

Devaglade Limited

# Hazeldown Care Home

## Inspection report

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Date of inspection visit:  
13 November 2018

Date of publication:  
04 January 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Our most recent inspection took place on 13 November 2018 and was unannounced. We last inspected this service on 10 and 11 May 2017. At our last inspection we rated the service requires improvement overall and requires improvement in four out of the five questions we inspect against. We identified three breaches of regulation of The Health and Social Care Act 2008. We found that there were not always enough staff to support people with their assessed needs. We also had concerns about the support and training offered to staff to help them be more effective. We found the overarching quality assurance systems were poorly developed and did not identify areas for improvement. We also found the service had not notified us of a recent event in which a person using the service was at risk.

Following the inspection, the provider sent us their action plan telling us how they were going to address our concerns and comply with regulation. At our inspection on 13 November 2018 we found vast improvements in the way the service was managed with regular input and support from the registered provider. We found one repeated breach of regulation.

Hazeldown is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate up to 18 people in one adapted building. There were 12 people at the time of our inspection. The service is situated in the high street in a small village with some amenities. People have their own room and shared amenities including two lounge areas a main kitchen and a separate resident's kitchen and dining area.

There is a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous breach in relation to staffing had been addressed. There were now enough staff to meet the assessed needs of people using the service. Staff recruitment processes were sufficiently robust and staff once employed were well supported. They received the training necessary for their job role.

The service had improved with strong leadership and provider oversight which helped ensure good outcomes of care for people. However, there were still a number of issues regarding the safety and upkeep of the service. These had not been identified by the registered provider and could result in avoidable harm for people using the service.

The registered manager had since the last inspection familiarised themselves with what needed to be notified to the CQC. The service had very few incidents and people all reported feeling safe and well

supported by staff. Staff spoken with were aware of their responsibilities to support people and had undertaken training to help them recognise abuse and knew what actions to take.

Staff supported people to take their medicines safely and as intended. They supported people to maintain good health and see health care professionals when appropriate to do so. People were offered a balanced diet and encouraged to think about their food choices in line with their assessed needs and food preferences. There was guidance for staff about people's health needs and staff undertook specific training when appropriate. Most people had been supported to see the dentist and there were oral hygiene assessments in place.

We have made a recommendation about implementing The National Institute of Clinical Excellence, (NICE) guidance in relation to oral hygiene.

Everyone apart from one person was deemed to have capacity and there were no unnecessary restrictions for people. Staff asked people for their consent before providing support and this was clearly documented in people's care plans. There was information in people's care plans about their personal information and how it might be shared in line with the updated General Data Protection Regulation (GDPR.)

People's needs were assessed and reviewed and details of this were recorded in people's care plans. Staff knew people well but further detail in care plans would help ensure people received greater continuity of care should they go into another setting such as hospital. The service was not currently supporting people at the end of their lives but further thought needed to be given to what people might wish to happen and staff needed appropriate training.

Staff were caring and demonstrated a real commitment to people they were supporting. They helped people feel safe and encouraged people to retain their independence and learn new skills. They had seen people grow in confidence and self-sufficiency.

Since the last inspection improvements had been made in terms of people's access to the community and opportunity to embrace new things. A record of people's achievements showed the service was more progressive in supporting people with positive mental health.

The service acted on feedback to improve the service. There had been no formal complaints because staff were responsive which helped ensure people received a suitable service. Audits documented how the service was being well managed and ensured the service was safe and clean for those using it. We found some anomalies to this.

Overall improvements had been made and we had confidence in the registered manager to continue to improve the service and make changes as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was safe.

There were adequate numbers of staff to support people and manage the risks to people's safety. We did have some concerns about unidentified risks posed by people's environment. Staff recruitment processes were sufficiently robust.

People received their medicines as intended by staff who were sufficiently trained.

The service was suitably clean with effective infection control measures.

Staff received training in safeguarding people from abuse so knew how to recognise abuse and what actions they should take.

### Is the service effective?

Good 

The service was effective.

Staff were supported in their job role and received regular and updated training which supported their professional development.

People were supported to stay healthy and access health services when required. People had access to a balanced diet and weight was monitored when necessary.

The staff acted lawfully to support people when receiving care and treatment. Consent was sought before supporting people.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who demonstrated empathy and treated people with respect.

The service was provided in consultation with people and considered their wishes and personal preferences.

People were encouraged to stay independent and staff tried to motivate people and promote their well-being.

