Lotus Care (Ash Cottage) Limited

Ash Cottage

Inspection report

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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

We carried out an unannounced inspection of Ash Cottage on the 5 June 2017.

Ash Cottage provides accommodation and care and support for up to twenty people some of whom were living with dementia. The service does not provide nursing care. There were 19 people accommodated in the home at the time of the inspection. The service was registered with the Care Quality Commission (CQC) on 22 June 2016. This was the first ratings inspection since that date.

Ash Cottage is located on a quiet lane in Edenfield, Rossendale. It is an extended converted farm cottage first built in 1886 and has a listed status and provides accommodation on four floors accessed by a passenger lift. The gardens are well maintained with a small car park for visitors at the front of the house.

The service was managed by 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.

During this inspection, we found one breach of the regulations in respect of medicines management. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and staff were caring and friendly. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and there were no restrictions placed on visiting times for friends and relatives.

We found staff were respectful to people, attentive to their needs and treated people with kindness, patience and respect. The atmosphere in the home was happy and relaxed. It was clear staff knew people well and were knowledgeable about their individual needs, preferences and personalities.

People considered there were sufficient staff to support them when they needed any help. We observed they received support in a timely and unhurried way. The recruitment process was being reviewed to ensure it was safe and fair. Arrangements were in place to make sure staff were trained and supervised.

Whilst there were some good processes in place to manage people's medicines safely we found some improvements were needed. Staff administering medicines had been trained and supervised to do this safely.

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have choice and control of their

lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Each person had a care plan that was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and they were involved in decisions about their care. However, they had not been involved in formal reviews of the care plans. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

People lived in a comfortable, clean and well maintained environment. Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. Some people had arranged their bedrooms as they wished and had brought personal possessions with them.

Activities were appropriate to individual needs. People told us they enjoyed the meals and were provided with a nutritionally balanced diet that catered for their dietary needs and preferences.

People were kept up to date with the day to day running of the home. They had no concerns or complaints but were aware of how to raise their concerns and were confident they would be listened to.

People considered the service was managed well and felt they received a good service. There were systems to monitor the quality of the service; we noted a number of shortfalls had been identified and appropriate action taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff available to meet people's needs. Recruitment processes were being reviewed to ensure a safe and robust process was followed at all times.

People's medicines were administered by staff who were trained to do so. However, people's medicines were not always managed safely.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through a system of induction, relevant training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People's health and wellbeing was consistently monitored and they had access to healthcare services when necessary.

People enjoyed their meals. They were supported to have sufficient to eat and drink and maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff responded to people in a friendly, caring and considerate manner and we observed good relationships between people.

People's privacy, dignity and independence were respected. People were able to make their own choices and were involved in decisions about their day.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual care plan. However, people had not always been involved in the care planning or review process.

People were provided with a range of social activities.

People knew how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

People made positive comments about the way the service was managed and the improvements made.

Systems were in place to assess and monitor the quality of the service but minor improvements were needed to make sure the tools were always effective. We also found people's medicines were not always managed safely.

There were effective systems in place to seek people's views and opinions about the running of the home.

Staff were happy working at Ash Cottage. They had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

Ash Cottage

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5 June 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and commissioning team for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the area manager, the registered manager, the deputy manager and with two care staff. We spoke with five people living in the home and with one visitor. Following the inspection we asked the registered manager to send us some additional information; this was sent to us as requested.

We looked at a sample of records including two people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and quality assurance audits. We also looked at information from recently obtained satisfaction survey forms and comments left by visitors and relatives on an external website.

We observed care and support in the communal and dining room areas during the visit and spoke with

people in their rooms.

Requires Improvement

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They told us they were safe and well looked after. They said, "I can't fault this place; staff are very kind and I am treated properly", "I feel very safe; staff are always kind to me" and "Staff are very patient. I'm not safe outside but staff go with me. I appreciate everything they do." A visitor said, "I know [family member] is looked after, safe and settled."

During the inspection we observed people were comfortable around staff and were happy when staff approached them. We observed staff interaction with people was kind, friendly and patient.

We looked at how people's medicines were managed. We looked at seven people's medication administration records (MARs) and discussed the process with the registered manager.

