

Mostyn Lodge Keynsham Limited

Mostyn Lodge Residential Home

Inspection report

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Tel: 01179864297

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection of Mostyn Lodge on Tuesday 26 July 2016. When the service was last inspected in April 2014 no breaches of the legal requirements were identified.

Mostyn Lodge provides accommodation for people who require personal care to a maximum of 16 people. At the time of our inspection, 14 people were living at the service.

A registered manager was in post at the time of 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. On the day of our inspection the registered manager was on annual leave. The deputy manager of the service assisted us throughout the inspection.

The service had not ensured that people were fully protected against the risks associated with medicines. Medicines that had additional legal requirements in relation to the storage, retention, recording and disposal of these medicines were not recorded accurately. The physical balance of these medicines held was inaccurate. People's individual medicine records were not always accurate and a medicine stored in the service was not fit for consumption. Recruitment was not safe as some Disclosure and Barring Service checks had not been completed as required.

The registered manager had not ensured staff had received appropriate supervision and appraisal. The service understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS), however we found that staff knowledge in DoLS was limited. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. In addition, staff were not fully aware of how the Mental Capacity Act 2005 impacted on their work despite receiving training in the subject.

There were some governance systems to monitor the health, safety and welfare of people. However, the absence of some systems or the failure to use other systems already in place had resulted in the procedural errors and omissions we have identified not being identified by the registered manager. Records were not stored securely and could not be produced when required.

People at the service felt safe and spoke positively about their relationships with staff. People's relatives and visitors also spoke positively. Staff understood how to respond to suspected and actual abuse. There were sufficient staff on duty to keep people safe and the registered manager and deputy manager supported staff when required. The service was clean and audits of infection control practice were completed. There were emergency plans for people in the event of a fire and the service completed checks of fire safety equipment.

People and their visitors said staff at the service provided effective care. We received positive feedback to

support this. Staff received appropriate training to provide a good standard of care and when asked, spoke positively about the frequency and standard of training they received. Staff also had the opportunity to obtain national qualifications with support from the provider. People had access to healthcare professionals where required and supporting records showed that appropriate referrals had been made when needed. People were supported with eating and drinking as required to maintain their health and wellbeing.

People and the visitors we spoke with told us the staff at the service were caring. We received positive feedback about staff and the care provided. We reviewed the compliment cards in the hallway of the service that reflected the views of the people and visitors we spoke with. People's relatives and visitors were welcomed to the service at any time and we observed good relationships between visitors and staff. Staff understood the people they cared for well and we observed positive interactions during our inspection.

People felt the service was responsive to their care needs and we made observations that supported this. During our review of care records, we saw they contained personalised information and staff used this information to provide person centred care to people. People were allocated a keyworker to support them. The service provided activities for people to partake in, using both external entertainment providers and the staff at the service. The service had a complaints process which people and their relatives felt they could use if needed.

People and their relatives knew the management structure within the service. Staff told us they worked in a supportive environment and that they could approach the management of the service. The registered manager had systems to communicate with staff and quality assurance surveys were being developed.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 safe

People were not fully protected from the risks associated with medicines

Recruitment procedures were unsafe

Staff knew how to identify and respond to abuse

There were sufficient staff on duty to meet people's needs

The service was clean and audits of cleanliness were completed

Is the service effective?

Requires Improvement ●

The service was not consistently effective

Staff did not always receive supervision or appraisal

Staff knowledge of the Mental Capacity Act 2005 was limited

The service was meeting the requirements of the Deprivation of Liberty Safeguards

The service worked with GPs and other healthcare professionals where required

People were supported with their nutrition and hydration

Is the service caring?

Good ●

The service was caring

People and their visitors spoke positively of the caring staff

There were good relationships between people and the staff team

Staff were aware of people's preferences and knew people well

People made choices about the care and support they received

People's visitors were welcomed at the service

Is the service responsive?

Good ●

The service was responsive

People received personalised care which met their needs

People's care records contained personalised information

Activities were provided for people

People had an allocated keyworker to support them

The provider had a complaints procedure and people felt able to complain

Is the service well-led?

