Beech Lawn Care Home Limited

Beech Lawn Care Home

Inspection report

48 College Street
Sutton-on-Hull
Hull
Humberside
HU7 4UP

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23 June 2017

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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

Beech Lawn Care Home is registered to provide care and accommodation to 28 older people who may be living with dementia. It is located on the outskirts of Hull and has good access to public transport routes to and from the city.

This inspection took place on 21 and 23 June 2017 and was unannounced. The service was last inspected in March 2015 and was found to be compliant with all of the regulations inspected at that time. We rated the service as 'Good'.

At the time of this comprehensive inspection 20 people were living at the service. There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not always safe. People were not always supported by suitable numbers of staff and sometimes had to wait for long periods to receive support. A person who used the service had raised concerns through the provider's questionnaire and during the inspection we were told by one person had to wait for over two hours to be supported with the care they required.

The service was not always effective. We found that the provider had failed to ensure staff with appropriate skills were deployed at all times. We saw evidence to confirm on 17 night shifts in June 2017 no member of staff had completed first aid training, which increased the possibility that people would not receive the care they required in an emergency situation. The provider had also failed to make applications to deprive 11 people of their liberty in line with current legislation.

The service was not always well-led. The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service as required. You can see what actions we have asked the provider to take at the end of this report.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs that could indicate abuse had occurred. Staff knew what action to take to ensure people were safe. Risk assessments were in place to mitigate known risks. Safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began working in the service. Appropriate systems were in place for the management of medicines and people's medicines were administered as prescribed.

Staff had undertaken a range of training and completed or were in the process of completing nationally recognised qualifications in care. Staff received appropriate levels of supervision and appraisal, their knowledge and skills were assessed regularly by the registered manager. People received a balanced diet of

their choosing; their nutritional needs were known and catered for. Relevant professionals were involved in people's care. Their advice and guidance was incorporated in to people's care plans.

People told us they were supported by caring and attentive staff who knew their needs and understood their preferences. Relatives we spoke with were complimentary about staff's approach and felt their family member's needs were met in a caring way. People told us and we observed them being treated with dignity and respect by staff. The provider utilised IT systems that ensured private and sensitive information was held securely and not accessed by unauthorised people.

People were, whenever possible, involved with the initial and on-going planning of their care. People's care plans reflected their levels of independence, abilities and support needs. People were encouraged to take part in activities and to follow their interests. The provider displayed their complaints policy within the service and provided it to people at the commencement of the service. The nominated individual told us complaints were used to develop the service when possible.

The provider was aware of and involved in the day to day management of the service. Managers, staff and resident meetings were held regularly. Systems were in place to gain the opinions of the people who used the service, their relatives and relevant professionals. The service had a registered manager as required under the conditions of their registration. The registered manager understood their responsibility to report notifiable events to the CQC as required.

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 always safe.

People were not always supported by suitable numbers of staff.

Staff had received training so they were aware of how to safeguard people from abuse and avoidable harm.

Accidents and incidents were recorded and reviewed. Action was taken to mitigate known risks.

Systems were in place for the safe management and administration of medicines. People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider failed to ensure that suitably trained staff were deployed on all night's shifts.

Staff understood the need to gain consent before care and support was provided. However, the principles of the Mental Capacity Act were not always followed and people were deprived of their liberty without appropriate authorisation being in place.

Staff received effective levels of support and professional development.

People ate a balanced and varied diet of their choosing.

When concerns with people's general health were identified, they received care and treatment from appropriate relevant professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff who knew their needs and understood their preferences.

People were supported in a kind and caring way. They were enabled to make choices and decisions in their daily lives.

Private and sensitive information was treated confidentially.

Is the service responsive?

Good

The service was responsive.

Care plans had been developed following initial assessments and on-going reviews of people's needs.

People were encouraged to take part in one on one and group activities.

The provider had a complaints policy which was displayed within the service and provided to people at the commencement of their service. Complaints were investigated as required.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems and processes were not always effective. Some shortfalls were not identified and subsequently not addressed.

People and their relatives were asked for their views and they were acted upon to improve the service when possible.

