Bideaway Homes (2) Limited

Southview Lodge Residential Care Home

Inspection report

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Date of inspection visit: 25 February 2015
Date of publication: 18/06/2015

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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 25 February 2015 and was unannounced. This meant the provider did not know we would be visiting the service.

Southview Lodge Residential Care Home is a large detached residence, situated in a semi-rural location close to Hesketh village. The home provides 24 hour personal care and accommodation for up to 30 older people. All bedrooms and communal areas are accessible on the ground floor. There is a large garden with an outdoor seating area and ample car parking. At the time of our inspection there were 28 people who lived at the home.

The home had a registered manager in post; they registered with the commission in December 2010.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was last inspected on 03 June 2013 when the service was found to be compliant with the regulations we inspected against.

Assessments of people's needs and their written plans of care did not always reflect people's current circumstances. Plans of care focused on people's needs and did not fully reflect their preferences, likes and dislikes.

Some equipment in the home had not been thoroughly cleaned and there were areas of the home which required maintenance to ensure they were safe. We found a fire escape between the two main communal areas of the home was obstructed. The layout of the lounge areas did not lend itself to encouraging interaction between people.

We saw the home had implemented safe practices for managing people's medicines. However, there were no protocols in place for medicines that were prescribed for use 'as and when' required.

We found that staff did not fully understand their responsibilities in regard to gaining consent to care and treatment, in line with the Mental Capacity Act 2005, when someone may lack the capacity to make a decision for themselves.

The home had not employed an activities coordinator and people told us there were not many meaningful activities provided by the home that met their needs. People told us they had not been asked for their opinions about the service provided. However, people also told us that staff knew them well and knew their preferences.

Staff told us they felt well supported and enjoyed their work. However, we found that staff were not supported by means of regular supervision to discuss their performance, training and aspirations.

The provider had not ensured that they notified us when significant events happened at the home, such as injuries to people who lived there.

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective.

We found a significant number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in respect of the assessment, planning and delivery of care; unsafe or unsuitable premises; cleanliness and infection control; consent to care and treatment; statutory notifications and the operation of systems designed to assess, monitor and improve the quality and safety of the services provided. These also amounted to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home told us they felt safe and did not have any concerns about the way they were treated. The provider had implemented suitable policies and procedures to safeguard people. However, staff were not fully conversant with Local Authority Safeguarding policies and procedures, including reporting procedures. We have made a recommendation about this.

There were enough suitably qualified, skilled and experienced staff on duty during our inspection. However, people we spoke with told us, and staff confirmed that at busier times the staff team could be quite pushed to meet the needs of all the people who lived in the home. We have made a recommendation about this.

We found the provider had not fully consulted people and taken their preferences into account with regard to mealtimes. We have made a recommendation about this.

People were supported to be independent and their privacy and dignity was promoted by a caring and patient staff team. We witnessed many positive interactions between staff and people who lived at the home during the inspection.

The provider had implemented a suitable policy and procedure for handling complaints. People told us they felt confident to raise complaints with the service.

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 not always safe.

People told us they felt safe and had no concerns about the way they were treated. However, staff were not fully conversant with Local Authority Safeguarding procedures, including reporting of actual or suspected incidents.

Assessments of people's needs and their written plans of care did not always reflect their current circumstances.

We found areas of the home that required maintenance and equipment that had not been thoroughly cleaned.

There were safe systems in place to manage people's medicines. However, there was no guidance available for staff with regard to medicines prescribed for use 'as and when' required.

Requires improvement

Is the service effective?
The service was not always effective.

All the people we spoke with told us they were happy with the standard of care in this home. People's healthcare needs were met through liaison with other agencies.

Staff told us they felt well supported. However, they did not receive regular supervision to discuss their performance, training or aspirations.

The registered person had not ensured staff understood their responsibilities with regard to gaining consent from the people in their care with regard to the Mental Capacity Act 2005.

People told us they had enough to eat and drink and that the food was 'good'. However, we also received some negative comments from people about how the food was served.

