

Upsall House Residential Home Limited

Upsall House Residential Home Limited

Inspection report

Swans Corner
Guisborough Road
Middlesbrough
Cleveland
TS7 0LD
Tel: 01642 300429

Date of inspection visit: 11 and 19 November 2014
Date of publication: 12/02/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected Upsall House on 11 and 19 November 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The service provides care and support for up to 30 older and / or older people living with a dementia type condition. The home is a two storey converted private dwelling situated in spacious and attractive grounds on Guisborough Road in Middlesbrough.

The home had a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

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.

At our last inspection of Upsall House on 30 July 2014 we found minor concerns in relation to staffing and the recruitment procedures of staff and moderate concerns for the management of people's medicines. Following our inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made.

People told us they felt safe in the service and we saw there were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We found that people were encouraged and supported to take responsible risks.

Suitable arrangements were not in place to ensure staff had received appropriate training and supervision to enable them to deliver care safely and to an appropriate standard. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Staff had not attended training on the Mental Capacity Act 2005 (MCA) 2005 for some time and had limited understanding. Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived. The manager was not aware of the current ruling related to this or how to apply the principles of the MCA when providing care for people who may lack the capacity to make decisions. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. People told us that they were able to make their own choices and decisions and that staff respected these.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Some care plans looked at during the inspection were insufficiently detailed and as such could impact on the care that people received. We found that care plans were not always reviewed and evaluated on a monthly basis. We found gaps in recording. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Activities were arranged both on an individual and group basis. People were given the opportunity to pursue their hobbies.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

There were not appropriate systems in place to seek the views of care and services provided from people who used the service. This was a breach of Regulation 10 (2) (e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Records.

You can see what action we told the provider to take at the back of the full version of the report.

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.

There was a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management of medicines so that people received them safely.

Good



Is the service effective?

The service was not effective.

Suitable arrangements were not in place to ensure staff had received appropriate training and supervision to enable them to deliver care safely and to an appropriate standard.

Staff had not attended training on the Mental Capacity Act 2005 (MCA) 2005 for some time and had limited understanding. Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived. The principles of the MCA were not being applied by staff.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

Requires Improvement



Is the service caring?

The service was caring

People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care.

The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided

Good



Summary of findings

Is the service responsive?

Care plans were insufficiently detailed to ensure that people's needs were met. There were gaps in the recording of evaluations of care.

Activities were arranged both on an individual and group basis. People were given the opportunity to pursue their hobbies.

The people we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Requires Improvement



Is the service well-led?

The service was not well led.

There were not appropriate systems in place to seek the views of care and services provided from people who used the service.

The law requires that providers send notifications of deaths, changes, events or incidents at the home to the Care Quality Commission. We had received some of these notifications but not all.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.

Requires Improvement



Upsall House Residential Home Limited

Detailed findings

Background to this inspection

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

We inspected Upsall House on 11 and 19 November 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of an adult social care inspector and an expert by experience who had experience of residential care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. After the inspection we contacted the local authority to find out their views of the service.

During the inspection we spoke with 15 people who used the service and four relatives. We also spoke with the registered manager, the deputy manager, the cook, the training officer, a senior care assistant and with four care assistants.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time and during activities. We looked at four people's care records, five recruitment files, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms (with their permission), bathrooms, communal areas and the garden.

Is the service safe?

Our findings

We asked people who used the service if they felt safe, one person said, "Yes I am safe in here both indoors and outside. I am on the ground floor and lights come on outside if anybody is walking past. I have no worries at all, staff always treat me kindly." Another person said, "Safe hands that's what I'm in." A relative we spoke with said, "It's peace of mind knowing they are safe. We are glad they came here."

During the inspection we spoke with ten members of staff. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager and deputy manager would respond appropriately to any concerns.

Staff told us that they had received safeguarding training at induction and on an annual basis. Staff we spoke with told us that they had just completed a safeguarding training booklet which was provided by Redcar and Cleveland Borough Council. Staff told us that the training provided them with knowledge of recognising abuse and the action that they should take if abuse was suspected. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in March 2013. The safeguarding policy needed to be updated to reflect current guidelines. This was pointed out to the registered manager who said that they would update the policy as a matter of importance. One staff member we spoke with said, "People come here to be looked after. If I saw anyone treat a resident unkindly then I would not hesitate to report it to the manager and deputy manager."