Requires Improvement ●

The service was not well-led

Quality assurance systems were not effective in protecting people from risk

Records were not secure and could not be located when needed

People and relatives spoke highly of the management

Staff felt supported and were happy in their employment

The registered manager communicated with staff

Mostyn Lodge 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 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 was carried out by one inspector 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. When the service was last inspected during April 2014, no breaches of the legal requirements were identified.

Before the inspection the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR and information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people. We also looked at four people's care and support records.

During the inspection, we spoke with 11 people and three visitors. We also spoke with five members of staff. This included the nominated individual, the deputy manager and care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

The registered manager did not consistently manage medicines safely. For example, at the time of our inspection the service had a small number of medicines that had additional legal requirements in relation to the storage, retention, recording and disposal of these medicines. The registered manager had not ensured that records relating to these medicines were accurate in accordance with legal requirements. When reviewing these medicines, we completed a physical stock check against the relevant register. We found that of the medicines we checked, the physical balance held was in excess of the number the register showed meaning the register was inaccurate. In addition to this, one person's liquid medicine did not have an opening or running balance within the register. This meant it was not possible to establish if the service had the correct amount of medicine held.

We found people's individual Medicine Administration Records (MAR) were not always completed accurately. We reviewed a sample of people's MAR and identified recording omissions on some of these MAR. We found omissions where staff had failed to record any entry about the administration of the person's medicine. This meant there was no way to confirm if people had received their medicines on the dates of the staff recording omissions. We also identified to the deputy manager that staff had not used the correct documentation when adding medicines to people's records. These newly prescribed medicines had not been countersigned by two staff when the entry was made and the entry had not clearly recorded if a medicine was a daily or an 'as required' medicine.

Medicines were not always disposed of correctly when they were no longer fit for use. For example, within the medicines refrigerator we found a prescribed cough medicine. The bottle of medicine had been marked as being opened on a date in March 2016. The guidance written on the bottle stated the medicine should be used or disposed of within two months of opening. This had not been completed and this medicine being in the refrigerator meant there was a risk of people receiving medicines no longer suitable for consumption. The deputy manager told us they would conduct a review of the medicines management in the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not consistently undertake safe recruitment procedures. We saw within the staff file of two members of staff employed at the service that the appropriate pre-employment checks had not been undertaken by the provider. We found the files contained evidence of previous employment and relevant references, however an enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups of people such as vulnerable adults had not been completed.

The absence of a DBS placed people at risk of harm as the registered manager had not ensured the staff member's suitability for employment. One file we reviewed showed the staff member had been employed at the service in excess of 12 months. The registered manager had electronically applied for a DBS for this staff member in May 2016 but had not confirmed with the DBS checking service the staff member's identity was

verified and correct. Another staff member had commenced employment at the service in December 2015, however the DBS for this staff member had not been applied for until July 2016. We found a handwritten and signed DBS form completed by the staff member dated two days after the staff member commenced employment, but this had not been sent off as required. The service was still currently awaiting the electronic result of this staff member's DBS.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke positively of the service and said they felt safe. All of the feedback praised the staff and no concerns were raised. One person we spoke with told us, "I feel very safe here." Another person commented, "I could lock my door but I don't want to." Another comment when asked about their night care said, "I leave my door open at night and they check on me every couple of hours." One person's visitor when asked about the care said, "Care and support has been brilliant, they have done everything they were meant to do."

The provider had appropriate arrangements to identify and respond to the risk of abuse. There were appropriate policies in place for safeguarding and staff had received training. Staff understood their duties in relation to reporting suspected or actual abuse. They explained how they reported concerns internally to senior management or to external agencies such as the Commission or the local safeguarding team. Staff understood the concept of whistleblowing and how they could confidentially report any concerns they may have about the service. The provider had appropriate policies in place to support staff should they wish to report concerns through whistleblowing. Although staff knew they could contact the Commission to whistleblow, within the current policy there was no details of how staff could contact the Commission. This information would ensure staff had all available contact numbers to support them.