### **Is the service responsive?**

**Good** ●

The service is responsive.

People's needs were assessed and kept under review. This helped ensure that the service continued to respond to people's needs and provide appropriate care and support.

People had opportunities and were given encouragement to go out and participate in the wider community and do things they enjoyed.

The service took account of people's feedback in the way the service was provided. There was an established complaints procedure which was accessible should people need it.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

Significant improvements had been made since the last inspection and we had increased confidence with the service provided.

There were still areas of concern regarding unassessed risks and lack of management oversight of this.

There were improved systems to obtain feedback about the service and this was used to improve the experiences of people using the service

# Hazeldown 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.

The inspection took place on 13 November 2018 and was unannounced. The inspection team was made up of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information already known about this service such as the last report. There were no notifications received since the last inspection. Notifications are important events the service is expected to notify us of. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our inspection visit we spoke with the registered manager, four care staff, eight of the 12 people living at the service. We looked at two staff recruitment records and staff files. We looked at audits, medicine practices and records, two care plans, staffing rotas and other records relating to the management of the business.

# Is the service safe?

## Our findings

At the last inspection to this service on 10 and 11 May 2017 we identified a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulation 2014 ( Staffing). We found the registered manager was not adequately supported in their role and reductions in staff at times of the day impacted on people's care and support. The service did not have a dependency tool which clearly showed how they assessed the number of staff required to meet people's assessed needs. We rated this key question as requires improvement.

At our inspection on 13 November 2018 we found the service was no longer in breach of this regulation. We have rated this key question as requires improvement for a second time. This is because although the service provided people with the care they needed for their assessed needs, this did not adequately take into account risks from the environment.

The home was an old building which was mostly well maintained but had low ceilings in parts of the home which increased the risks of injury. Parts of the service could only be accessed using steps to the first floor and there were internal steps. The risks associated with stairs had not been considered in line with people's assessed needs. The edge of the stairs were not clearly marked to help people who might have visual impairment. There was no clear rationale as to why one bedroom window had been fitted with window restrictors and the other windows had not. The risk of this had not been assessed. There was also no assessment of risk from uncovered radiators which had a hot surface temperature. We raised this with the registered manager who agreed to carry out risk assessments and put appropriate control measures in place. We found the service managed and reported incidents but there was not a clear record of lessons learnt or consideration of near misses which might result in an incident if not addressed.

Some maintenance issues and fire safety issues had been recently identified by external contractors and the fire safety officer. These had been immediately rectified and there were regular checks on the premises to ensure it was clean and free from hazards. Equipment was regularly serviced including firefighting equipment, checks on water temperatures, electrical installation and portable appliance testing.

Individual care needs were assessed and contributed to people feeling safe.

One person told us, "I feel very safe, the way I am treated is excellent." Another person said, "The staff are supportive and the building is secure."

People's records demonstrated what support staff had provided to ensure people's needs were met and risks appropriately managed. For example, there was information about people who might refuse personal care and guidance about how to prevent a person's skin getting sore or breaking down. There was guidance about people's nutritional needs and the support they needed with day to day tasks. Only one person needed support with their mobility and were at high risk of falls. They had bedrails in situ when in bed. The risks associated with this had been considered. The building had some internal stairs which made access throughout the service difficult. Staff used a small ramp to enable the person with mobility issues to access other parts of the service if necessary.

Staffing levels were appropriate to people's needs and everyone had a regular review of their needs. People told us there were enough staff to meet their needs. One person told us, "Most of the time there are enough staff, you can always find someone." Another person said, "The manager is always available to listen to my concerns, there are enough staff."

A dependency tool showed how many hours' support people needed which included one to one support. The registered manager had been given additional support with the appointment of administration staff and the out of hours on call was shared between the registered manager and senior staff. There were increased opportunities for people to go out, some independently, some with staff support.

We viewed staffing rotas which evidenced staffing levels were consistently maintained and there was occasional agency usage. Regular agency staff were used who were longstanding and familiar with the service and people using it. A bank worker had been recruited to help cover staff holiday and, or sickness. Staff felt sickness sometimes impacted on staffing numbers but agency staff were used whenever possible.

Staff received training to help them deliver safe care. This included safeguarding adults from abuse. Staff knew people well and said they could recognise when people's behaviour was out of character and might be indicative of something being wrong. Staff could recognise what might constitute abuse and what actions they should take. Staff said they had access to safeguarding policies and procedures and to whistle blowing policies and procedures. Staff said they would feel comfortable to report any concerns to the registered manager, the registered provider or external agencies where necessary.