The provider was involved in the day to day management of the service.

The registered manager was aware of their responsibility to report notifiable events to the Care Quality Commission as required.

Beech Lawn 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 checked 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.

This comprehensive inspection took place on 21 and 23 June 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the provider. The provider had 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 improvements they plan to make. We contacted the local authority commissioning and safeguarding teams to gain their views of the service.

During the inspection we spoke with three people who used the service and four people's relatives. We also spoke with the registered manager, the nominated individual, one of the provider's directors, six members of care staff, the cook, a member of the domestic team and a visiting healthcare professional.

We looked at four people's care plans and a number of Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service. This included, quality assurance information, minutes of meetings, staff training records, supervisions and appraisals, the recruitment information for thee members of staff, questionnaires, complaints information and a number of the provider's policies and procedures. We also completed a tour of the service.

Requires Improvement

Is the service safe?

Our findings

When we asked people who used the service if they were safe one person said, "I'm safe yes, I do feel safe here." Another person gave a 'thumbs up'. However, a person we spoke with raised concerns about the staffing levels within the service. They said, "All I ever hear from the staff is, 'I'll be with you in a minute'. They always seem to be rushing about and never have time for me. This morning I rang my bell to get up at a quarter to eight and someone came and said they would be with me as soon as they could; they came at 10 o'clock."

The staff we spoke with gave differing responses when we asked if they were deployed in suitable numbers to meet people's needs. Some of the comments we received included, "We are busy, busy, busy, we just jump from one person to the next and I think the quality of care we give could be improved if we had more staff", "We need more staff, we have had the same staffing levels for years and the people we have now are so much more complex" and "When we are really busy or someone rings in sick; people have to wait to have their basic care needs met and I don't think that's right."

Other staff said, "We are busy but I do think there are enough of us working. We make sure people get the care they need and no one has to wait for long when they need support", "It would be better if there was more staff but I think everyone thinks that. We are always on the go but our residents are well cared for" and "There is enough on the rota, when people ring in sick and we can't get cover it's harder but we have just had an eight [am] until one [pm] shift added and that will make things a lot better."

Relatives we spoke with told us they believed the people who used the service were supported by suitable numbers of staff. One relative said, "Every time I come there are at least four staff working; that is not including the manager and the other staff [ancillary staff]. They are very attentive." A second relative explained, "[Name of a person who used the service] is very well cared for, I don't have any concerns with the number of staff, there is always one around if I need something." A third relative told us, "Everyone, from the manager down to the carers are brilliant, sometimes they are busier than others but no-one has to wait for anything. I think the staffing levels are good."

The staffing rotas showed that the 20 people who used the service would be supported by four care staff including one senior carer on the morning shift, from 7am until 2.30pm. Four care staff including one senior carer worked the late shift from 2.30pm until 10pm and two care staff worked during the night from 10pm until 7am. An additional member of staff worked from 8am until 1pm. However, the registered manager told us there had been a high turnover of staff recently which had affected the ability to cover holidays and staff sickness. They said, "We have had problems, mainly in the last couple of weeks. We have had sickness that we haven't been able to cover and we haven't had anyone on the 8am until 1pm shift." They went on to say, "When we have issues I work on the floor and cover."

The nominated individual told us that additional funding was in place for one person who used the service for eight hours per day and the service was in the process of applying for five hours additional funding for another person. Because the additional hours were not marked on the rota in any way it was difficult to see

how and when they were being utilised but we did see staff spending a large proportion of time supporting the person who had been allocated the additional funding. The nominated individual told us that staffing levels had been increased in the past when people's needs developed and they required additional support from staff. We saw evidence to confirm this.

We saw other indicators that staff were not always deployed in sufficient numbers such as people not being repositioned when required. The registered manager confirmed they had received instructions from a district nurse that a person needed to be repositioned every two hours due to having a pressure sore. We reviewed the repositioning charts and saw that in the week prior to our inspection, there was a number of occasions when the person had not repositioned for over three hours. The provider had also recently received a complaint from a person who used the service stating although they had made requests to staff they had to wait until after 10pm before they were supported to bed. A person who used the service had expressed their concerns regarding staffing levels in a recent questionnaire.

