

Roselands Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection of Roselands Residential Care Home on 22 February 2016. We last inspected the home in September 2014. At that inspection we found the service was meeting all the regulations that we reviewed.

Roselands Residential Care Home is located in an old vicarage, which has been adapted and extended to accommodate up to 19 older people. There were 14 people using the service at the time of the inspection; this was due to three of the shared rooms being used for single accommodation. Accommodation is provided on two floors with a passenger lift providing access to the first floor. There are 13 single and three double bedrooms, some of which have en-suite facilities. There is adequate parking to the front of the home and well maintained gardens to the rear and side of the building. The home is located between Royton and Oldham and is within easy reach of local transport.

The home had a manager registered with the Care Quality Commission (CQC) who, due to extended leave, was not present on the day of the inspection. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The Responsible Person is also the co-owner of the home.

We found a breach in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. We found that although the care records contained some information, there was not enough information in place to guide staff on the care and support required for some aspects of people's care. You can see what action we have told the provider to take at the back of the full version of the report.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely. People who used the service told us they felt the staff had the skills and experience to meet their needs.

People were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff. During our inspection we saw staff treating people with respect and dignity. Social and recreational activities were provided and interactions between staff and the people who used the service were friendly and relaxed.

Staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff

were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice).

The system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure that people received timely, appropriate care and treatment.

All areas of the home were clean and procedures were in place to prevent and control the spread of infection. Risk assessments were in place for the safety of the premises and systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Food stocks were good and people were offered a choice of meal. People we spoke with told us they enjoyed the food, there was always enough and they could have second helpings if they wished.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. The complaints procedure was displayed in each person's bedroom and in the hall. People told us that the staff were approachable and felt confident they would listen and respond if any concerns were raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Sufficient suitably trained staff who had been safely recruited were available at all times to meet people's needs.

Suitable arrangements were in place to help safeguard people from abuse. Staff were able to tell us what action they would take if abuse was suspected or witnessed. Staff were also aware of the whistle-blowing procedure.

Risk assessments were in place for the safety of the premises. People lived and worked in a clean, secure, safe environment that was well maintained.

The system for managing medicines was safe.

Is the service effective?

Good ●

The service was effective.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure that people's rights were considered and protected.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

The staff showed they had a good understanding of the care and

support that people required.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Is the service responsive?

The service was not always responsive.

We found that although people's care records contained some information, there was not enough information in place to guide staff on the care and support required for some aspects of their care.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Requires Improvement ●

Is the service well-led?

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

The registered provider had notified CQC, as required by legislation, of any incidents that had occurred at the service.

Good ●

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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 undertaken 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 was an unannounced inspection and took place on the 22 February 2016. The inspection team comprised of one adult social care inspector.

Before this inspection we reviewed the previous inspection report and notifications that we had received from the service. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During this inspection we spoke with two people who used the service, five visitors, the registered provider, the deputy manager, the cook and a senior care assistant. We looked around all areas of the home, looked at how staff cared for and supported people, looked at two people's care records, five medicine records, three staff recruitment and training records and records about the management of the home.

Is the service safe?

Our findings

The visitors we spoke with told us they felt their relatives were well cared for and kept safe. Comments made included; "Without a doubt, very safe here" and "I have no worries about [relative] being cared for safely. I can sleep at night knowing that". Also, "[relative] is safer here. There is no doubt about that". One of the people who used the service told us, "I feel very safe with the staff. They are all very good".

We looked at three staff personnel files to see if there was a safe system of recruitment in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire and two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The safe system of recruitment helps to protect people from being cared for by unsuitable staff.

We did have a discussion with the registered provider and the deputy manager about the importance of ensuring that detailed notes about interviews were kept. Interview notes provide the necessary information to support the decision making process. We also discussed the need to expand the recruitment policy and procedure to include the requirement of interview note-taking. The registered provider told us they would action this.

Inspection of the staff rosters, discussions with staff, people who used the service and their visitors showed there were sufficient suitably experienced and competent staff available at all times to meet people's needs. We were made aware there was a stable work force as most of the staff had worked at the home for a long time.

We saw that policies and procedures were available to guide staff on how to safeguard people from abuse and that all members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). We asked staff to tell us how they would safeguard people from harm; they were able to demonstrate their knowledge and understanding of the procedures to follow. Inspection of training records showed that all staff had completed safeguarding training.

We were shown the employee handbook that was given to staff on the start of their employment. It contained information such as; safeguarding procedures, disciplinary procedures and the importance of maintaining confidentiality.

The two care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition and moving and handling; management plans were in place to help reduce or eliminate the risk.

We saw there was a medicine management policy and procedure in place. The deputy manager informed us that all staff had undertaken training in relation to medicine management. Training records confirmed this information was correct.

