Caring Homes Healthcare Group Limited

Mount Pleasant Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 27 May 2015 and was unannounced.

Mount Pleasant is a care home that provides residential care for up to 50 people. The home specialises in caring for older people including those with people living with dementia. At the time of our inspection there were 46 people in residence.

A registered manager was in post. 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. The registered manager was not at the home when we visited, so we spoke with the acting general manager who was deputising in their place.

People were happy and told us that they felt safe. Staff were able to explain how they kept people safe from abuse, and knew what external assistance there was to

Summary of findings

follow up and report suspected abuse. Staff were knowledgeable about their responsibilities and trained to look after people and protect them from harm and abuse.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home. We observed there to be sufficient staff available to meet people's needs and worked in a co-ordinated manner.

Medicines were ordered, stored and administered safely.

Staff received an appropriate induction and ongoing training for their job role, and all could speak a range of English and Asian languages. Staff had access to people's care records and were knowledgeable about people's needs that were important to them.

Staff communicated people's dietary needs appropriately, which protected them from the risk of losing weight. People's care and support needs had been assessed and people were involved in the development of their plan of care. People told us they were satisfied with the care provided.

People were provided with a choice of meals that met their dietary needs. There were drinks and snacks available throughout the day and night. The catering staff were provided with up to date information about people's dietary needs.

We noted that the food came out of the kitchen plated, so there was no opportunity for people to help themselves to vegetables and other accompaniments. Staff brought out gravy and asked people where they wanted it. We saw staff gave gentle prompting for people to eat throughout the meal and people used adapted cutlery and crockery that ensured they remained independent when eating.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Relatives we spoke with were also complimentary about the staff and the care offered to their relatives.

We observed staff speak to, and assist people in a kind, caring and compassionate way, and people told us that care workers were polite, respectful and protected their privacy. We saw that people's dignity and privacy was respected which promoted their wellbeing.

Staff had a good understanding of people's care needs, though some documents within the care plan document lacked detail and explanation. There was an overall inconsistency throughout the person centred care planning process, which lead to care planning not being consistent and different plans working in harmony.

People told us that they had developed good relationships with staff.

People were involved in the review of their care plan, and when appropriate were happy for their relatives to be involved. We observed staff offered people everyday choices and respected their decisions.

People told us that they were able to pursue their hobbies and interests that was important to them. These included the opportunity to maintain contact with family and friends as visitors were welcome without undue restrictions.

Staff told us they had access to information about people's care and support needs and what was important to people. Care staff were supported and trained to ensure their knowledge, skills and practice in the delivery of care was kept up to date. Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals.

Staff sought appropriate medical advice and support from health care professionals. Care plans included the changes to peoples care and treatment, and people attended routine health checks.

People were confident to raise any issues, concerns or to make complaints. People said they felt staff listened to them and responded promptly.

People who used the service and their visiting relatives spoke positively about the open culture and communication with the staff. We noted that the provider interacted politely with people and they responded well to him. When we spoke to the provider, it was clear he knew people and their relatives, by the way in which they conversed.

Summary of findings

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours. Care staff understood their roles and responsibilities and knew how to access support. Staff had access to people's care plans and received regular updates about people's care needs.

There were effective systems in place for monitoring of the building and equipment which meant people lived in an environment which was regularly maintained. However the internal audits and monitoring of person centred planning did not reveal areas that were not fully detailed.

Staff were aware of the reporting procedure for faults and repairs and had access to external contractors for maintenance and to manage any emergency repairs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they received the care and support they needed and felt safe with the staff that supported them.

Staff had received appropriate training and were aware of their responsibilities to keep people safe and report concerns.

People received their medicines at the right time and their medicines were stored safely.

Good

Is the service effective?
The service was effective.

People were supported by a well-trained and informed staff group.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005.

People received appropriate food choices that provided a well-balanced diet and met their nutritional and cultural needs.

Good

Is the service caring?
The service was caring.

People told us the staff were kind and caring and they were treated with kindness and compassion.

We saw positive interactions and relationships between people using the service and staff. Staff engaged with people in a respectful manner and promoted their individual lifestyles and cultures.