We recommended that the provider reviews people's levels of dependency and ensures sufficient numbers of suitably trained and experienced staff are deployed to meet people's needs.

During the inspection we noted that call bells were answered quickly. A member of staff said, "We do always try and respond as quickly as we can. We are expected to do the activities and if no one [no member of staff scheduled to be at work] is sick or on holiday and it's a settled day with the residents we can do them. If we have any issues its activities that go out the window and we just try and make sure people receive the care they need."

The service had recently experienced a high turnover of staff. The nominated individual stated that a number of staff had left because they thought a 12 hour shift three days on four days off shift pattern was preferable. A director we spoke with said, "We feel the seven hour shifts are more suitable. The staff work with some people with complex needs and we think 12 hours is a long time to be doing that."

We reviewed the recruitment records of some two recently recruited staff and a staff member who had worked in the service for a number of years. The recruitment process included the completion of an application form, an in-depth scenario based interview, reference requests and a Disclosure and Barring Service check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with adults at risk. This helps employers make safer recruiting decisions.

People who used the service were protected from abuse and avoidable harm. Staff were aware of the different types of abuse that could occur and what constituted poor practice. Staff were able to describe the signs that may indicate abuse had occurred and understood their responsibilities to report any concerns they had to enable them to be investigated.

We saw that accident and incidents were recorded by staff and reviewed by the registered manager. The registered manager explained, "I look at all of the incidents every month and look for any patterns or trends then take whatever action is needed. If I saw that someone had fallen, say two or three times in a month I would report that to the falls team and get their advice."

Personal emergency evacuation plans had been created for each person who used the service; they stated people's support requirements and the actions staff were expected to take in the event of an emergency evacuation. The provider's business continuity plan was in the final stages of its development and the draft copy we saw included a range of foreseeable emergencies. This helped to ensure people would receive the care and support they required during and after and emergency situation.

The service had a dedicated medicines storage area which included a medicines fridge and controlled drug cabinet. The registered manager described the ordering, storage, administration and return practices within the service. We observed part of a medicines round on two occasions and saw that people's medicines were handled and administered safely. Medication Administration Records (MARs) were used to record when people's medicines had been administered. The MARs we saw were completed accurately without omission, which provided assurance people were supported to take their medicines as prescribed.

Records showed only staff who had completed appropriate safe handling of medicines training administered medicines and we saw that their competencies were reviewed regularly. A person who used the service told us, "They sort all that [their medicines] out for me, I would forget, there are too many to remember. They come round every day and give me what I need."

During a tour of the service we found it was clean well maintained and free from unpleasant odours. We checked the exterior of the building and saw a small number of windows were excessively marked with bird faeces due to nests in the eves and birds settling by the windows. The windows were open due to the warm weather which meant the bird droppings posed a risk to the people who used the service. The registered manager told us they had discussed this issue with a local environmental health officer and the issues would be rectified quickly.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us the staff who supported them had the skills and abilities to meet their needs effectively. One person said, "The staff do a good job in my eyes and I should know, I worked in services when I was younger." Another person said, "The staff are very good, there are no questions about that."

Relatives we spoke with commented, "The staff make sure everyone is well looked after, they know their jobs and do them well", "I think the staff are well trained and take pride in their work" and "Oh yes they are [well trained], definitely."

However, we also saw that people were not always supported by suitably skilled and experienced staff because the provider failed to ensure staff had completed relevant training to enable them to carry out their roles effectively. The registered manager and nominated individual told us that they considered first aid training was an essential part of the core training all staff required. However, when we cross referenced the staff rotas with the staff training records and saw that on 17 occasions in June 2017 appropriately trained staff were not deployed through the night; the 10pm to 7am shift. On the specified dates no member of staff had completed first aid training which increased the possibility that people would not receive the care they required in an emergency situation. When we highlighted this issue to the registered manager they told us they would take action to ensure suitably trained staff were deployed at all times.