A system of bottled and boxed medicines was being used. Most care staff had received medicines management training and the day care staff who were responsible for the safe management and administration of people's medicines had received regular checks on their practice. However, we were told the night care staff did not have access to people's medicines and had not yet been assessed as competent. This meant it was difficult to determine how people's night time requests for medicines such as prescribed analgesia would be responded to which could place people at risk of not receiving prescribed medicines when they needed them. In addition there were no clear instructions to support care staff with the consistent and safe administration of 'as needed' medicines.

Procedures were in place for the safe management of controlled drugs which were medicines that may be at risk of misuse. Controlled drugs were recorded in a separate register. We checked one person's controlled drugs and found the stored amount did not correspond accurately with the register. This meant staff had not followed the safe administration procedure as the balance, according to the register, had been incorrect for some time. The area manager assured us this would be investigated and they would provide us with information about their findings. Regular audits of medicine management had been carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. However, records showed and the registered manager confirmed that regular audits of controlled drugs had not been undertaken.

Our findings demonstrated the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people's MARs were accurate, clear and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month and daily counts of medicine stocks were completed which helped monitor whether medicines were being given properly. People were identified by a photograph on their MAR which helped reduce the risk of error and any allergies were recorded to inform staff and health care

professionals of any potential hazards of administering certain medicines to them. We noted boxes and bottles were dated when opened and disposal records were witnessed. We observed people's medicines were given in the correct manner with encouragement as needed. People confirmed they were given their medicines when they needed them.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. The contact information of local agencies and information about how to report abuse was easily accessible to staff although not displayed for people living in the home and their visitors.

We discussed safeguarding procedures with staff. They were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns. They told us they had received safeguarding vulnerable adults training and the records we looked at confirmed this. Staff were confident the management team would deal appropriately with any concerns they raised and were aware they could report their concerns to external agencies. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

We found individual assessments and strategies were in place to help identify any triggers and to guide staff on how to safely respond when people behaved in a way that challenged the service. Staff had access to policies and procedures and records confirmed training had been provided. Training and guidance helped keep staff and others safe from harm.

We looked at how the service managed risk. Environmental risk assessments and procedures to be followed in the event of emergencies were in place. Individual risks had been identified in people's care plans and were kept under review. Risk assessments included skin integrity, nutrition, dependency, falls and moving and handling. We also noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building. Records were kept of any accidents and incidents that had taken place at the service and the information was monitored by the registered manager and area manager for any patterns or trends.

People told us they did not have any concerns about the staffing levels or the availability of staff. A visitor said, "There are enough staff at all times." We observed staff were attentive to people's needs in a timely way although staff were not always visible in the quiet lounge. We discussed this with the registered manager who assured us action would be taken to resolve this. We observed staff taking time to talk to people and to listen to them. We found there were five staff available during the day, three in the evening and two staff at night. A cook and a cleaner were available during the week and care staff provided cover at the weekends. A maintenance person was available when needed. The registered manager was available five days each week with an on call system in place and known to staff. We noted any shortfalls due to leave or sickness were covered by existing staff; this ensured people were cared for by staff who knew them.

We found checks had been completed before new staff began working for the service. These included the receipt of written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, one staff file did not include a reference from the previous employer which was not in line with safe recruitment processes. The registered manager obtained the reference the following day. In addition we found the application form did not record full information about the applicant's employment history and the health questionnaire was

inappropriately requested prior to the interview. The area manager assured us new recruitment forms and checklists were currently being introduced to ensure the process was fair and safe.

We looked at the arrangements for keeping the service clean and hygienic. We found the home was clean and odour free. One person told us, "My room is clean and tidy." Infection control policies and procedures were available and staff had received appropriate training. There was a designated infection control lead who was responsible for conducting checks on staff infection control practice. The registered manager advised she would be developing links with the local infection control forum which would keep staff up to date with current practice.

Staff hand washing facilities, such as liquid soap and paper towels were available in bedrooms and pedal operated waste bins had been provided in most areas. This ensured staff could wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. One domestic person was employed and worked each week day. Cleaning schedules were brief but clear and sufficient cleaning products were seen to be available. There were systems in place to support good practice and to help maintain good standards of cleanliness.

Training had been given to staff to deal with emergencies and to support them with the safe movement of people, fire safety and emergency first aid. During our visit we observed safe and appropriate moving and handling interactions. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Visitors were asked to sign in and out which would help keep people secure and safe. We noted recently decorated bedrooms were not numbered in line with the nurse call system which could create confusion in an emergency situation. The registered manager addressed this the following day.