People received their medicines as intended and staff received training to help them administer medicines safely. One person told us, "Staff ensure I receive my medicines at regular times of the day." Another person said, "I'm pleased with how staff manage my medicines."

Internal and external medicine audits helped to identify where practices could be improved upon. For example, where staff had failed to sign for an administered medicine. This was followed up with staff and audits of medicines helped ensure that medicines were available and had been administered as intended.

Medicines were ordered by staff and returned if necessary when no longer needed. They were stored in individual medicine cabinets in people's rooms and administered according to the specific manufacturer's guidance and in accordance with people's wishes. No one refused their medicines and people had been assessed to see if they could take their own medicines safely. Everyone one had declined to be responsible for their own medicines and had consented for staff to administer their medicines. This was clearly recorded within their care plan. One person did their own injections and this had been achieved with input from a specialist nurse who had assessed the person as competent.

Medicine guidance for prescribed when necessary medicines (PRN) was not specific enough. One person had medicines occasionally to help reduce their anxiety. We saw medicines being administered without a clear rationale as to why it was necessary. Staff could clearly describe how the person would demonstrate they were anxious. Staff described strategies they would use to help lessen the person's anxiety before administering medicines. However, this was not recorded as part of the PRN protocol. This should be clearly recorded to help demonstrate how staff supported people in the least restrictive way.

The service was clean with regular cleaning audits being completed across the day. There were no unpleasant odours and there were clear infection control procedures which included risks associated with poor cleanliness and habits of individual service users. This meant staff would be aware and could take appropriate steps to reduce the risk of cross infection. Staff received training in infection control and their



observed practices were good.

Staff recruitment practices had improved since the last inspection and they were sufficiently robust to help ensure people were protected. The registered manager had introduced a record of the interview clearly showing how they had assessed the person for their suitability for the role. They had explored any gaps in the person's employment history and looked at their attributes, skills and interactions with people using the service. The latter was not recorded. Before staff were employed at the service necessary checks were carried out. This included a health declaration, application form, references, proof of address and personal identification. A disclosure and barring check was in place showing whether staff had any convictions which might make them unsuitable to work in care.

## Is the service effective?

### Our findings

The service was rated requires improvement for this key question at the last inspection which was undertaken on 10 and 11 May 2017. This was because we found people were not adequately supported with their health care needs and dietary needs. We also found staff were not adequately supported with their training and developmental needs. At our recent inspection we were confident the service was now providing an effective service and we have rated it as good.

The service provided good care to people and did so because staff were sufficiently trained, supported and were familiar with people's needs. People's needs were assessed and a plan of care was put in place which all staff had access to and followed. This helped ensure people received continuity of care. Staff could recognise when people might be unwell and supported people to manage long term health conditions and did so in conjunction with other professionals. The care provided was holistic which meant staff involved people in their care and care plans were regularly reviewed.

People were happy with the care and support they were provided with. One person said, "Staff regularly discuss my support needs with me. Staff know me well. I go shopping with my keyworker and dentists and opticians visit the home regularly. "

Most staff spoken with had worked at the service a long time and knew people well. They had completed all the necessary training in line with their role. Most training was completed using on line training but staff said they also had face to face training and training around the specific needs of people using the service. We saw evidence of this from the staff training matrix and from staff's individual records.

Staff had the opportunity for ongoing professional development and most had been supported to complete advanced training and professional qualifications in care. The registered manager said in the future staff were going to have lead roles for which they would have more oversight and responsibility for. Lead roles would be based on staff's specific interest or previous experience.

Staff told us they were well supported and the registered manager was always accessible and supported staff in meeting people's needs. Staff described her as approachable and acting on feedback. As a small service the registered manager was in contact with her staff daily and knew their strengths. Formal supervisions and an annual appraisal helped to demonstrate how she supported her staff and provided staff with regular opportunities to raise any concerns or make suggestions. Regular staff meetings were held and we saw frequent memorandums reminding staff of any changes or things that might have been overlooked as part of their shift. There were clear lines of accountability. This helped ensure staff were meeting people's needs and keeping them safe.