Requires improvement

Is the service caring?
The service was caring.

People were supported by a kind and caring staff team, who were patient and treated people with dignity and respect.

People were able to receive visitors at any time they wished.

People's independence was promoted and supported by staff.

Good

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

Requires improvement

Summary of findings

People told us staff knew them well. However, important information about people and their life histories had not been captured and used to ensure that plans of care met people's needs and preferences.

We found the activities provided at the home did not meet people's needs.

People told us they were able to make choices and staff respected their wishes.

Is the service well-led?

Requires improvement

The service was not always well-led.

The registered manager had not informed CQC of significant events in a timely way.

Although there were systems to assess the quality of the service provided in the home, we found these were not always effective.

Southview Lodge Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 February 2015 and was unannounced. This meant the provider did not know we would be visiting the service.

The inspection was carried out over the course of one day by a lead Inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used residential services and came from a nursing background.

Before the inspection took place, we reviewed all the information we held about the service, including notifications we had received. We also asked the local authority for feedback about the service.

During the inspection, we spoke with nine people who lived at the home, one visiting relative, we interviewed seven staff, including the registered manager and nominated individual, looked at care records for three people and observed care being delivered.

Requires improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe and did not have any concerns about the way they were treated. We asked people what made them feel safe; comments we received included: "There's always somebody about "We've got carers around all the time"; "I feel very comfortable and there's a calmness about the place". We asked a visiting relative whether they felt their loved one was safe in the home. They responded positively and told us: "There's always someone here to look after him and help him with things when he needs it."

We looked at people's written plans of care and associated documentation, to see how information was recorded and presented for staff to help keep people safe. We found that assessments of people's needs were not always completed fully and we saw risk assessments only for moving and handling. The risk assessments we did see and the care plans that were drawn up from the assessments did not always accurately reflect people's current circumstances. For example, one person's moving and handling assessment and their plan of care for physical mobility, stated that the person required a walking frame to move around the home. We witnessed this person moving around the home independently without any aids. We discussed this with the registered manager who told us that the person should be using a frame to aid them, but often forgot to use it and that staff should encourage use of the frame. This detail was not documented anywhere in the person's plan of care.

This meant that people's safety may be at risk because their assessments of needs and plans of care did not always accurately reflect their current circumstances. This was in breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw examples of equipment that had not been cleaned thoroughly. For example, we saw commodes in people's bedrooms that were not clean and had begun to rust. We saw bare wooden furniture that could not be thoroughly cleaned and disinfected was being used in bathrooms. We also noted that the plugs used in each of the baths did not fit correctly. We raised this with the registered manager during the inspection, due to the risks to people in terms of cleanliness and infection control. The manager assured us they would address the issues as soon as possible. Staff told us that they always had enough equipment such as gloves and plastic disposable aprons available.

We found the shortfalls in infection control and general cleanliness amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at all areas of the home to ensure they were safe and designed to meet peoples' needs. We found the home was generally well maintained and decorated, and most areas had suitable levels of lighting. However, we found one passageway between the dining room and lounge was being used to store wheelchairs and walking frames, some of which were no longer used. The fire escape in this area was blocked by the stored equipment. We also saw rubbish was piled up on the outside of this fire escape. This meant people did not have a clear exit route in the event of an emergency. The registered manager remedied this immediately.

We found examples in other areas of the home where maintenance was required. In the main lounge area there was exposed pipework which was hot to the touch and in the adjoining conservatory there was a length of window frame which had a sharp edge. We also noted portable fan heaters in these rooms, which were placed behind and very close to seating. They had not been tested for electrical safety, in line with best practice. There was a courtyard area in the middle of the home, which we were told people used as a smoking area. We found many cigarette butts on the floor in this area. In addition the ramp from the door which led outside had algae growing on it and was slippery underfoot, which posed a significant risk to anyone who walked on it.