Records showed staff had completed a range of training and were either in the process of, or had completed a National Vocational Qualification (NVQ) level three. We saw that staff's skills and abilities were monitored and their competencies assessed by the registered manager. The registered manager explained, "I spend as much time as I can on the floor. I like to make sure everyone gets the care they need and will watch how staff to do things to make sure it's done right. If there are issues I address them straight away." We saw that staff were also required to complete competency based test papers to ensure they retained the knowledge they required.

We saw that staff received appropriate levels of support and appraisal as required. Staff we spoke with told us, "We have lots of supervision and opportunities to develop", "We have an appraisal every year. We look at what's happened over the year and how we can improve" and "I think I've had two supervisions this year. I'm doing an NVQ as well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service did not always work within the principles of the MCA; because people were being deprived of their liberty without appropriate authorisation being sought. On the first day of the inspection we were told by the registered manager that a DoLS was in place for one person who used the service and an application for a second person was pending a decision from the authorising body. When we asked if other people in the service had their liberty restricted in any way the registered manager confirmed that a high number of people could not consent to the care and support they required and they would not be allowed to leave the service without being accompanied by a member of staff [for their own safety]. On the second day of the inspection the registered manager told us that after further consideration and a review of the local authorities DoLS checklist a further 11 applications needed to be made.

The nominated individual told us, "I have already liaised with the local authority safeguarding team and the applications will be made and we will use the urgent powers under the Act until that time." A person may need to be deprived of their liberty before the supervisory body can respond to a request for a standard authorisation. When these situations occur the managing authority can use an urgent authorisation. Urgent authorisations are granted by the managing authority itself.

We recommend that the provider follows through as soon as possible with their plan to complete the relevant DoLS paperwork for the 11 people who were being deprived of their liberty without appropriate authorisation in place.

During discussions staff were knowledgeable about the different ways consent could be obtained. We observed staff gaining people's consent before care and support was provided, this was done both verbally and none verbally with the use of gestures or signs. Records showed best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by relevant professionals and other people who had an interest in the person's care such as their families.

We saw that people were provided with a wholesome nutritious diet of their choosing. People's preferences and dietary requirements were known and catered for. We saw evidence to confirm that when concerns with people's nutritional intake were identified appropriate action was taken such as seeking and implementing the advice of a speech and language therapist and dietician. The cook told us, "I know people's preferences; what they are allergic to; who needs a pureed diet and who needs extra calories. Any updates the staff let me know and I go from there." They also said, "The menu is changed every three months, we try and keep it seasonal."

People were supported to eat and drink sufficient amounts to meet their needs. Staff supported people sensitively and intuitively when they required assistance during meal times. A range of equipment was used to support people to maintain their independence such as plate guards, handled beakers; adapted cutlery and specific crockery had been purchased to support one person who had reduced vision to help them to see their food.

People who used the service told us they received care and support from relevant healthcare professionals. One person said, "If I want, they will call the doctor to come and see me and the nurse comes, I see her here regularly." Records we saw confirmed people's GPs visited the service and we saw evidence that, amongst others, the falls team, dementia mappers, chiropodists and social care professionals visited people regularly.

Good

Is the service caring?

Our findings

People who used the service told us they were supported by caring and attentive staff. One person said, "All of the staff are very kind. I don't need that much help but some of the other people in here do and they treat them with such compassion. People get upset and aggressive but the staff do a wonderful job with them." Another person said, "I have my favourites but they [the staff] are all caring." A third person stated, "The staff are very nice but they do have a big turnover which I don't like. I don't always bother to learn their names because they come and go so quickly."

Relatives we spoke with commented, "The staff are very caring", "They [the staff] all know mum's needs, they always have smiles on their faces and will do anything for these residents", "Without the staff I don't know what I would do, they care for me as much as they do my mum I think" and "They really do care."

Through our observations it was clear staff knew the people they cared for and were aware of relevant information about their lives. Staff used their knowledge of people's hobbies and interests as well as their family lives to engage them in meaningful conversations. When people became agitated or distressed staff used distraction techniques and spoke about important people in their lives, which calmed and re-directed their thoughts. A member of staff said, "We do what we can [name of a person who used the service] gets upset and they do get aggressive but we know they are confused and try and do what we can to reduce their anxieties."