People were supported to stay well both physically and mentally. People had care plans in place and records which showed what their health care needs were and how these should be monitored. People had regular access to services such as the dentist, optician, nurse and GP. This was confirmed by all the people we spoke with. Staff were responsive to any change in need and acted quickly to ensure the person got the

treatment and, or advise as deemed necessary. The only exception to this was in the case of one person who had no record of seeing the dentist. This meant we could not be assured that any changes in the health of their mouth would be identified.

We recommend that the service implements the NICE guidance in relation to oral health to ensure they support people appropriately with their dental care.

People were supported to eat and drink in line with their preferences and consideration was given to what people might eat to stay healthy. One person told us, "We all get together to sort the menu for the next fortnight." People all told us they went shopping and had a good choice over what they ate. Fruit was promoted and people had different menu options and were involved in planning the menus, food ordering and in some cases preparing their own meals in their own kitchen. The service had two kitchens, one where food was centrally prepared and a smaller kitchen exclusively for people using the service. Menus were well balanced and the service monitored people's weight to support people to have a healthier lifestyle.

People using the service were supported to make decisions and consent to care was always sought. This was documented in people's care records. The service considered how people would like their support provided and what they needed help with.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service had made appropriate applications under DoLS. Where authorisations had been granted these were appropriately monitored.

Staff had received training in MCA and DoLS. They demonstrated their understanding whilst providing care and support by gaining people's consent and supporting them to make choices in their daily lives. One person could make simple decisions about their immediate needs but needed help with bigger decisions. Staff clearly advocated for this person and did so with the involvement of other professionals and independent advocacy.

The environment offered single accommodation both on ground floor and first level with some internal steps on the ground floor. Since the last inspection on the 13 and 14 May 2017 some improvements to the environment have been made. The service was homelier and had been refurbished and repainted. People had been consulted about this. The service was much improved but was still dated in parts with some scuffed paintwork. The service had a communal lounge, kitchen and dining room. It also had a smaller separate lounge area and a kitchen area for the exclusive use of people using the service who could prepare their own meals and snacks if they wished. They also had their own communal fridge for their individual purchases. This helped support people's independence. There was also a laundry room which was accessible to people.

## Is the service caring?

### Our findings

The service was rated good for this key question at the last inspection which was undertaken on 10 and 11 May 2017. At our recent inspection we were confident the service was still providing a caring service.

Of the people we spoke with everyone said they were happy with the staff and how they were supported with their needs. One person said, "Staff treat me with respect and observe my dignity, I have a female member of staff helping me with my shower." We observed staff speaking with people respectfully and taking time to help people, acknowledge them and ask how they were feeling. When people asked for assistance this was provided in a timely way and staff were inclusive in their approach. People's care records indicated how the persons care and support should be provided and how staff should maintain people's dignity. Sensitive information was recorded in a respectful way and helped staff in supporting people in a way which was appropriate to them.

One person told us, "Staff always knock on my door before entering, they know me well and always find time to have a joke and chat with me." We observed staff interacting with people throughout the day and generally enhancing their wellbeing. Staff sought people's consent before offering any aspect of their care. Staff administering people's medicines knocked on their door, waited to be invited in and then explained to people what they wanted to do. They were patient and gave people time to respond. Staff told us sometimes people refuse assistance with their personal care and, or medicines. Staff said if this happened they gave people time to respond or tried a different approach. They recognised that some people got on better with some staff than others so often tried changing staff to support the person.

People told us staff did not get impatient and did not shout. They said sometimes there were minor disputes between people using the service but staff helped people to resolve these. People told us staff took time to listen to them and help them plan what they might like to do and what support they might need to do it. One person said, "We all have our favourites but all the staff are good to us. they are always cheerful and jolly." We noted a calm, inclusive atmosphere in the service with people moving around freely and being supported when required. We observed people making their own drinks and preparing snacks. One person was assisted to the dentist and then was making plans to go out in the afternoon. One person was asked and declined to speak to us but staff did ask everyone if they wanted to speak with us and explained who we were. One person told us, "Staff treat us as equals." We observed staff communicating effectively with each other and supporting each other in a respectful way. The registered manager told us that they ensured people were treated with respect and in a way, they would want to be treated. This was reflected across the service.

Everyone spoken with felt involved and consulted in the way in which their care was provided. One person said, "Staff will always listen to me." Another person said, "Staff go the extra mile to support me and take me out." People said staff regularly discussed with them about what they wanted to do or if there was any aspect of the service they would want to change. This was reflected in the documentation we saw which included resident surveys, reviews and resident meetings.