We found some items of seating and furniture were in need of refurbishment or replacement. For example, we found a sink in one bedroom had a chip out of the middle of the bowl and was cracked along its length. We saw in people's bedrooms items of furniture with loose handles and chairs that were stained. The furniture in both the small and main lounges was a mish-mash of styles and designs, some of

Is the service safe?

which were stained and worn. The seating in both of the lounges was arranged around the outside of the rooms. This did not lend itself to encouraging people to interact by way of the design and layout of the rooms.

These matters amounted to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found the service had implemented safe recruitment practices and disciplinary procedures. We spoke with staff and looked at three staff recruitment files. We found that the service carried out checks including obtaining references from previous employers and checks with the Disclosure and Barring Service (DBS) before staff were offered employment. These checks helped to ensure that only suitable staff were employed. However, in one of the staff files we looked at, only one reference had been received, which did not indicate how the referee knew the member of staff. We highlighted this with the registered manager during our inspection.

We looked at how the service managed medicines. We looked at records and spoke with staff and the registered manager. We found safe systems were in place for the ordering, receipt and storage of medicines, including controlled drugs. Controlled drugs are medicines which are subject to special legislative controls because there is a potential for them to be abused or diverted, causing possible harm.

We saw that only senior staff were allowed to administer medicines. We saw that senior staff had undertaken training to help ensure they were administering medicines properly. The registered manager observed staff to check their competence; however these checks were not recorded. We observed a medicines round and saw safe practices were observed by the staff member who administered the medicines. The service had implemented suitable policies and procedures around medicines administration.

We did not see any guidance for medicines that were prescribed for use 'as and when required', for example, for pain relief. We discussed this with the registered manager who told us that all the people for whom these medicines were prescribed were able to ask for them. We alerted the manager to the fact that some people, especially those who may lack capacity, may not be able to tell staff that they needed these medicines. This meant that people who required medicines 'as and when' may not have received them. The registered manager assured us that they would look into and remedy this following the inspection.

We saw from records that accidents and incidents in the home were recorded accurately. We discussed monitoring of accidents and incidents with the administrator, who told us they kept a close eye on reports to identify any trends or themes. We saw that appropriate action was taken following incidents. For example, where a person had suffered a number of falls, we saw a referral had been made to other healthcare professionals for assessment and guidance.

Safeguarding policies and procedures had been implemented by the provider and staff had easy access to contact details for reporting concerns. Staff told us and training records confirmed that staff had received training in safeguarding vulnerable adults. Staff told us they would not hesitate to report any concerns with regard to bad practice or the safety of the people they cared for. Staff were able to confidently discuss what form abuse may take. However, staff we spoke with were unsure about local safeguarding procedures and were not aware that concerns should be reported to the Local Authority. We raised this with the registered manager and nominated individual during the inspection and were told they would take action to remedy the situation as soon as possible.

We looked at how the service was staffed, to ensure there were always enough suitably qualified staff on duty to provide the care and support people required. With the exception of one person who was quite independent, people we spoke with told us they did not feel the staffing levels were sufficient. We asked people if they felt there were always enough staff on duty; comments we received included: "No, sometimes I have to wait for 20 minutes to go on the commode"; "In my opinion no, sometimes the ladies have to wait to go to the toilet"; "I don't know, I think there are times when there aren't sufficient staff"; and "Sometimes there doesn't seem to be enough". A visiting relative told us: "No I don't think there are [enough staff], every single one of them is worth their weight in gold."

When we asked people how long they had to wait for assistance if they needed help, replies we received were

Requires improvement

Is the service safe?

mixed and included: “Sometimes 20 minutes”; “A long time, it can be quite a while”; “Not very long”; “It depends, at weekends they’re busier”; and “I don’t have to wait long, if you press the button they are here in seconds”.

We also discussed staffing levels with the registered manager and the care staff. The manager and the care staff told us that they felt there were usually enough staff to ensure people’s needs were met. Although they did agree that they could be quite pushed at times, especially when, for example, district nurses or GPs visited to see people. The registered manager told us they would look into staffing levels following the inspection, to make sure there were enough staff to meet peoples’ needs at all times.