We looked to see how the medicines were managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of five people who used the service. We found that the medicines were stored securely in a locked trolley. The trolley was kept in the dining room and secured to the wall. We were told that the trolley was stored in the small medicine store room adjacent to the staff office, when not in use. The system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

The MARs we looked at showed that staff accurately documented on the MAR when they had given a medicine. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected.

Although records were kept of medicines waiting to be returned to pharmacy and the medicines were kept in a locked room, they were not kept in a tamper-proof container. We discussed this with the deputy manager who told us they would contact the dispensing pharmacy to obtain one.

One of the MARs we looked at showed that the person was given their medicines covertly. We saw that the home had obtained consent from the person's GP for this to happen. The deputy manager told us this had been discussed with staff, family and the GP and was considered to be in the person's best interest to give their medicines covertly. This helps to protect people against the risks of not being given their medicines whilst at the same time safeguarding them against the risk of abuse.

One of the MARs showed the person had been prescribed a pain relief medicine that was to be given 'as required'. We saw there was no personalised information to guide staff as to when they may need to administer this medicine. If information is not available to guide staff about 'when required' medicines need to be given, people could be at risk of not having their medicines when they actually need them. The deputy manager remedied this during the inspection.

Inspection of MARs showed that staff were not always recording when they had applied prescribed skin/ topical creams. It is important that staff record when a topical/ skin cream is applied to ensure that people are given their medicines as prescribed. We discussed this with the deputy manager who told us that an alternative method of recording would be put into place. This was to take the form of a topical/ cream chart that would be left discreetly in the person's room.

We saw the front door to the home was kept locked and people had to ring the doorbell and be allowed access by the staff. This helped to keep people safe by ensuring the risk of entry into the home by unauthorised persons was reduced. We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean, warm and there were no unpleasant odours. We saw the provider had taken steps to ensure the safety of people who used the service by ensuring the upstairs windows were fitted with restrictors and the radiators were suitably protected with covers.

We looked at the on-site laundry facilities. The laundry was small but adequately equipped for the size of the home. It contained an industrial washing machine and tumble-dryer. The washing machine had a sluice facility to deal with soiled laundry. The laundry looked clean and well organised. We saw there was a locked cupboard in the laundry that contained cleaning fluids and detergent. A discussion with staff showed they were aware of their responsibilities in relation to the control of substances hazardous to health (COSHH regulations).

We saw infection prevention and control policies and procedures were in place and that infection

prevention and control training was undertaken for all staff. Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms, toilets, the kitchen and the laundry. Good hand hygiene helps prevent the spread of infection. Arrangements were in place for the safe handling, storage and disposal of clinical waste. We saw that staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. This helps prevent the spread of infection.

We were shown a copy of the Infection Control Audit that had been undertaken in January 2015 by the local authority infection control officer. It showed that the service scored 93% compliance. The registered provider told us they had addressed the requirements.

We looked at the documents which showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, the lift and hoisting equipment. These checks help to ensure the safety and wellbeing of everybody living, working and visiting the home

We saw that the 5 year electricity check undertaken in October 2015 showed that some areas were unsatisfactory. The registered provider told us they were to have a meeting with the examining electrician in the very near future to discuss the report. There was no information in the report to show that it was unsafe. It was explained to us by the provider that as the building was old and since new electrical safety legislation had been implemented, certain aspects of the installation need to be brought up to date. The registered provider agreed to inform us in writing of the outcome of the meeting.

Records showed a fire risk assessment was in place and that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. They were kept in a central file in the hallway of the home. This information helps to assist the emergency services in the event of an emergency arising, such as fire or flood.

Regular in-house fire safety checks had also been carried out to check that the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear. The home also had emergency evacuation sledges in place in the event of an evacuation being necessary.

The service had a business continuity plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire, utility failures, loss or damage to the building.

Is the service effective?

Our findings

We looked to see how staff were supported to develop their knowledge and skills. The PIR sent by the provider informed us that all newly appointed staff received induction training. The induction training included health and safety and moving and handling. We were told that staff were fully supervised until their competency had been assessed. The PIR also documented that staff received information on the organisations' policies and procedures, the Code of Practice and the Code of Conduct. There was also information to show that all newly appointed staff would complete the Care Certificate within 12 weeks of commencement of employment. The Care Certificate is a set of standards that social care and health workers work by in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

We saw that the essential training required had been completed by the staff. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. We also saw evidence of training in clinical subjects such as nutrition, catheter care and dysphagia, (swallowing difficulties).

The deputy manager told us they accessed training from varying sources; from the local authority workforce development team and from individual private companies. Staff spoken with confirmed they received on-going training to help them support people properly. One staff member told us, "There's no problem getting training. I enjoy it".