Records showed equipment had been serviced. However, we noted there were no records to evidence that the stair lifts had been serviced. The registered manager told us the stair lifts had been disabled as people used the passenger lift; the stair lifts were removed following the inspection. We also noted the hot water temperatures from some bedroom wash basins were above recommended levels despite being checked each month. We discussed this with the registered manager and area manager and immediate action was taken to return the outlets to safe temperatures. Bathroom temperatures were found to be within safe levels.

In January 2017 the environmental health officer had awarded the service a five star rating for food safety and hygiene. We noted recommendations made at the time of the inspection had been addressed.

The fire safety officer had recently visited the service and made a number of recommendations; we were told a follow up visit had been arranged for June 2017. We noted action had been taken to address any recommendations and were told the fire risk assessment had been updated.

Good

Is the service effective?

Our findings

People were happy with the service they received at Ash Cottage. They told us, "It is nice here; it's a good place to be", "They can't do enough for me; it's my home now" and "I'm comfortable; it's not like being at home but I don't want for anything." Visitors comments included, "Since [family member] has been a resident, she has made a remarkable turnaround in her health and general well-being" and "I am happy with everything; the staff are very good to me too."

We looked at how the service trained and supported their staff. We found staff received a wide range of appropriate mandatory and additional training to give them the necessary skills and knowledge to help them to support people properly. Additional training had been provided to support senior staff with developing their knowledge and skills in areas such as leadership and management. All staff had completed a nationally recognised qualification in care or were currently working towards one.

Records showed new staff received a basic induction into the routines and practices of the home which included a period of time working with more experienced staff. The Care Certificate had been introduced for new staff and consideration was being given to providing all staff with this training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One new member of staff told us their induction had been very useful for them.

Records showed staff were provided with regular supervision and assessments were undertaken to check their knowledge and competence. An appraisal of their work performance was undertaken each year which helped identify any shortfalls in their practice and any additional training needs. Staff told us they felt supported by each other and by the management team and they could express their views and opinions at regular meetings. Regular handover meetings and communication diaries kept staff up to date about people's changing needs and the support they needed. Staff spoken with had a good understanding of people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff expressed an understanding of the processes relating to MCA and DoLS and records showed they had received training in this subject. At the time of the inspection three DoLS authorisations were in place which ensured people were safe and their best interests were being considered.

We observed people being asked to give their consent to care and treatment by staff. Care records showed people's capacity to make decisions for themselves and people who had some difficulty expressing their wishes were supported by their relatives or an authorised person. Some people spoken with were not aware of their care plan, however they indicated they were asked about matters affecting them, including their

care needs and choices which meant that people, particularly those with limited decision making, would receive the help and support they needed and wanted. However, people's preferences regarding personal care being given by male or female staff and access to personal records had not been recorded.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are very, very good; I get a good amount and it is all the food I enjoy", "I get enough to eat and can have more if I wanted" and "I do enjoy the meals." Visitors commented, "The food is tasty just like [family member] is used to eating at home" and "The meals always look and smell good; I can stay for meals with [family member] if I want."

There were two dining areas; people were able to dine in their bedrooms or the lounges if they preferred. The dining tables were appropriately set and condiments and drinks were available. We noted the menus were displayed in picture format and the cook chatted to people about their choices and preferences. During our visit we observed lunch being served. The meals looked appetising, attractively served and hot. We overheard friendly chatter throughout the meal and saw people being sensitively supported and encouraged to eat their meals. However, we noted three people, who had been asked to sit at the dining table, were sat waiting for 20 minutes before lunch was served. We discussed this with the registered manager who followed this up with staff.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported to maintain good health. People's health care needs were assessed and kept under review. People were registered with a GP and staff had developed links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Staff were able to access electronic clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided.

We found the home was comfortable and warm and aids and adaptations had been provided to help maintain people's safety, independence and comfort. There was an up to date development plan for the home which was being monitored by the area manager. A system of reporting required repairs and maintenance was in place and we were told repairs were done promptly. We noted any requests for repairs or maintenance were done verbally and not recorded; this meant it was difficult to determine what work had been undertaken and within what timescales.

People told us they were happy with their bedrooms and some had brought in personal possessions to promote a sense of comfort and familiarity. People told us they had been able to choose the décor of their bedrooms to meet their individual tastes. Six bedrooms had en suite facilities and bathrooms and toilets were located within easy access; commodes were provided where necessary. Some people's bedroom doors had their name displayed outside to help them recognise their bedrooms whilst others did not. The area manager told us plans for the development of the service included providing people with a dementia friendly environment.