People's wishes were listened to and respected. Staff were attentive and helped to maintain people's privacy and dignity.

Good

Is the service responsive?
The service was not consistently responsive.

People using the service and where appropriate their relatives were involved in compiling and reviewing care plans.

Staff knew the service user group, and how to respond to behaviours that may challenge, but care plans did not always contain the relevant staff guidance.

There were a number of inconsistences between the care plans and risk assessments where information on risk did not match the relative areas in the plan of care.

Requires improvement

Summary of findings

People said they felt able to approach the manager and staff if they had complaints.

Is the service well-led?

Good

The service was not consistently well led

The provider's quality assurance system had not always identified minor inconsistencies in care planning.

The service had a clear management structure and had regular internal inspections carried out by the provider's representative.

The provider's representative visited the service to monitor improvements and gave people the opportunity to make comments or raise concerns.

Mount Pleasant Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 May 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience was a qualified mental health worker, and worked in a number of areas with older people.

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 improvements they plan to make. The provider had returned the PIR.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information received sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted commissioners for health and social care, responsible for funding some of the people that lived at the home and asked them for their views about the service.

During the inspection visit we spoke with seven people who used the service. We spoke with two relatives who were visiting their family member. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the provider, the care manager, one senior, three care workers and the cook.

We also looked in detail at the care and support provided to four people including their care records.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe at the service and that staff cared for them safely. One person told us "I feel safe here, it's the helpful staff and the security of the building that makes me feel secure." They went on to say, "They always make sure my medication is given at the same time each day and if I want pain killers I just have to ask staff and they respond quickly." Another person we spoke with said, "I feel very safe here, there is enough staff on duty to help me and the building is always locked at night."

We spoke with the relatives of two people who felt their family members' were safe and well cared for.

Staff told us that they had received training in recognising abuse and safeguarding procedures. We viewed the training matrix which confirmed this. Staff also said they had attended Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training, but were not always sure what this meant to them in their role. However they could describe ways in which they would work with someone who was resistant to personal care. We spoke with the manager about this, and they agreed to clarify the staff roles within the safeguarding process. Staff were also aware about the provider's whistle blowing policy and were confident to use it if their concerns were not acted on.

We saw a range of equipment used to maintain people's independence and safety such as walking aids, hoists and wheelchairs which were stored safely and were accessible when required. Staff were aware of how to use this equipment safely. We saw people being safely hoisted in the lounge before being transferred to other areas of the home. We saw staff using the footrests on wheelchairs appropriately, which meant that people were transferred safely.

We looked at people's care plans which showed that staff had considered the potential risks associated with their care and support needs. Plans had been put in place to manage these risks. We saw a variety of risk assessments had been undertaken and were available within care plans. For example these covered risks of falls, use of bed rails, moving and handling and pressure sore management. We also saw that care plans and risk assessments were reviewed on a monthly basis to ensure that care provided met people's individual needs.

Staff were able to describe how they supported people safely. This was consistent with individual plans of care, as well as staff being able to explain safety in general terms. Records showed that advice was sought from health care professionals in relation to risks associated with people's care and risk management plans were reviewed regularly.

Staff were able to describe the different ways in which they keep people safe. One staff member told us, "We make sure any hazards are dealt with. We write them down in the site maintenance operative (SMO) book and they are dealt with quickly." We ascertained this book was used by the handy person to ensure any repairs were undertaken and a record kept when jobs had been completed to ensure people's safety.

The manager told us accidents and incidents were reviewed and monitored regularly. This was to identify possible trends and to prevent reoccurrences. The manager also told us accident and incident audits were undertaken to ensure the appropriate action had been taken and a referral for professional support had been made if required.

Regular fire safety checks were carried out, and each person had an evacuation plan that detailed how to support the person in the event of an emergency. Staff used the provider's procedures for reporting incidents, accidents and injuries. The provider notified us of incidents and significant events that affected people's health and safety, which included the actions taken. The provider was aware of other relevant authorities that require to be informed if a health and safety issue came to light.