We were told that verbal and written 'handover' meetings between the staff were undertaken on every shift. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood. We were shown the daily report book that staff wrote in three times a day about each person who used the service. In addition there was a daily diary and staff also wrote a daily report three times a day in each person's individual file. The deputy manager told us they felt this was an excessive amount of writing and that they were looking to reduce this amount of 'paper work'.

Records we looked at showed that systems were in place to ensure that all staff received regular supervision meetings. Staff we spoke with confirmed that this information was correct. Supervision meetings help staff discuss their progress and any learning and development needs they may have.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff we spoke with told us about the support people needed and what their preferences were in relation to their daily activities.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. If they were not able to consent we saw evidence of a 'best interest' meeting being held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and 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.

We saw information to show that two people were subject to a DoLS. The deputy manager told us that, following a mental capacity assessment, three applications to deprive people of their liberty were in the process of being submitted to the supervisory body (local authority).

Two of the care staff we spoke with were able to demonstrate a good understanding of MCA and DoLS and where 'best interest' decisions would be made.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available.

We looked at the menus and saw they were on a two week cycle and a choice of meal was available. The main meal was served at lunchtime. A discussion with the cook showed that if people did not like the choice of meal on the menu they could always have something else from the food stocks. The cook told us that food was always available out of hours.

A discussion with the cook showed they were knowledgeable about any special diets that people needed. The cook was also aware of how to fortify foods to improve a person's nutrition.

People we spoke with told us they enjoyed the food and felt there was enough. One of the people who used the service was 'helping out' in the kitchen whilst we were there. They told us, "Yes the food is good. I make sure of that!"

We saw that hot and cold drinks were served throughout the day and the 'tea trolley' contained biscuits, crisps and fresh fruit. There was also a small area off the dining room called the 'Butterfly Café'. This was an area where people could choose to sit with their relative and make their own drinks.

We saw that, following a recent food hygiene inspection, the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration.

The registered provider and the deputy manager told us about the input provided by other health and social care professionals. We were informed that a member of the Care Liaison Team visited the home weekly to undertake a review of care for people living with dementia. We were also told about the NHS End of Life Champion who visited the home regularly to offer support and guidance for staff when caring for people who were very ill. The care records also showed that people had access to external health and social care.

professionals such as, GP's, district nurses, opticians, chiropodists and the Falls Prevention Team. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

Although the home is not purpose built, the layout of the building enabled people to walk around independently and safely. Bedroom accommodation is provided on the ground and first floors and access to the first floor is via a passenger lift. The communal areas of two lounges and dining room are situated on the ground floor. Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the staff. Comments made included; "I have no complaints, [relative] is very well looked after" and "They are really good here and [relative] is well cared for". We were also told, "Really nice girls, very good, very respectful and very caring".

People looked well cared for, were clean, appropriately dressed and well groomed. We observed staff spoke quietly and treated people with kindness and respect. The atmosphere in the home was calm and relaxed. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

Staff told us that people's religious and cultural needs were always respected. The deputy manager told us that the Church of England clergy visited the home on the first Sunday of the month and the Roman Catholic clergy visited every two weeks. This was to offer Holy Communion. We were told that religious events, such as Christmas and Easter were celebrated and respected.

A discussion with the deputy manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We asked the deputy manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that one of the care staff was an 'end of life champion' who had successfully completed the Six Steps end of life training. We were told that the Six Steps programme guarantees that every possible resource is made available to facilitate a private, comfortable, dignified and pain free death. Staff we spoke with told us that the 'champion' shared their knowledge and expertise with them. We were also informed that the staff at the home received good support from the district nurses and the local GPs.

The deputy manager told us that the staff put together a 'memory box' for each person. Each 'memory box' contained things such as photos, letters and anything that was important and precious to the person during their life time. We were told that when the person died the memory box was given to their relative; hopefully to offer some comfort.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office. This was to ensure information about people was accessible to staff but kept confidential.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "I couldn't be better cared for" and "They know how to look after me".

We asked the deputy manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people were assessed before they were admitted to the home. The care records we looked at showed that assessments had been undertaken. The care records showed that information gathered during the assessment was used to develop the person's care plan.

A discussion with a relative confirmed that staff did undertake an assessment prior to a person being admitted. We were told how the registered provider and the deputy manager visited their relative in hospital to discuss the care and support required. We were told they were asked about their likes, dislikes plus their daily and nightly routines.

We looked at the care records of two people who used the service. One of the care records contained a 'This is me' document. This is a document published by the Alzheimer's Society and it identifies information about the individual person, such as their life history and their likes and dislikes.

The care record of one person identified that they had recently been prescribed antibiotics for an infection and was at risk of developing further infections. Despite this there was no information in place to show how the infection was to be managed and what was to be done to reduce the risk of a re-occurrence.