Staff treated people with dignity and respect. Throughout the inspection we heard staff speaking to people in an appropriate way, they used people's preferred name and altered the tone of their voice when encouraging or praising people. During discussions, staff described the different ways they supported people to maintain their dignity. Their comments included, "We can use screens so people have privacy when we deliver personal care. I always check doors and windows [are closed or shut] before I care for anyone", "I always knock on people's doors before I go in, it is what I would expect so it's what I do" and "I always use people's name when I'm speaking to them, I try to be polite and courteous with everyone."

The registered manager told us, "As you must have noticed, we don't have a sign outside declaring we are a care home. This is their [the people who used the service] home and we respect their right to a private life, we don't need to advertise who we are or what we do." The nominated individual told us, "We want to make a difference in people's lives. My mother lived in this service and received excellent care. I expect the same for everyone who lives here."

Staff showed affection for the people who used the service during their interactions. Appropriate levels of touch and contact were made to reassure people, staff got down to people's eye levels when they spoke with them and laughed and shared stories with people. They took the time to explain things in a way they could understand and ensured people were enabled to make choices in their daily lives.

The registered manager told us the service did not have visiting times. They said, "It's an open house, families and friends can come at any time. We know people work and we would never try and dictate when

they come." Visiting relatives told us they were welcomed by the staff team whenever they visited the service.

We spoke with the registered manager about the use of advocacy services, they said, "We haven't had to use advocates but we know that we will need them in the future. We will be inviting them to reviews to support people who don't have a lasting power of attorney in place." This helped to provide assurance people who required support would receive the help they needed to make specific decisions about their care.

The provider utilised an IT system for the management of its care and staffing records. The system was password protected and depending of staff's seniority access to certain areas were restricted. Staff told us they were aware of their responsibilities to treat private and sensitive information confidentially.

Good

Is the service responsive?

Our findings

People or their appointed representative were involved in the initial planning and on-going reviews of their care. One person told us, "I make all the decisions in my life. I am fully involved in all aspects of my care and I wouldn't have it any other way." A relative we spoke with said, "My daughter is the appointed representative for [name of the person who used the service], she attends all the meetings and reviews. We are both informed if there are any issues." Another relative told us, "I attend all the reviews and I am always kept up to date about everything. It works both ways, the manager comes to the hospital with me when I take mum to her appointments; it means she knows everything that is going on with her health you see."

People who used the service told us they knew how to complain or raise concerns about their care. One person said, "If I have any grumbles, I would tell the staff or the manager. I am not shy about saying what I think." Another commented, "I would speak with [name of the registered manager] if I had any problems, she would listen to me, I'm sure." Relatives we spoke with confirmed they were aware of the provider's complaint policy.

Records showed that people's needs were assessed before they were offered a place within the service. The registered manager explained, "It's usually me who does the initial assessment. I have to consider the person's needs and how they will fit in here." They went on to say that following the assessment the information was then inputted on to the provider's IT system, which then ensured specific care plans were created in relevant areas where needs had been identified.

We reviewed a number of people's care plans and saw that relevant guidance was in place to meet people's needs. However, we saw that the information provided to staff to manage one person's behaviours, which may challenge the service and others was basic and lacked depth. On the second day of the inspection the registered manager showed us an updated care plan that included known triggers, management strategies and distraction techniques. This helped to ensure the person's needs would be met in a consistent way by all staff. A member of staff commented, "We do all know how to support everyone in pretty much every situation. We have regular team meeting and always discuss the residents and the best way to distract them, what works well and what we should do when they are aggressive or agitated."

People's care plans and risk assessments were reviewed on a monthly basis. The IT system used by the provider sent automated alerts to the registered manager and ensured reviews were completed. The nominated individual told us, "We complete interval reviews but also have meetings occur regularly with the local authority and the commissioning group. People's needs are assessed and the information is then inputted onto the system [the provider's IT system]."