Our observations confirmed that there was sufficient staff available to meet people's needs. Staff responded in a timely manner to people's needs and requests for assistance and reassured people who became anxious or upset due to their health conditions. We noted that though there was not a member of staff in each of the lounges and other communal areas of the home all the time, staff did respond to people's needs in a timely fashion.

Staff thought there were enough staff and said agency staff were not used. One staff member told us, "I've worked in nursing and care and there are enough staff here. The rotas are covered from within the team and we never use agency staff. The managers cover too. We're like a big family team."

People's safety was supported by the provider's recruitment practices. Staff described the recruitment

Good

Is the service safe?

process and told us that relevant checks were carried out on their suitability to work with people. We looked at staff recruitment records and found relevant pre-employment checks had been carried out before staff worked unsupervised.

People told us that they received their medicines when they should. We looked at how medicines were handled and found that the arrangements at the service were appropriate, efficient and managed safely. The provider had a detailed medicines policy and other medicines information was available for staff to refer to. We observed from a distance how the staff conducted a medicine round. We saw this was conducted professionally, with care and in a competent manner. We also heard the staff give people clear explanations and instructions when informing them how their medicine should be taken.

Medicines were stored safely and at the correct temperatures so that they remained effective. We saw there was a record of storage temperatures maintained on a daily basis. Staff were aware of what to do if the storage temperatures were not within those set by good practice. All medicines were administered by adequately trained staff.

We looked at the medication administration records were appropriately completed with no missing signatures. People that were prescribed 'PRN' (as required) medicines had detailed information in place. That included all the information staff required to ensure the medicine was given appropriately.

Good

Is the service effective?

Our findings

People told us that they were aware they could make choices about their care and found staff were skilled and experienced in meeting their needs. One person told us, "Staff seem to have the right training to care for me, they explain what they want to do and then ask permission before they do it. If I wanted to see the doctor the staff will make an appointment and he visits the home."

We spoke to staff about the training they had undertaken on commencing work at the home. One person said, "During my induction I did training like moving and handling, fire [and evacuation] and call bells. I was introduced to the staff and residents, and had a list of e-learning to do. E-learning is training provided via a computer. I was shadowing [a permanent member of staff] for about two weeks. It was a good chance to get to know people and it made me feel more confident."

Another member of staff said, "My induction was good, there was always someone close by to ask questions of."

Staff said there was enough training and they didn't feel they had any gaps in their knowledge. Some staff were undertaking national vocational qualifications (NVQs). One member of staff said to us, "The dementia practical was really good, it gives you a different perspective on how they [the people using the service] might see things and you".

We spoke with staff who demonstrated they were knowledgeable about people's individual needs and how they liked to be supported. We saw how changes to people's care and support plans were communicated between the staff at the handover meetings and recorded in a communication book.

We looked at the overall training matrix which was up to date with the training staff had undertaken.

The manager and staff had a good understanding of mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) and their role to protect the rights of people using the service. Staff knew the procedure to follow where they suspected a person's liberty could be deprived. Staff told us that people had various levels of capacity and understanding, which varied throughout the day. We saw how staff supported people to make decisions about their daily life, and examples of these were in the care plans we looked at. We noted that one of the nurses had recently completed an MCA course.

We saw that staff sought people's consent before assisting them to meet their needs. This was done with staff explaining what they needed to do and sought agreement before the task began.

People told us they had sufficient amount to eat and drink. We saw that menus were displayed in several different formats including photos. The cook told us that the four weekly menus were centred around what people liked. The menus offered choices and a balanced and varied diet. People said that the food was talked about in meetings and that the catering staff went around and talked to individual people about changes to the menu.

When a new menu was developed staff took it round for the people using the service to approve and then when it had been running for a while they checked out people's opinions. We saw notes from a meeting the week prior to our inspection. These recorded where the cook had asked people what they thought of the food and the responses were about 90% positive. The cook said there would be minor changes to try and satisfy people who were slightly dissatisfied and added people had the option of an alternative at mealtimes such as cheese and biscuits or sandwiches.

The cook said the majority of the food was homemade and there was a mix of fresh and frozen vegetables. They also said sometimes the people using the service made the fresh fruit salad, and some other simple sweets.