The registered manager told us that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw that some water temperature recordings were too cool. We were told that there had been a problem with the gas boiler and that was in the process of being replaced which would address this problem. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant

checks had been carried out on the fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

Risks to people's safety had been assessed by staff. Risk assessments were evident on the care files looked at during the visit. These helped staff to identify people who were at risk and needed support. For example, risk assessments for skin integrity, moving and handling, falls and nutrition. The registered manager and staff we spoke with told us that some people displayed behaviour that challenged others. Staff were able to tell us of triggers to the behaviour and how they would respond. We saw that risk assessments were in place for those people with behaviour that challenges. This enabled staff to have the guidance they needed to help people to remain safe. Some people who used the service told us that they were supported to take responsible risks. A number of people who used the service told us that they regularly went out with their relatives or friends. One person who had just returned to the home following a trip out said, "I have had a lovely day. I have been with my daughter, we do this regularly." Another person said, "I am able to go to the local shop with the help of a member of staff, I would not feel safe enough to go alone and staff agree. None of the staff grumble about accompanying me. It is a bit of independence for me."

At our last inspection of the service in July 2014 we found there were minor concerns in relation to the home's recruitment practice. We found that appropriate checks were not carried out on staff before they started work to make sure that they were suitable to work with vulnerable adults.

During this inspection we looked to see if improvements had been made. During the inspection we looked at the records of five staff to check that the home's recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the home. References had been obtained and, where possible, one of which was from the last employer.

At our last inspection in July 2014 we found there were minor concerns in relation to staffing. There were insufficient staff on night duty to ensure that people needs were met.

Is the service safe?

During this inspection we checked to see if improvements were made. Through our observations and discussions with people, relatives and staff members, we found there were enough staff to meet the needs of the people who used the service. One person we spoke with said, "They come whenever I need them." This person also said, "There used to be two on a night and now there is three staff which is much better." The registered manager said that they had reviewed the needs of people who used the service and increased staffing levels on a night from two staff to three staff, one of which was a senior care assistant.

At our last inspection in July 2014 we found that there were moderate concerns in relation to the management of medicines. People were not fully protected against risks associated with the unsafe use and management of medication because the provider did not have appropriate arrangements in place for the recording, handling and use of medicines. We found gaps in recording and that staff did not always ensure that there was a four hour gap between the administration of medicines.

During this inspection we checked to see improvements had been made. We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. We saw that the registered manager and staff had put systems in place to help to ensure that a four hour gap was ensured between the administration of each medicine.

Senior care staff were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines who said that they got their medicines when they needed them and the staff were very helpful. One person said, "I get my medication brought to me and I get a glass of water to help the pills go down." Another person said, "I get my medication at the right time and it has not been missed."

All medicines were stored securely. Medicines that were liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

We asked what information was available to support staff handling medicines to be given 'as required' and the application of creams. On the first day of the inspection we were told that this guidance was not available. However, on day two of the inspection we saw that the senior care assistant had started to develop guidance for each person who was prescribed medicines as required and creams.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Records were not available to confirm that medicines were being stored at the correct temperature. We saw that staff had not recorded the temperature of the room in which medication was stored or refrigerator since 8 September 2014. This was pointed out to the senior care assistant who said that she would speak to staff immediately to ensure that staff monitored and recorded the temperature of the room and fridge.

Is the service effective?

Our findings

People and their relatives told us they felt their care was good and provided by experienced, well-trained staff. One person said, "I have been here six months, it was my decision to come. I am quite settled and happy with the care I get. The staff are very good indeed."

We saw people were relaxed and comfortable. It was clear staff had a good awareness of each person and how best to meet their needs. Some people demonstrated behaviours that challenged and staff were quick to reassure them without restricting their freedom. We observed staff interactions with people demonstrated they understood their individual care needs. For example, where people became agitated staff responded to them in different ways to quickly reassure people.

We spoke with people who used the service and relatives who told us they had confidence in the staff's abilities to provide good care. A relative we spoke with said, "It is really important you know how good it is here. This is a very happy place with good staff. It's not clinical it's homely."

Staff we spoke with told us they received training that was relevant to their role. We looked at the induction records of five staff who had been recruited since July 2014. We saw that all staff had commenced their induction. However this had not been signed off as completed. We spoke with the training officer who told us that a large number of staff (10) had recently been appointed. Some staff had completed their induction and then left for other jobs. They told us that having so many new people who started at the same time had made it difficult for everyone to complete their induction. The training officer told us they would take action to ensure that all induction records were completed.