Staff told us and relatives confirmed people took part in a range of activities. A member of staff said, "We do lots of activities, drawing, painting, ball therapy, musical hats, bingo, we use reminiscence books; all sorts of things." Another member of staff added, "We do different things with different people, we sit and talk to some people and joke with others, we try and make things as personal as we can." A relative we spoke with told us, "They do different things most days; there is often music playing and people singing." A person who

used the service said, "They arranged for some singers to come in not long ago but I stayed in my room. That sort of thing doesn't interest me anymore."

Practical action was taken to relieve people's distress and discomfort in a personalised way. We saw one person was supported to engage in doll therapy when they became agitated. Doll therapy is a recognised way to alleviate distress and provide comfort for people who may be living with dementia.

The provider's complaint policy was displayed at the entrance to the service and the registered manager confirmed it was provided to people at the commencement of the service in the service user guide. We saw that when complaints were received they were investigated and responded to appropriately.

The nominated individual told us, "If we received an informal complaint I would expect [name of the registered manager] to deal with it and keep me informed. If we receive a formal complaint we would acknowledge it, [name of the registered manager] would investigate and I would review the information and respond." They also said, "All of the complaints we receive, formally or informally are used to review our practice."

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well-led. One person said, "My sister helped me find this one [the service]. I had to leave the last place I was in as the standards weren't up to much but I think this one is very good," Another person said, "I am as happy here as I can be. I would like to be in my own home but those days have gone. This place suits me." Relatives comments included, "I'm really pleased with the care [name of the person who used the service] gets. I think this is a very good home" and "We don't worry about mum and that's the best thing I can say. We have no concerns about her and know the manager is on the ball."

The provider's quality assurance systems were not always effective in highlighting concerns and driving improvements. We asked the registered manager if audits of staff training were undertaken and they could provide no evidence to show that they were. This meant effective systems were not operated to ensure suitably trained staff were deployed at all times to meet people's needs.

The registered manager also told us that there were no audits in place to ensure compliance with specific legislation, namely the Deprivation of Liberty Safeguards. Subsequently people were deprived of their liberty without appropriate applications being be made and without authorisations being in place.

Failing to operate effective systems to assess, monitor and improve the quality of the service constitutes a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

We saw that audits of other areas of the service including accidents and incidents, medicines management, complaints, the environment, reviews of care plans, risk assessments and people's dependency levels were completed regularly. Unannounced spot checks were completed by the provider to ensure they were fully aware of the standards within the service.

The provider took responsibility for the day to day management of the service. A daily report was sent to the nominated individual, which covered a range of information about the service. This included the staff that were on shift, planned activities, menus, service user information and maintenance reports. The nominated individual said, "The daily reports are a very important piece of our communication. It ensures that we, the directors are aware of what is happening and is a link so the staff know we are available for them if they need support."

We saw that managers meetings were held on a monthly basis, which were attended by the registered manager, nominated individual and a director. A range of topics were discussed including people's care, occupancy levels at the service, new legislation and regulations as well as the staff team and staffing issues. The nominated individual explained, "We are actively involved. We want to know of the issues so we can give direction."

Records showed that team meetings were held regularly. Discussions were held regarding quality standards,

the provider's IT systems, key worker roles, people's care needs, confidentiality and any other business as required. Providing staff with a suitable forum to discuss their views of concerns helped to ensure issues or concerns were heard and responded to appropriately.

The registered manager told us, "We have resident and relative meetings as well but the turn out for them is not as good as it used to be so we are looking at different ways of getting people's feedback." We saw that people who used the service, their relatives and relevant professionals were asked for their views through qualitative questionnaires. Responses were collated and people's feedback was considered.

The service was led by a registered manager who was aware of their responsibilities to report specific accidents, incidents and other notifiable events that occurred within the service. This helped to ensure we could conduct our regulatory duties.

We saw records of annual and maintenance checks on equipment and facilities such as hoists, the passenger lift, fire detection equipment and emergency lighting systems. Gas and electrical tests were also undertaken as required.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance. Effective systems were not in place to assess monitor and improve the quality of the service or mitigate risks.