The cook was aware of changes to people's nutritional needs through the 'red tray system' and had lists of people's allergies in the kitchen. The red tray system is used by staff to signify when people have additional health related needs. The cook used this information, and demonstrated to us she was aware of the need to fortify food this person's diet as they were at risk of weight loss.

We saw from people's care records that an assessment of their nutritional needs and a plan of care was completed which took account of their dietary needs. People's weight was measured in accordance with their assessed need and staff knew how to assist those who needed extra support. For example, one person had been referred to a dietician

Good

Is the service effective?

and their plan of care included the recommendations made by the dietician. That showed that staff had followed the dietician's instructions and included the directions to improve the person's health and wellbeing.

When we observed people eating their lunchtime meal, we saw there was a calm atmosphere and people chatted among themselves. Tables were set with napkins and people were offered a choice of where to sit. We saw that people helped each other by reading the menu out to those that found it difficult. We saw the staff were polite and relaxed and there was a warm banter with the kitchen staff. One of the people waiting for their lunch commented, "I'm going to sing in a minute why are we waiting." Staff explained there would be a short wait for their food.

People were assisted discreetly. Aprons were provided for those who needed them and assistance given to those who needed their food cut up. This was done at the table. The food was nicely presented, and even though people requested different choices, tables were served together.

We noted that the food came out of the kitchen plated, so there was no opportunity for people to help themselves to vegetables and other accompaniments. Staff brought out gravy and asked people where they wanted it. We saw staff gave gentle prompting for people to eat throughout the meal and people were asked if they would like any more. We saw that some people used adapted cutlery and crockery that ensured they remained independent when eating. Staff ensured that plenty of cold drinks were available and when the desserts were served staff showed the residents photos of the three choices available and we witnessed one resident being served a combination of two choices.

Good

Is the service caring?

Our findings

People were complimentary about the staff's attitude. One person said, "Staff treat me with respect and always try to preserve my dignity especially when bathing." Another person said, "They knock on my door before entering, and always use my first name. They seem to genuinely care for me." Another person told us they had recently had a fall in their bedroom. They went on to explain that they used their call bell and added, "The staff were very quick to respond and helped me up.

Relatives we spoke with were also complimentary about the staff. They told us they were involved in their relative's care and were able to assist with some simple personal care tasks.

We made a number of observations throughout the time of visit. We saw that positive relationships had developed between people that used the service and the staff team. Staff spoke with people in a friendly and respectful manner. We observed staff bringing flowers to one person who was celebrating a special anniversary.

Staff encouraged people to participate in activities and we saw where staff had ongoing conversations with people throughout the day. One of the people told us, "I don't engage with the activities and prefer to sit in the garden reading my newspaper."

We saw staff speaking discreetly with people, which we later discovered was about personal care issues. We also saw staff use a blanket to cover people when being hoisted to promote their dignity. We also saw where two care workers were transferring a person from their wheelchair into a dining room chair. We heard the care staff explain clearly in a sensitive manner what they were doing and why.

Prior to our inspection visit we contacted a range of social and health care professionals and they told us that they had no concerns about the care provided.

Staff spoken with knew about people's preferences. We observed one staff member speaking with a person to assist them with personal care. The staff member knelt down and was at the same height as the person, and explained discreetly what they were offering. That showed the staff thought about how to communicate with the person and did so in a dignified manner.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. Staff told us they were given time to read people's care records which contained information about what was important to them. Staff gave examples of how they maintained people's privacy and dignity when providing care and support.

Staff were also aware of the importance of keeping people's information confidentially. Staff were able to explain where they would not discuss or divulge information to, and would refer people on to senior managers.

Staff said they were kept up to date with any changes via the communication book and information from senior staff and managers. They also said they had enough information to meet people's needs.

One person who we spoke with confirmed they were involved in decisions about their care and we saw that they had signed their care plan and risk assessments. Other people told us that they had been involved in their assessment of their needs and in the development of their plans of care.

However another person said they didn't know of their care plan nor could they remember having discussions with staff about his care but explained that a close relative "Takes care of all that."