There were sufficient numbers of staff on duty to support people safely and meet their needs. People and their relatives said there were sufficient staff available and our observations supported this. Staff we spoke with did not raise any concerns about the current numbers of staff and felt people's needs were met. They told us at times the staffing numbers could mean they were very busy, but told us the registered manager or deputy manager were available to support them. The registered manager or deputy manager worked over all seven days of the week during office hours to support staff if needed. The deputy manager told us a set number of staff within the home were used at different times during the day which met people's needs. We saw that the service used an assessment tool to calculate staffing numbers and this was last completed in January 2016.

People's care and treatment needs were assessed. Where required, risk management guidance had been completed for staff. For example, we saw different assessments had been completed into people's mobility and falls risk, their risk of developing skin damage and risks evident during personal care, such as bathing. Risk management guidance showed how to reduce an identified risk. Where people had a mobility or falls risk, it showed that where possible journey distances should be minimised, but also that a staff member should walk near to the person. This showed that although a risk was identified, people's independence and freedom was still promoted. Where a risk of skin damage was identified, guidance informing staff to complete daily skin checks was within people's records.

We found the service was clean. Domestic staff were employed to maintain cleanliness standards and other cleaning tasks were completed by care staff where required. There was liquid anti-bacterial gel available at the entrance of the building. Additional liquid anti-bacterial gel was available at other designated points in the service to use. The registered manager had an auditing system to monitor the cleanliness and safety of

the environment and had completed an annual infection control audit in 2016.

The registered manager had completed a review where required when incidents and accidents were reported. There was currently no continual review as the reported number of incidents and accidents was low. There had been two incidents reported in 2016 at the time of our inspection and the registered manager had reviewed the circumstances of the incidents. This was completed to establish the cause of the incident and if any preventative action could be taken to reduce the chance of reoccurrence. No accidents had been recorded at the service during 2016.

People had individual emergency escape plans in the event of a fire to help support them safely should the service need to be evacuated. The emergency plan showed if the person needed any mobility equipment to support them to evacuate, if they had any medical equipment such as oxygen or a catheter and identified where the nearest emergency exits to their room were. The service had systems in operation that ensured regular tests of the fire alarms were completed. In addition to this, regular testing on fire fighting equipment, emergency doors and lighting were completed. Staff had received training in fire drills and we saw records that showed evacuation drills and procedures were discussed.

Is the service effective?

Our findings

Staff were not consistently supported through regular performance supervision by the registered manager. Staff we spoke with told us they felt supported in their roles, however records produced to us during the inspection did not show that regular supervision was completed. In addition to this the current absence of a supervision process with staff did not conform to the provider's policy. We reviewed the current staff supervision records which showed 12 members of staff, including the registered manager and deputy manager, were employed at the service. This was confirmed by the deputy manager.

The deputy manager told us one member of the 12 listed staff was currently on maternity leave. Of the remaining 11, only two had a recorded supervision in 2016 which had been completed by the deputy manager. One other staff member had a recorded supervision in 2015 and two others in 2013. The remaining six had no recorded supervisions on their record. We reviewed the provider's training policy that stated, 'Care staff will receive a formal supervision at least 6 times a year.' This showed the registered manager was not currently complying with this policy. Although staff told us they felt supported, the current process showed that staff did not always receive appropriate supervision and appraisal as required by the standard.

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.

We spoke with staff about their understanding of the MCA and particularly on how it impacted on their role. During these conversations staff demonstrated a limited knowledge of the MCA and how to apply it to their roles. Although staff told us they offered choices to people, relevant knowledge about the MCA, including best interest decisions and how they as staff should act in person's best interest was not present. The deputy manager told us that staff had recently received training in this matter, but it was evident this training was either not understood or the information was not retained.

At the time of our inspection, there were no people living at the service subject to a Deprivation of Liberty Safeguard (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. 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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We spoke with the deputy manager in the absence of the registered manager. They understood when a DoLS application may be needed but told us that there was no current requirement for any DoLS applications.

Everyone we spoke with who lived at Mostyn Lodge said they thought the staff had the knowledge to meet all their needs. We made observations that staff appeared confident and knowledgeable when delivering

care. They appeared to know people very well and there was lots of laughter and banter between people and staff. One person said, "They would respond quickly if I needed my GP - they have in the past." Another person commented, "If you can find a better place then I'd be surprised." One person's relative said, "Care and support is brilliant."