The care plan of another person showed they had an indwelling urinary catheter. There was limited information in place about the care required to ensure the person's comfort and reduce the chance of infection, such as ensuring adequate fluid intake, cleaning of the catheter site and the correct urine drainage bags to use.

The care records contained risk assessments. These were in relation to assessing risks if people had problems with certain aspects of their health, such as a history of falls, a need for support with moving and handling or poor nutrition.

It was noted that some of the care records were not dated. To ensure that information contained in the records is up to date, and therefore relevant, they must be dated.

We saw that the care records were reviewed regularly however there was no meaningful information in place. Each care record stated the date of the review and the staff signature. A review is when a care record or risk assessment is checked regularly by staff so that information about their condition at that time can be recorded. In addition, any change in their condition and the care required can be identified and the appropriate action taken if necessary.

Although the care records contained some information, we found there was not enough information in

place to guide staff on the care and support to be provided for some aspects of their care. A person's care and treatment must be designed to make sure it meets all their needs and a clear plan of care must be developed. We found this was a breach of Regulation 9 (3 (b)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We were told that in the event of a person being transferred to hospital or to another service, in addition to a copy of their MAR sheet, information about the person's care needs would be sent with them on the hospital transfer form. The deputy manager told us they were in the process of devising a new transfer form called a 'hospital passport'. We were told that staff would always provide an escort in emergencies or attend appointments unless the person had the support of a family member.

We looked to see what activities were provided for people. We were told that due to the small number of people resident in the home the in house activities were undertaken by the care staff. The activities for the week were displayed on a notice board in the hallway. Any activities undertaken were recorded in an activities file. Activities included such things as; exercise to music, knitting, reminiscence, darts and ball games. We were told that entertainers would visit the home on a regular basis for musical events and 'pet therapy'.

We looked at how the service managed complaints. There was a copy of the complaints procedure displayed in the hallway and in each person's bedroom. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns. We saw that the registered provider kept a log of any complaints made and the action taken to remedy the issues.

Is the service well-led?

Our findings

The service had a registered manager who, due to extended leave, was not present during the inspection. In the registered manager's absence the service was being managed by the deputy manager who had worked at the home since 2008. The deputy manager told us they were very well supported by the registered provider. The registered provider was present throughout the inspection.

Relatives we spoke with told us they knew, "who was who" and felt that the deputy manager and the registered provider were, "friendly and approachable".

A discussion with the registered provider showed they were clear about the aims and objectives of the service. This was to ensure that the service was run in a way that supported the need for people to be cared for safely and in accordance with their wishes.

We asked the registered provider to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that audits/checks were undertaken on all aspects of the running of the service. We looked at some of the audits that had been undertaken, such as; infection control, care plans, medication, kitchen, and accidents. The audits showed where improvements were needed and what action had been taken to address any identified issues.

We were shown the directors report book. It contained information from the environmental checks that were undertaken by the registered provider on a weekly basis. We discussed with the registered provider about the possibility of the environmental checks being more detailed. The checks, in the main, documented what needed addressing rather than what had been looked at. The registered provider told us they would consider this advice. The directors report book also contained information about any concerns raised in relation to people who used the service, an audit of people's weights and any other issues of concern that had been identified.

We asked the registered provider to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told there was an 'open door' policy at the home and that people and their visitors were free to speak with the registered provider and the staff at any time. We were told that meetings were held formally every six months for people who used the service and their families. We looked at documentation that showed the last meetings had been held on 8 September 2015 and 8 January 2016. The PIR that had been sent informed us that the resident forums were held to discuss suggestions for activities, outings, daily living, menu planning and the general routines of the home.

We saw that management sought feedback from people who used the service and their relatives through annual questionnaires. We looked at some of the responses returned from the 15 questionnaires that had been sent out recently. The comments made were positive about the service and facilities provided. Comments made included; "It can't be better", "It is great". "No concerns", "The level of support has been excellent".

We did query why there was no date on the questionnaires and why there was no information to advise people that the surveys could be anonymous. We were told that all the information was contained in the accompanying letter that was sent with the questionnaire.

We were told that staff meetings were held four times a year. Staff meetings are a valuable means of motivating staff and making them feel involved in the running of a service. We looked at documentation that showed the last meeting had been held on 21 January 2016. The staff we had discussions with spoke positively about working at the home. They told us they felt supported and valued.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The PIR that we received informed us that the service had Investors in People accreditation. Investors in People is a management framework for high performance through people and recognises excellence in the provider's management effectiveness and the involvement and empowerment of employees. It also recognises the support provided to the employees in their personal and professional development. Quality staff development benefits the quality and safety of care provided to people who use 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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Although the care records contained some information, we found there was not enough information in place to guide staff on the care and support to be provided for some aspects of people's care.</p>