We looked at staff duty rosters and observed staff interactions with people who lived in the home. We did not see any examples of people having to wait for assistance and a member of staff was always on hand to assist people if they needed help with anything.

We recommend that the provider undertakes an assessment of the dependency levels of people who live in the home and an assessment of staffing levels, to ensure that there are enough staff deployed to meet peoples’ needs at all times.

We recommend that the provider takes steps to ensure that staff are fully conversant with the Local Authority Safeguarding Policies and Procedures, including reporting procedures.

Requires improvement

Is the service effective?

Our findings

All of the people we spoke with told us that they were happy with the standard of care in this home. People who lived at Southview Lodge told us: "It's very good, I've no complaints at all"; "It's good for me, I can't complain"; "I feel very well looked after, I like it here". A visiting relative we spoke with told us they were very satisfied with the level of care their loved one received.

However, staff told us and the registered manager confirmed that staff did not receive regular supervision to discuss their performance, any concerns, aspirations or training.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager and staff. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We found staff and the management of the home had limited knowledge around the MCA and DoLS. Only one member of staff was able to describe the main principles of the legislation and how they would support people to make decisions for themselves. Staff we spoke with were unsure about the process to follow if they thought someone may lack capacity to make a decision for themselves and were unaware of the role of advocacy services.

Staff told us they felt there were some people who lived at the home that lacked capacity to make some decisions for themselves. When we looked at people's care documentation, we did not see any assessments of people's capacity. We saw in two written plans of care that the person's relative had signed to say they gave consent.

Staff told us that people's relatives usually signed care plans to give consent. This showed that the management and staff had not followed the principals of the MCA, when people's capacity was called into question, in order to gain lawful consent to care and treatment.

We found that the registered person had not ensured that staff understood their responsibilities with regard to gaining consent from the people in their care with regard to the Mental Capacity Act 2005. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that no one who lived at the home at the time of our inspection required an application to be made under the Deprivation of Liberty Safeguards, as there was no one who was subject to a level of supervision and control that may amount to deprivation of their liberty. We did not find any evidence of restrictive practices during our inspection.

People we spoke with told us they received the support they required to see their GP if they felt unwell. Staff confirmed that GPs and district nurses often visited the home to ensure people's overall healthcare needs were attended to. Nobody we spoke with raised any concerns about being able to access healthcare services. We saw a variety of professionals involved in people's care including, dieticians, chiropodists, physiotherapists and district nurses. People's general health was monitored by staff and where any concerns were identified, for example, weight loss, timely referral was made to the appropriate agency.

Before they began to work at the home, staff completed a comprehensive induction. All the staff we spoke with told us they had to complete training to ensure they had the knowledge and skills to enable them to deliver effective support to people who lived in the home. Training included areas such as safeguarding vulnerable adults, moving and handling and infection control. We observed the care delivered to people by staff and did not witness any poor practices. Staff were courteous and treated people in a dignified manner.

We looked at people's written plans of care to see how their dietary needs were accounted for. We saw people's weights were recorded on a regular basis. Where people were observed to be losing weight, referrals were made to healthcare professionals for guidance and advice in order

to stabilise their weight. We saw people's food and fluid intake was monitored appropriately. Any allergies and food preferences were recorded in people's documentation and were communicated to kitchen staff. Staff we spoke with told us that people were involved in deciding what food was on the menu, however no one we spoke with was able to recall whether they were involved.

We asked people who lived in the home what they thought of the food provided. Comments we received included; "Very good, you get a choice of about five puddings!"; "It's OK"; "It's alright, I enjoyed lunch today"; It's alright, it changes every day". All of the people we spoke with told us they had enough to eat and were able to request snacks in between meals if they wished. We also received some negative comments about the food provided. One person told us they had requested mashed potato as they did not like chips, but they were served chips with their meal.