## Is the service responsive?

### Our findings

The service was rated requires improvement for this key question at the last inspection which was undertaken on 10 and 11 May 2017. There was a Breach of Regulation 9. Person centred Care of the Health and Social Care Act (Regulated Activities) Regulation 2014. We found there were insufficient staff to provide an individualised approach to people's care needs. There was limited opportunity or evidence that people regularly accessed the community and pursued their interests. Care plans did not reflect people's histories and the influence this might have had on their existing needs. At our recent inspection we were confident the service was now providing a responsive service.

The service assessed people's needs prior to offering them a service. This was to ensure they could meet people's needs. The registered manager said they carefully considered the needs of the person being assessed and also the needs of people living at the service and the environment to ensure they would fit it and their needs could be accommodated within the current environment.

People felt confident to speak up and to ask for support as and when they required it. People told us what staff supported them with and how the support enabled people to live well and to access the community. Several people had outside interests which they were encouraged to maintain. People referred to their key worker who was a named member of staff who oversaw their care. People told us the 'keyworker' took them out, went on holiday with them and reviewed their care.

The care plans gave enough information about people's needs and these were kept under review in discussion with the person. This helped ensure records reflected people's wishes and preferences. There was a section giving an overview of the person and another section asking for information regarding the person's life so far. Examples included which school and jobs they had and any significant events in their lives. This helped the staff have a better understanding of the person and be aware of anything which might be difficult or events affecting the person's mental health. This information was only in depth where people had chosen to provide it.

Staff had supported people for a long time so were aware of people's mental and physical health presentations and could respond quickly and appropriately to any change of need. For example, if a person had an infection. However, care plans were not very descriptive nor gave a clear account of a person's needs, regular routines or how staff would recognise if a person was having a 'good' or 'bad day'. This could mean staff unfamiliar with a person's needs such as hospital staff might not be able to provide a person with continuity of care. Staff told us hospital staff had rung up previously asking if "this was normal behaviour for the person they were trying to support." More information would be helpful. For example, a person was described as having 'depression and low mood.' but there was no indication about what that meant for the person, if there were any potential triggers or how staff might recognise if the person was experiencing low mood. We discussed this with the registered manager who immediately agreed this information could easily be added to the care plans.

Since the last inspection there had been a marked improvement in how much opportunity people had with

encouragement from staff to go out or engage in different activities at the service. Staff explained for at least one person who had not been out for many years before living at the service now went out regularly. Another person was described as "never in." This was not the case for everyone as some people had low mood and, or high anxiety but staff tried to offer as much as they could. On the day of our inspection visit one person was at work and had been in employment for years, several people were going out, one person had been to the dentist and another asked to go for a walk and staff immediately took them. We saw people move around freely and engaged with staff, watched a film, played table tennis or pursued their own interests. There was a person who came in weekly to do needlework and the registered manager said they had occasionally had entertainers. However, the budgets for activities was limited and a lot of 'entertainers' were expensive. The service did some fundraising to help increase the range of activities they could provide or to purchase things for the service. Some people had no family contact and there was limited involvement from the local community although one person said they regularly went to church and people used the local amenities.

People's care plans now included a record of achievement. This documented what people had accomplished over the preceding month. This might include a trip out either supported by staff or independently, doing something they had wanted such as attending a concert or learning a new skill they had mastered. Staff commented on how much more people were starting to do and said, "You start to see people in a different light."

The service supported people for as long as appropriate to do so. Some people had been at the service a long time and had seen a reduction in their physical health. The service had included in the care plan a record 'planning for the future'. This was intended to establish what people would like to happen should they become ill, require treatment, or require palliative care. This helped staff provide care that was responsive to people's wishes. The information in the care plans had not been filled in and we discussed this with the registered manager about trying to collate this information whilst the person was still able to should they wish to discuss it.

Staff had not received training in palliative care but did work closely with other health care professionals and responded to changes in people's needs in an appropriate way. The registered manager and another member of staff were supporting a person through a family bereavement and were taking them to the funeral to pay their last respects.

The service had a complaints procedure and sought feedback from people about how the service was run. People were aware of the complaints procedure and were sure staff would help them if they had any concerns. Staff were proactive in addressing any concerns and they thought therefore they had not had any formal complaints. People spoken with knew the staff and felt comfortable to raise concerns should they need to either within the service or to external agencies.