Staff told us they undertake care plan reviews on a monthly basis. If the people that used the service did not want to be involved, when appropriate and with people's permission they would then involve their relatives.

Requires improvement

Is the service responsive?

Our findings

People told us they received the care and support they needed to maintain their daily welfare. People looked relaxed and some had visitors who told us they were able to visit at most times throughout the day.

Staff said there was no one with any particular religious, though one member of staff said, "People from the gospel hall collect people once a month and we send a couple of staff." Another staff member said, "One lady listens to a religious radio station each Sunday."

The relatives we spoke with told us that they had been involved in planning their family member's care and been invited to attend review meetings. However one person said that neither they nor their mother knew of the care plan, and they had not had any regular discussions with staff about their care plan document. We made the general manager aware of this comment and she agreed to clarify how people were made aware about their care plan.

The person did however go on to explain that they had received a welcome pack on arrival which they found very helpful. The person added, "Staff will always phone me if my [family member's] medication changes or if they are concerned about anything."

Staff told us they had additional responsibilities as keyworkers for named people who used the service. They met with people once a month to discuss their care plans and involved families in those discussions if it were appropriate. Staff added they had access to care records and received daily updates about any changes to people needs at the start of each shift.

When we spoke with staff on staff member told us, "We have a person who can be challenging and they prefer to be supported by a small group of staff. We're pretty good at spotting when this might happen and diverting the person with tea and having a chat. After about 15 minutes they are alright. We try to prevent the person getting upset before it happens, and can tell by their actions." That means the staff had the knowledge to observe people and distract them before their behaviour lead to them becoming distressed.

However when we looked at a care plan for another person who had challenging behaviour we found it contained insufficient detail. There was no information about what may trigger anxiety, what behaviours might occur, or any advice to staff about what reassurance and diversion techniques to use for this person. That meant that staff may not have the full information to successfully reassure the person and alleviate any behaviour that challenges.

We spoke with the manager who agreed to review the care plans to ensure that all people in the home that were classed as having behaviours that challenge us had detailed care plans in place.

We looked at a number of records which had conflicting or missing information from the content of the plan. For example from one person's record of falls, we saw they had ten falls recorded in five months of 2015. This person had a history where their condition was followed up with health specialist staff in 2014. However there was no evidence of recent intervention about this. The manager said they would re-refer the person to the specialist nurse concerned.

We also looked at a number of care plans which were updated but the risk assessments did not always contain the same control measures as care plans. For example there was a care plan for a person that stated they would not be able to use their call bell and so 'would need monitoring'. However there was no advice to staff about the frequency of this and there was no record of these checks taking place.

We looked at another care plan that indicated a, 'pressure relieving cushion and mattress had to be sufficiently inflated.' There was no further advice for staff about how to set the pressure at the appropriate level. When we looked at the inflatable mattress we found this was not sufficiently inflated. That means the person was in danger of their wound deteriorating further from incorrectly used equipment.

The tissue viability care plan stated the person required regular position changes, but again was not detailed enough to inform staff how often these should have been. Nor was there were any records of this. When we spoke with staff they said there was only one person who required repositioning and it was a different person.

We found an end of life care plan for one person included terminology referring to 'family inclusion'. However that did not take account of people's personal circumstances and

Requires improvement

Is the service responsive?

wishes, nor did the care plan link directly to a funeral plan the person had in place. That means that care plan was not wholly person centred, and did not contain the specific wishes staff needed to confirm the person's care needs.

That meant there was an overall inconsistency throughout the person centred care planning process. This led to care planning not being consistent and different information contained in the persons other care plans which could lead to an inconsistent support being provided.

We observed staff worked well together in a calm and organised way. Staff communicated well with people using the service, spoke clearly and gave specific information about the care being offered.

Care records showed that people's plans of care were reviewed regularly and relatives were invited to attend review meetings which sometimes involved health care professionals. This supported what relatives had told us.

We noted there was an activities plan in place which offered a range of activities for people to be involved with. People we spoke with told us that staff accompanied them if they wanted to visit the local community. One person added they did not enjoy the activities currently on offer and said, "There's been changes with the activities, and they are not as good as they were, but we do enjoy the organ playing and sometimes we have a choir visit which is enjoyable".