Another person told us they thought the food was "very good", but that because they ate in their room, the staff brought the pudding at the same time as the main course, which meant the pudding was cold by the time they came to eat it. Some people told us they would also prefer to have their food served on hot or warm plates rather than cold ones.

We observed the midday meal being served in the dining room at the home and saw that some people chose to eat lunch in their bedrooms. The mealtime was well organised and appeared to be enjoyed by those people in the dining room. There was a pleasant and relaxed atmosphere, with people chatting with those around them as they ate.

We would recommend the provider puts systems in place to consult with people who live in the home with regard to their mealtime preferences and experience.

Good

Is the service caring?

Our findings

People we spoke with made many positive comments about the care provided at Southview Lodge. None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care. People told us that staff respected their privacy and treated them with dignity. We witnessed this throughout the inspection.

Comments we received from people included: “They are very good, very nice”; “They do very well”; and “They’re OK, I think they do respect me”. A visiting relative told us that the best thing about the service was, “the individual attention that carers give to people, they will stop and have a chat and make them feel part of a family”.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw that all the staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people’s wellbeing. We saw a member of staff laughing and joking with people and saw how this enhanced their mood.

All the staff we spoke with said people were well cared for in this home. They said that they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

People we spoke with, and their relatives, told us that they were able to receive visitors whenever they wanted. They said that there were no restrictions on the times they could visit the home.

Throughout our inspection we saw that staff in the home protected people’s privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

People were supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

People were supported to be as independent as possible. We saw them being encouraged to do as much for themselves as they were able to. For example, some people used walking frames to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured they were provided when people needed them.

Requires improvement

Is the service responsive?

Our findings

We found that some aspects of the service were not always responsive to people's needs. We looked at written plans of care and associated documentation for three people who lived at the home. The documentation included a pre-admission assessment that was carried out before someone moved into the home. The assessment was designed to ensure that important information about people was captured to ensure the service could meet their needs. We found the assessments were not always fully completed and important information about people was not captured.

In one of the records we looked at, we found that important information about the person's life history had begun to be recorded. However, this information had not been used in the person's plan of care. No important life history information had been captured at all in the two other records we looked at.

We asked people whether the staff knew what they liked and did not like. People told us the staff knew them well and were aware of their preferences. However, when we looked at people's written plans of care, they did not reflect people's preferences. Plans of care were focussed around the needs of individuals and did not include detail about what they liked or disliked. This meant that people may not have their preferences taken into account when care was provided for them. For example, one person we spoke with told us they did not like it when staff stayed with them whilst they used the commode and they did not like to be bathed by younger members of staff. This information was not recorded in the person's written plan of care and so staff may be unaware of the impact their actions had on this person.

We asked people how often they were asked for their opinion of the care delivered to them. Two people commented; "I've never been asked"; whist others said, "Nobody has ever asked me what I think"; and "They're too busy to ask". This meant that people were not routinely asked for their opinion about the care and treatment provided to them.

The home had not employed an activities coordinator. We asked people what they thought about the activities provided at the home. One person told us: "There's nothing to do, I'm bored to tears"; whilst another commented, "Sometimes I sit in my room, sometimes I watch television in the lounge". A visiting relative told us: "When we came to look round we were told there was an activities program, last week a lady sang but I've never seen anything else. We were told there was a regular program of activities."

We did not see any activities advertised anywhere in the home. Three people we spoke with over lunch told us that their families brought them books, so they had something to read. We did not see any magazines or board-games available in the home. We did not observe any activities taking place during the inspection. We did not see reference to activities in the written plans of care we looked at.

We discussed activities with the registered manager. They told us that there was musical entertainment on Tuesdays and on Thursdays people could have their hair and nails done. They also spoke of other in-house activities and told us that people can go out into the community to church festivals, or use the garden and greenhouse in good weather. They confirmed there was no written schedule for activities.