Staff received appropriate training to carry out their roles. Staff felt they received sufficient training and were supported by the registered manager and provider with additional training. We reviewed the training record for the service which showed staff had completed training in key areas to support them in providing effective care to people. This included first aid, moving and handling, safeguarding, infection control and food hygiene. We also saw that with the support of the registered manager some staff had completed national qualifications in Health and Social Care and others were currently working towards the same qualification. This showed that staff were supported to develop their knowledge and skills to aid them in caring for the people effectively at the service.

The service currently had an induction that involved training new staff and familiarising them with the service and relevant policies. There was also a period of shadowing and observation together with competency assessments by senior staff. Staff who had completed the induction spoke positively about it. The deputy manager told us that the induction would soon encompass the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. We saw that the service had the required workbooks for staff to undertake the Care Certificate, and the deputy manager told us it would be implemented when advice had been taken on how to introduce it into the service.

People received the support they required to access healthcare services when needed. For example, we saw from a review of people's care records that when the person or service had a concern, a person's GP was called. In addition to this, we also saw the service communicated with and received support from the local district nursing team for skin care where needed. Other healthcare professionals such as opticians and chiropodists also supported people with their healthcare needs when required. In addition, we saw within one person's records that the Speech and Language Therapist (SALT) had been called when a person had been identified as having difficulty swallowing. The SALT guidance had been incorporated in the person's care plan as required.

People received the care and support they needed from staff to ensure they ate and drank sufficient amounts. People ate independently and minimal support from staff was required. People spoke positively about the food. One said, "Food very good, always more if we want it." Another told us, "The food is excellent."

We saw that when needed, people's changing needs were recorded and acted upon. For example, we saw that people in the home were weighed monthly. People's weights were recorded and a graph was produced that calculated if the person had recorded a significant weight loss or gain. There was also a nationally recognised tool used to calculate people's risk of malnutrition or obesity.

When a person had been identified as having a significant weight loss or gain, the service then took additional action if required. For example, one person's record showed a person had suffered a weight loss and this had triggered the home to monitor and record the person's food and fluid consumption for a specified period of time. The home had also increased the frequency they had recorded the person's weight from monthly to bi-monthly for a specified time. Following the person gaining and maintaining a stable weight, the home then resumed recording the person's weight monthly. This showed that people's nutritional risks were continually monitored.

Is the service caring?

Our findings

We received positive feedback from people and the visitors we spoke with. All were positive about the staff and management of the service and expressed their happiness living at Mostyn Lodge. One person when asked about the service told us, "Very good. Staff here are lovely and very caring." Another said, "I've got no complaints, I can't imagine anywhere else would beat this." When we asked one person how they would describe the service they commented, "A1 - I'm quite happy with the whole thing." All of the visitors we spoke with felt that staff were very caring and one said they felt their friend was receiving the best care. They also commented, "All the staff are very kind."

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the home and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection several visitors came to the service to see people. It was clear that staff knew the visitors well when we heard them speaking with them. Visitors were given drinks to enjoy whilst talking with people and they were welcomed in communal areas of the service.

We made observations of the care provided by staff and observed how staff communicated with people. All of the observations we made were positive, with staff communicating in a dignified and polite manner. Staff communicated with people slowly and in a manner people understood. It was clear that staff knew people as individuals as there were many jokes exchanged and light hearted banter. All of the people we spoke with told us they felt their privacy and dignity was maintained. We made observations that supported this, for example staff knocked on people's doors and waited before entering.

We reviewed the compliments at the service. There were several compliments that were in the form of cards displayed within the main hallway of the service. All of the compliments reflected the feedback we had received from people and their relatives. We looked at the cards and recorded some extracts from a few we read. One said, 'A huge thank you to all as Mostyn Lodge for making [service user name] feel part of your little 'family' - it was lovely to see her so happy.' Another commented, 'Thank you for your care and kindness shown to [service user name] whilst she was staying with you.' Another card read, 'Thank you so much for looking after my Mum [service user name] for the past year. I think you all do such a fantastic job looking after the residents.'