The training officer showed us a chart which detailed training that staff had undertaken during the course of the year. This chart was not up to date which made it difficult to determine what actual training staff had undertaken. We looked at the training files of five staff. We saw that staff had received training in moving and handling, first aid, safeguarding and fire safety. The training officer told us that staff had received training in health and safety; however certificates were not available to confirm such training had taken place. Of the five care files we looked at we found that not all staff had received training for some time in equality and diversity, mental capacity, DoLS (Deprivation

of liberty safeguards), Nutritional screening, dementia and food safety. This was pointed out to the registered manager and deputy manager at the time of the inspection who said that they would ensure that all staff were up to date with training.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

During discussion with the registered manager and deputy manager it became apparent that staff were expected to attend training in their own time. We had discussions with a representative of Redcar & Cleveland Borough Council after the inspection who said to both the Care Quality Commission and the provider, "Mandatory training should always be paid it is the law." The provider told us that in future they would ensure that all staff are paid for mandatory training.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. The registered manager told us that they and other senior staff worked, supported and carried out supervision with all staff on a regular basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. During the inspection we looked at supervision records and spoke with staff and it became apparent that the registered manager and senior staff misunderstood what was needed for staff supervision. Records showed very little evidence of formal meetings on an individual basis. This was pointed out to the registered manager and deputy manager at the time of the inspection who told us that they would take immediate action to address this. We saw records which confirmed that 16 out of 21 staff had received an annual appraisal. One staff member we spoke with said, "We are all well supported and we all work as a team."

We found staff understood how to help people with limited mental capacity to make decisions. For example, staff showed people the choices at mealtimes. We saw on occasions that people were asked for their consent before any care interventions. For example, we saw people were asked for their consent when being assisted by staff with moving and handling.

Is the service effective?

The staff we spoke with confirmed they had not attended training for some time and had limited understanding on the Mental Capacity Act 2005 (MCA) 2005. We saw a poster in the staff room advising that MCA 2005 training was to be provided to staff on 10 December 2014.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager and deputy manager were not aware of the recent supreme court judgement regarding what constituted a deprivation of liberty. We had a discussion with the registered manager and deputy in respect of this. We found that some people lacked capacity to make decisions and staff practices supporting them would mean that DoLS authorisations should be obtained. The registered manager said that they would take immediate action and ensure that all people who used the service would be assessed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We spoke with the cook and looked at the home's menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. The registered manager and cook were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more

nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person said, "They make lovely omelettes. We can have anything we want. On a Sunday there is a beautiful roast dinner with Yorkshire puddings and gravy."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day.

The deputy manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "I was unwell a couple of months ago, they brought a doctor in to see me and I got some new medicine. I am fine now, they looked after me ok." Another person said, "I see the chiropodist, my own dentist and I get my eyes tested regularly." People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. We looked at the care records for four people and could see that detailed records were maintained of consultations with healthcare professionals, such as the GP, district nurse, consultants and dietician.

Is the service caring?

Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. People said, "I have been to four other homes and this is the best one. I didn't get the attention in any of the others that I get here." Another person said, "It's a very happy place. I came here for respite and made the decision not to go home. I am perfectly happy."

At the time of the inspection there were 26 people who used the service. During our visit we reviewed the care records of four people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be.

During the inspection we sat in the communal lounge area so that we could see both staff and people who used the service. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their preferences, likes and dislikes.

We saw staff treated people with dignity and respect. When staff asked people if they needed to go to the toilet they were quiet and discreet. Staff were attentive and interacted well with people. We observed that staff were polite and knocked on people's bedroom doors before entering. One person who used the service said, "I feel I'm treated with respect. Staff never come into my room without knocking and asking if it is ok. When my washing is done it is always put away for me and staff never leave without asking if I am alright."

There were many occasions during the day where staff engaged people who use the service in conversation. We

observed staff speak with people in a friendly and courteous manner. We saw that staff always got down to the person's level to ensure that eye contact was made. This demonstrated that people were treated with dignity and respect.

Generally the environment supported people's privacy and dignity. All bedroom doors were lockable and those people who wanted had a key. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home. People also had a lockable box in their wardrobe in which to store small store items of a personal nature.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff told us how they ensured privacy when supporting people with personal hygiene. People who used the service told us that their privacy and dignity was maintained. One person who used the service said, "I feel I'm treated with respect. Staff never come into my room without knocking and asking if it is ok. When my washing is done it is always put away for me and staff never leave without asking if I am alright." Another person said, "Everything is lovely. The girls help me to keep my independence. They come through to see me during the night to see if I am alright, sometimes I don't hear them because I am asleep. They help me bath twice a week, keep me nice and help me to help myself. I am very happy with what they do for me without taking over completely."