The matters above showed that the service was not always planned and delivered in line with peoples' individual wishes and preferences. This is a breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3) (b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other ways in which the service was responsive to people's needs. People who could speak with us told us that they made choices about their lives and about the support they received. They said the staff in the home listened to them and respected the choices and decisions they made. One person told us, "I choose when to get up, I have a lie in if I want". Other people told us that they could choose what clothes to wear and how they spent their time. Throughout our inspection staff gave people the time they needed to communicate their wishes.

We observed people being supported in the communal areas of the home. Staff treated people with respect and communicated with them in a way they could understand. The home had three communal areas and we saw that people chose where they spent their time. Staff were patient when supporting people and gave them the time and support they needed to make decisions.

Requires improvement

Is the service responsive?

People we spoke with told us that they had not raised any complaints with the provider. They explained that if they had cause for complaint they would raise it through a relative or speak with the manager. The provider had implemented a formal policy and procedure to handle complaints. This was provided to people when they first moved in to the home. The service had not received any complaints in the last twelve months. We discussed the handling of complaints with the registered manager and were satisfied that they would handle complaints in line with the policy and procedure. This meant people could raise complaints with an appropriately senior person in the organisation.

Requires improvement

Is the service well-led?

Our findings

Staff told us they felt well supported by the management and were able to raise concerns or make suggestions for how to improve the service. Staff meetings took place every four or five months.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. We reviewed the accident and incident logs kept by the provider and discussed them with the registered manager. We saw that a number of accidents had resulted in injuries which should have been reported to the CQC by way of statutory notifications. Our records confirmed this had not happened.

The registered manager had not informed the CQC of significant events in a timely way. This was in breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. The systems had not ensured that people were protected against some key risks described in this report about inappropriate or unsafe care and support. We found problems in relation to cleanliness and infection control, premises, the planning and delivery of care to reflect people's individual needs and preferences, supporting staff and staff knowledge around the MCA, as well as not reporting significant events.

The lack of appropriate systems and audits to assess, monitor and improve the quality of the service provision amounted to a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with and their visitors told us that they would be happy to raise concerns about the service provided. However the people we spoke with were unsure who the registered manager was. Some people identified the provider and the nominated individual as the manager. However, we received positive comments from people and visitors about the management of the home. For example, a visiting relative told us: "When I've had anything to do with them they're very friendly and approachable." People also told us that the management worked well together as a team.

People we spoke with could not recall having been asked for their opinions of the service provided. People told us that they had not been asked to complete a survey questionnaire and had not been invited to any meetings to discuss how the service was performing for them. We confirmed with the registered manager that no satisfaction surveys or meetings had taken place. We discussed this with the nominated individual who told us they were looking into ways to gain feedback from people and their relatives, as they had found conducting surveys and holding meetings had not worked in the past.

We found the atmosphere in the home was open and inclusive. Staff spoke with people in a kind and friendly way and we witnessed many positive interactions between staff and people who lived in the home. A visiting relative told us that staff and management were "open and honest" and that there was a "nice atmosphere" in the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the Regulation was not being met: People's safety may be at risk because their assessments of needs and plans of care did not always accurately reflect their current circumstances. Regulation 9 (3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the Regulation was not being met: The registered person had not ensured that people were protected against the risks of the spread of infection. Regulation 12 (2) (h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the Regulation was not being met: The registered person had not ensured adequate maintenance of the premises and equipment. Regulation 15.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: The registered person had not ensured care was only provided with the consent of the relevant person. Staff and management did not fully understand their responsibilities with regard to the Mental Capacity Act 2005. Regulation 11.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The registered person had not ensured care was designed with a view to achieving people's preferences and ensuring their needs were met. People were not involved in making decisions relating to their care or treatment. Regulation 9 (3) (b)-(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Persons employed by the service provider did not receive appropriate supervision to enable them to carry out their duties. Regulation 18(2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents How the regulation was not being met: The registered manager had not informed the CQC of significant events in a timely way. Regulation 18.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems used to assess, monitor and improve the quality and safety of the services provided were not operated effectively. Regulation 17.