During our conversations with staff it was clear they understood people's care needs well. Staff we spoke with showed they had a commitment to delivering the best care possible whilst meeting people's need. Staff were able to explain people's individual care and support needs together with their social and lifestyle preferences. For example, staff demonstrated they understood people's risks and how they reduced those risks. They told us people's preferred daily routines, for instance where they preferred to sit and what they wished to do in relation to activities. The information supplied by staff was consistent with people's care records.

People were involved in decisions about their care. Records showed that people's choices and preferences

were recorded and examples of how staff responded to them were seen. For example, one person chose to eat their breakfast in their room and had their lunch in their communal area. This request was met by staff. Where people preferred a late breakfast staff accommodated this by leaving the person's preferred breakfast at the breakfast table for when they were ready. We made observations of people being offered choices by staff during the day that demonstrated staff ensured care was provided in line with people's preferences.

Is the service responsive?

Our findings

People and the visitors we spoke with told us the service was responsive to their needs and that care provided to people was personal. All of the feedback we received was positive. We spoke with people about staff responsiveness to their needs and if they felt staff listened to them. We also spoke with people about complaints. One person we spoke with told us, "I have a carer who comes in to talk to me once a week." Another told us, "I can talk to [registered manager name] and her staff." When asked about complaints, one person said, "The notice on the board in the hall tells you what to do."

The service had a complaints procedure and this information was available to people and their relatives. All of the people we spoke with knew how to complain but stressed they had never needed to. The complaints procedure was clearly displayed on the wall within the main corridor. The complaints procedure gave guidance on how to make a complaint and the timelines and manner in which the provider would respond. There was information on how to escalate a complaint to the Commission, however there was no information about the government ombudsman should people wish to escalate to this department. We reviewed the complaints record within the service that showed no formal complaints had been received since November 2013.

People's care records were personalised This showed people were actively involved in their care planning and support. For example, people's records showed their preferred daily routine and how they wished to be supported. One person's record showed what time they preferred to get up, where they normally wanted to eat their breakfast and how the person wanted staff to support them with personal care. The person told us that their care was delivered in line with their wishes and preferences. Another record showed a person's preferred night routine, including what time they normally preferred going to bed and the fact they liked to be checked every couple of hours.

Care records showed additional information about people's life histories. There was a document within people's records entitled, 'This is Me.' It showed personalised information such as where people were born, their immediate family members and their employment history. Other information such as people's hobbies and interests, things that could worry or upset the person and their communication preferences was recorded. We highlighted to the deputy manager that some of these records were not completed for all of the people living at the service. They told us this would be addressed to ensure consistency.

People were provided with a named keyworker to help in delivering personalised care. The purpose of the keyworker was to ensure people's individual requirements were met. For example, the keyworker was involved in ensuring healthcare appointments for people were booked and accompanying people to the appointments if required. Additional roles for the keyworker were the completion of daily records, ensuring the person's bedroom was tidy and ensuring care was being provided how people wanted. Staff we spoke with told us the keyworker system worked well.

There were systems to ensure that care reviews and reviews of people's risk assessments were completed. People had a periodic full review of their care needs. In addition to this we saw that a monthly review was

completed between people and their keyworker. We saw the supporting records that confirmed these reviews had been completed. The keyworker would record what the person had been doing the previous month, if they had gained or lost weight and if there were any upcoming healthcare or hospital appointments. This demonstrated people's needs were regularly reviewed to ensure care was delivered in line with their wishes.

During the inspection we saw examples of how staff responded to meet people's care needs. For example we observed that people had their mobility equipment to hand when they were assessed as needing it. People also received the required level of support from staff when moving around the service. Where people required additional support to ensure they minimised their risk of skin damage this was provided. For example, where required people were sat on pressure cushions. Staff also responded to people's requests for drinks and snacks when needed.

The service had systems to ensure they could be responsive to people's needs in the event of an emergency or unplanned hospital admission. Within the current care record system there was an 'Emergency Pack' that people could take with them to hospital. Within this pack there was information such as people's personal details, their emergency contact details, their current medication, any current risk assessments and their medical history. There was also an overall summary of people's care needs. This ensured that hospital staff would have key information about people on admission should the person not be able to communicate it to them.

