on the registered person's website as required by law.

Records showed that the registered persons had a range of regular checks in place to monitor and maintain the quality of services and how the home was being managed. These checks included making sure medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

We found that the registered persons had worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. Examples of this approach included the registered persons liaising with health and social care professionals, including hospital staff to ensure any admissions to and from the home were undertaken in a co-ordinated way. We also saw how the registered persons had kept public health services updated regarding the actions they had taken to manage and resolve a recent infection control outbreak at the home. The registered persons had also worked consistently with service commissioners to enable them to develop a clear communications about how the home was operating and the capacity they had in the home to help inform wider cross sector working. We looked at the report produced following the last review visit undertaken by the local authority on 15 November 2017. This indicated positive outcomes had been consistently achieved by the registered persons.

However, with reference to the concerns highlighted in the 'safe' section of this report we were concerned that the registered persons' reporting arrangements for care staff to escalate the issues identified in regard

to staff shortages and about the incidents which occurred on 29 and 30 November 2017 and which placed people at risk, including the systems in place to manage the risk had not been sufficiently robust.

We also identified some of the registered persons quality checks in relation to the environment had not fully identified and responded to the potential risks we highlighted regarding the stairs and access between floors during our inspection. In response to our feedback the registered persons assured us they would take immediate actions to review and ensure the safety of the environmental risks we had identified.

The registered persons employed a quality assurance manager who undertook regular audit check visits to the home. They acknowledged our concerns and told us about the actions they had taken and would be taking together with the registered persons to respond to those areas we had highlighted with them and which are reflected in this report.

We saw that people had been invited to attend regular 'residents' meetings'. These meetings had given them the opportunity to discuss with staff how well the services provided were meeting their needs and expectations. In addition, we noted that people and their relatives had been invited to complete regular surveys and questionnaires to give feedback to the registered persons about the service and how this could continue to be improved.

The registered persons also had a number of systems in place to help care staff to be clear about their responsibilities and to enable the care team to learn and innovate. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. Care staff had also been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way. The day to day management structure included there being a senior member of care staff who was in charge of each shift. In addition to this, arrangements had been made for the registered persons to be on call during out of office hours to give advice and assistance to care staff should it be needed.

Care staff we spoke with told us they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to assess risks to people's health and safety and to do all that is practical to keep people safe was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.