People told us that they would talk to the staff or the manager if they had any concerns. One person said, "I don't have any complaints, if I did I would speak with the manager."

Relatives told us they knew how to raise concerns and had been given a copy of the complaints procedure. They said they found the manager and staff were approachable.

We saw the provider ensured people had access to the complaints policy and procedure if required. This was freely available and included the contact details for an independent advocacy service should people need support to make a complaint.

The provider had systems in place to record complaints. Records showed the service had received no written complaints in the last 12 months and verbal concerns had all been investigated fully. The manager told us that any lessons learnt from complaints were communicated to all staff to prevent any reoccurrence. People could be assured that their complaints were taken seriously and acted upon. The manager also told us they had an 'open door' policy, which meant people who used the service, their relatives or friends and health care professionals could come to them at any time to discuss any issues they might have.

Prior to our inspection we contacted health and social care professionals for their views about the service. They told us that the management team responded well to feedback and as a result the care of people using the service had improved.

Good

Is the service well-led?

Our findings

People who used the service and their visiting relatives spoke positively about the open culture and communication at the service. Relatives told us the staff contacted them when their family member became unwell or if the doctor had been called.

One of the people using the service said, "I know the management and often see them, they always ask how we are."

A visiting relative said, "We see the management in the communal areas quite often and at times they muck in if needed."

Staff had praise for the manager. One member of staff said they felt valued and were encouraged to develop the service and themselves. They added, "They [the management team] are a good team and are understanding." Another said "It's a friendly place and we all work together as cogs in the system to look after the residents."

There was a clear management structure and the service had regular internal inspections carried out by the provider's representative. That meant there was an additional tier of quality assurance external to the management team within the home. The management team was supported by the area manager at the time of our visit.

The acting general manager understood their responsibilities and displayed commitment to providing quality care in line with the provider's vision and values. They told us it was important that people's care needs were met in a timely way and in a respectful manner by staff that were trained and caring. They kept their knowledge about health and social care up to date and knew how to access support from external health and social care professionals and organisations, as well as their area manager.

Staff demonstrated a good understanding of their roles and responsibilities and knew how to access support. Staff had access to people's plans of care and received updates about people's care needs at the daily staff handover meetings. There was a system to support staff, including regular staff meetings where staff had the opportunity to discuss their roles and training needs and to make suggestions as to how the service could be improved. Staff told us that their knowledge, skills and practice was kept up to date. We viewed the staff training matrix, which showed that staff had updated refresher training for their job role and training on conditions that affect people using the service such as dementia awareness and behaviours that challenge.

There was a system in place for the maintenance of the building and equipment, with an ongoing record of when items had been repaired or replaced. Staff were aware of the process for reporting faults and repairs. Records showed that essential services such as gas and electrical systems, appliances, fire systems and equipment such as hoists were serviced and regularly maintained. The management team also had access to external contractors for maintenance and any emergency repairs.

The provider had appointed a representative who visited the service to monitor improvements and provided people with an opportunity to make comments or raise concerns. We saw copies of some recent reports that were produced by the area manager. These visits were undertaken on a monthly basis and covered a number of areas of quality assurance where the area manager looked at an overview of care planning and health and safety.

There was also a follow up report produced for each visit that updated any issues that became apparent. That meant the provider and staff at the home had an ongoing record and could trace any issue through to its resolution.

When we looked at the management team's quality assurance systems, we found they identified issues and followed through with actions tomake improvements. We noted on some occasionssome plans lacked details on the triggers that resulted in people having challenging behaviour. The general manager advised us they would follow this up.

There were regular meetings held for the people who used the service and their family or friends where they were enabled to share their views about the service. These were also used to inform people of changes to the service. That meant people could be involved and influence how the service could be improved.

The commissioners who funded people's care packages shared their contract monitoring report with us. The report showed that the home was meeting the quality standards set out in the contractual agreement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not protected from the incomplete assessments and care planning relating to challenging behaviour.