We were told by people and staff that they were encouraged and able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice. We saw staff regularly checked on those people who spent time in their rooms. People were able to eat, have drinks, rest on their bed and join in activities of their choice when they wanted to.

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home.

Is the service responsive?

Our findings

People told us they were happy living at Upsall House. One person said, “Nothing is too much trouble for these girls, they are wonderful. I would give them 99 out of 100 they are just great.”

People’s care and support needs had been assessed before they moved into the home. Care records we looked at detailed people’s preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in care plans. People and relatives told us that care needs were regularly assessed and reviewed.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff and people who used the service spoke of person centred care; however care records did not always reflect this. We found some care plans were better than others. For example, we looked at the continence care plan of one person. This clearly stated what the person could do for themselves and how much help was needed from staff. We looked at another care plan for a person living with dementia. This plan of care did not detail the impact living with dementia had on the person. We saw that one person had been seen by the dietician, however they did not have a care plan for eating and drinking. The care plan for another person with behaviour that challenges did not state the triggers to the behaviour or action that staff should take should the person become agitated. Insufficiently detailed plans of care could impact on the care that people received.

In the care records we looked at we found that care plans were not always reviewed and evaluated on a monthly basis. We found that other records such as the Waterlow score, which is a tool to identify those people at risk of pressure ulcers had not been completed every month. We found gaps in recording for April, May and June 2014.

During the inspection we looked at the records of four people who used the service in relation to eating and drinking. We found evidence of nutritional screening was available in the care records we looked at, however, there were some gaps in recording in May and June 2014.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw staff engaged and interacted positively with people. We saw that people were encouraged and supported to take part in activities. Activities were arranged both on an individual and group basis. People were given the opportunity to pursue their hobbies. Many of the people who used the service enjoyed knitting. We saw that people had knitted poppies for everyone for remembrance day. One person told us how representatives from local churches come into the home weekly to do a service and sing. We saw that people had been making Christmas decorations to display around the service. One person said, “My friend comes and takes me out to the shops. She is always made very welcome by the staff.” Another person said, “We often sing a long on our own. The hairdresser comes in every Thursday and we join in a service on a Monday. It’s nice to go and it’s friendly, people from church visit and sing.”

We looked at the home’s complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person said, “, “If I was not happy about anything then I would see the manager or deputy manager and let them know.”

During the inspection we looked at the complaints log and saw that there had been one complaint made in the last 12 months. We saw that this complaint had been investigated and responded to appropriately.

Is the service well-led?

Our findings

People who used the service and staff that we spoke with during the inspection spoke highly of the registered manager. They told us that they thought the home was well led. One person said, “The manager is lovely and always wanting to help you.” A staff member we spoke with said, “It’s good, it’s a nice atmosphere. We have got nice residents and it’s homely.”

The manager had a detailed knowledge of people’s needs and explained she continually aimed to provide people with good quality care.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people who used the service. They told us the registered manager was supportive and they felt listened to.

The staff we spoke with said they felt the management team were approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. The registered manager told us that they spoke with people and their relatives on a day to day basis. They told us that a satisfaction survey was used to gather feedback. We looked at the last satisfaction survey which had been undertaken in July 2013. We saw that the registered

manager had only asked the views of two people. This was not an effective way of seeking the feedback on the quality of care and service received as insufficient numbers of people were asked for their views.

We saw records of a ‘residents and relatives’ meeting that was held in September 2014, however prior to this date meetings had not been undertaken on a regular basis to seek the views of people who used the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw records to confirm that staff meetings had taken place in May and November 2014. We saw the discussion at meetings included health and safety, staffing and care planning.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months.

The law requires that providers send notifications of deaths, changes, events or incidents at the home to the Care Quality Commission. We had received some of these notifications but not all. It was pointed out to the registered manager and deputy manager who said that they would make sure that all notifications were sent in future.

The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety and infection control. We saw records of audits undertaken. Records were audited as were events. This helped to ensure that the home was run in the best interests of people who used the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

There were not suitable arrangements in place to ensure staff had received appropriate training and supervision to enable them to deliver care safely and to an appropriate standard.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment. Care records were not accurate or fit for purpose.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

The registered person did not regularly seek the views of people or persons acting on their behalf about the care and service provided.