A range of daily activities were available for people to participate in. There were daily activities that were provided by a mixture of external entertainers and the staff at the service. During the inspection there was community singing in the sun lounge room with an entertainment team. This was well supported and lots of people joined in with the singing and enjoyed it. The deputy manager also told us they had close connections with the local junior school and did painting sessions together. Day to day activities included puzzles, reading, nail painting, reminiscing and bingo. People were also supported to continue with their own hobbies, for example painting and knitting. We observed people doing these personal activities during the inspection.

Is the service well-led?

Our findings

There were some governance systems to monitor the health, safety and welfare of people. However, the absence of some systems or the failure to use other systems already in place had resulted in the procedural errors and omissions we have been reported in the 'safe' domain not being identified by the registered manager.

For example, there was no current medicines audit completed by the registered manager. The deputy manager told us that a physical stock count was completed when new medicines arrived but there was no additional management audit. A medicines audit would assist in identifying the storage and recording errors made by staff and ensure any risk of people receiving medicines not fit for consumption were removed. There was also a monthly audit that monitored people's risk of skin damage which had not been completed since October 2015 and an audit of people's bedrooms to reduce any falls risks that had not been completed since January 2014.

In addition to this, there was an employment audit checklist. This was used to ensure that all requirements of the pre-employment process had been completed before staff commenced work. This audit would highlight if references for prospective staff members had been received and if the Disclosure and Barring Service (DBS) check had been completed. We found that although there was a system in place, the employment audit checklist had not been completed since 2014. Had a more frequent audit been completed, the omissions identified during our inspection relating to recruitment may not have occurred.

Records we requested during the inspection could not be located. For example, we asked for the recruitment file for a specific staff member recently employed at the service. Throughout the day this record could not be produced to allow us to check if the correct recruitment procedures had been followed. In addition to this, we requested to see the most recent mattress audit relating to the infection control governance systems within the service. We were advised this audit had been completed but the record could not be located.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they were aware of who was in the management team within the service and knew who to approach should they require any guidance, assistance or support. No concerns were raised relating to the communication with the registered manager, deputy manager or care staff. All of the people we spoke with said they knew the registered manager by name and told us they were always easily accessible and approachable.

Staff felt supported by the registered manager and senior management team. The staff we spoke with commented on how they could approach the registered manager or deputy manager if they had any concerns. In the main, staff were positive about their employment and said they enjoyed their roles. One told us, "I'm happy - we are a good staff team and we get on well together." Another said, "I really enjoy my

job."

Messages were communicated to staff through meetings. Although the service was small and messages were communicated daily, the registered manager held periodic meetings with staff. The deputy manager told us that meetings were held approximately every six weeks, and staff we spoke with told us they attended the meetings and found them useful. We saw from the last staff meeting minutes from May 2016 that matters such as staffing, care records, people's bedrooms, staff handovers, medicines and training were discussed.

Residents meetings were also held to communicate key messages to people and to seek feedback on the performance of the service. People we spoke with were unable to recall if they had attended a meeting, however we located the minutes from a meeting in January 2016. We saw that people were also advised that although the meeting was an open forum, management were available for them should they wish to speak in a more private environment. Issues discussed at the meeting included the introduction of new staff, the welcoming of new people, food menus and feedback from people individually about how they felt about the service.

The registered manager was currently in the process of completing surveys to be sent out. The surveys were to seek feedback from the people at the service, relatives and visitors, healthcare professionals and staff. The registered manager was currently undertaking training in Health and Social Care and these surveys would form part of the requirements of this training. The deputy manager told us that the surveys were due to be sent in the near future. We will review the results of these surveys at our next inspection.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned within the specified time frame.

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 People were not fully protected against the risks associated with medicines. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems to monitor the health, safety and welfare of people were absent or not effectively used. Records were not stored securely or could be located when required. Regulation 17(2)(b), 17(2)(d)(i) and 17(2)(d)(ii)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe staff recruitment procedures were not always completed. Regulation 19(3)(a)