## Is the service well-led?

### Our findings

At the last inspection on 10 and 11 May 2017, we identified a breach of Regulation 17. Good Governance of the Health and Social Care Act (Regulated Activities) Regulation 2014. We rated this key question as requires improvement.

At this inspection we found things had improved and we felt more confident that the registered provider was supporting the registered manager and staff and had regular contact with the service, visiting the service at least weekly. We found the previous breaches had been addressed and there was an action plan in place showing what improvements had been made. We did however find several areas of concern which resulted in a repeated breach of regulation.

We raised concern about some hazards which had not been identified by the service. Radiators were hot to touch and not covered. There were no risk assessments relating to these. We found one window had window restrictors on and these were checked weekly to ensure the restrictors were effective. The maintenance person did not know the rationale for the window being restricted and there was not an individual or generic risk assessment in place. Other windows on the first floor were unrestricted and could open wide. We could see that there were very few recorded accidents, incidents, of safeguarding concerns at this service but the lack of robust risk assessments or comprehensive environmental checks was a cause for concern. The registered manager immediately agreed to cover radiators where there was an assessed risk to do so. The same for window restrictors.

The registered provider supported the registered manager well and although now visiting weekly there was not a clear record of their visit other than an email to confirm that they had been and looked round speaking with people and staff during their visit. As part of registered provider visit there was no evidence that they looked at records to help them assess the quality and safety of the service. The registered manager informed the registered provider of any accidents, incidents or other events affecting the service but there was no evidence that the registered provider checked these to ensure they were completed correctly or to establish if lessons could be learnt

The arrangements in place to manage people's individual finances, where they could not do this themselves, were not sufficiently robust and there were insufficient safeguards. Monies given to people were signed out by the registered manager, counter signed by a second member of staff and signed by the person but there were no external audits and no financial risk assessments.

We have concluded that risks associated with the environment had not been fully assessed or adequate control put in place if deemed necessary and there was insufficient management oversight of this.

This resulted in a repeated breach of Regulation 17. Good governance. Health and Social Care Act (Regulated Activities) Regulation 2014.

At our last inspection we also identified a breach of regulation 18, Notifications of incidents. Registration Requirements 2009. Health and Social Care Act (Regulated Activities) Regulation 2014. We found the service

was not notifying us of events affecting the safety and or well-being of people using the service as required. The service told us in their action plan how they would address this and the registered manager had updated themselves on what they should notify us of and had the guidance to hand at our latest inspection visit. However, they told us they had not had any reportable incidents. Minor incidents were recorded in people's individual file. A recent referral had been made to the local authority safeguarding team. They had said it did not meet their threshold for safeguarding. Another incident had occurred when a person had to go to hospital, however they were discharged the same day and their injuries were minor. There was a copy of accidents and incidents occurring at the service most involved staff and all were minor. We therefore consider the registered provider was meeting this regulation.

People spoken with valued the service they received and all commented on how supportive and available the registered manager was. One person said, "She's pretty much here every day." Another person said, "She will always make herself available, we have resident's meetings about every three months." Another person said, "I'm perfectly happy with the support I receive and families are always made welcome."

There were audits in place and they did identify things and show how they had been addressed. For example, medicines audits identified if staff had forgot to sign for a medicine and there were processes that were followed if this occurred to help safeguard people using the service and staff.

The registered manager had not completed any audits of the night care people received and the information about the needs of people at night was not recorded in any detail other than for people to be checked at night unless they requested not to be. We discussed this with the registered manager to establish any risks of not doing night audits.

There had been an improvement in the way the service collated and used feedback about the service. There was information about the number of accidents, incidents and safeguarding concerns which were exceptionally low. We discussed with the registered manager about recording any concerns or near misses even if they did not result in an injury and use this information to show actions taken to improve the safety and wellbeing of people using the service.

The service held residents meeting but said these were not always effective as it was always the same people who attended. We discussed with the registered manager more effective ways of seeking and evidencing that they consulted people about the service they received. Staff already reviewed care plans with the involvement and consultation of people using the service.

Feedback forms were sent to people using the service, staff, health care professionals, relatives and staff. This was used to gauge opinion and help inform the registered manager what improvements were required and to demonstrate how they were taking into account people's feedback. This was being done regularly,

Staff were well supported and had opportunity to undertake specific training and professional development. The registered manager told us about conferences they had attended and how information was shared with care staff. There were further opportunities to develop staff and set up staff champions. Staff received annual appraisals of their performance and regular opportunity to discuss any aspect of their work.