Good

Is the service caring?

Our findings

People told us they were treated with care, kindness and respect. People's comments included, "Staff are marvellous; they can't do enough for me. They really do care about me", "Staff are kind. I enjoy the company of staff" and "I can please myself; Staff encourage me to do what I want." A visitor confirmed they were always made welcome in the home and they were kept up to date with any changes. A comment from a visitor said, "Staff are very caring and friendly making all the residents feel at home." Staff told us, "People have choices about what they want to do" and "People are looked after and cared for like they were our own family. I would not hesitate to bring my [family member] to stay here."

We saw messages of thanks from people or their families which highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. People were encouraged to maintain relationships with family and friends.

We observed good relationships between staff and people living in the home and overheard friendly banter, laughing and encouragement during our visit. People who required support received this in a timely and unhurried way. We saw people were treated with respect and staff spent time chatting with them and listening to them. People appeared comfortable in the company of staff and it was clear they had developed positive relationships with them.

People's privacy and dignity was respected. We saw people were dressed appropriately in suitable clothing of their choice. Each person's bedroom was fitted with appropriate locks and most people had access to secure lockable storage for their personal items. There was one shared (twin) bedroom; a privacy screen was provided to protect people's privacy and dignity. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own possessions. Where possible, people were able to make their own choices and were involved in decisions about their day for instance how they wished to spend their time, what clothing they wished to wear and what they wanted to eat. People were encouraged to express their views by means of daily conversations and participation in satisfaction surveys. Meetings for people living in the home and their visitors had been organised in the past but had not been well attended. However, we found people were kept up to date and were aware of proposed events and changes through daily conversations with staff. One person told us, "We don't need a meeting we already know what's going on. It's that sort of a place."

We were told people were provided with information about the service in the form of a service user guide which gave useful information about the standards they should expect and information about advocacy services was available (the advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members). However this information was not readily displayed

for people and their visitors. The provider sent us a copy of the updated service user guide and the registered manager advised this would be made available to people.

All staff were bound by contractual arrangements to respect people's confidentiality. People's records were kept safe and secure and there was information available to inform them on how their rights to confidentiality would be respected.

Good

Is the service responsive?

Our findings

People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the registered manager. People said, "I have nothing to complain about. I am very happy" and "It's a nice place. I have no concerns at all." A visitor said, "I have no complaints or concerns. Everything is just how it should be."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. A complaints procedure was displayed and information was provided in words and pictures.

There had been one complaint made about this service in the last 12 months; appropriate and timely action had been taken. The information had been discussed with staff to help improve the service. We saw a number of complimentary comments had been received about the service in the past 12 months. Comments included, 'We are so grateful for all your love and superb care you afforded our [family member]' and 'Thank you all for the care, understanding and kindness you showed'.

Before a person moved into the home an assessment of their needs was undertaken by the registered manager. Records showed information was gathered from various sources about all aspects of the person's needs. Most people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff were able to determine whether the home was able to meet their needs.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. We found information was not always recorded in the care plan about people's likes, dislikes, preferences and routines this would make sure they received personalised care and support in a way they both wanted and needed. We also noted one person's plan did not reflect the care and support being provided in relation to skin integrity risks. We discussed this with the registered manager who agreed to review this.

The information in the care plans had been kept under review by care staff and updated on a monthly basis or in line with changing needs. We noted limited involvement of people or their visitors in the review of their care; the area manager told us further work was planned in this area. A visitor told us they were kept up to date 'at all times' and they were involved in any decisions about their relative's care and support.

There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries. Daily records were maintained of how each person had spent their day and these were written in a respectful way.

When people were admitted to hospital they were accompanied by a record containing a summary of their

essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

From our discussions and from the records maintained we could see that people were able to participate in various activities in small groups or on a one to one basis. Activities included, games, exercise, pamper sessions, reminiscence, hairdressing, cake decorating, sing a longs and visits to the local shop. We were told one person was able to play the organ in the lounge and other people would sing along. Staff were involved in helping another person to care for and walk her pet dog; we observed other people in the home enjoying patting and talking to the dog. During our visit we observed people playing skittles, chatting with staff, watching TV, listening to music and reading newspapers. People told us how were looking forward to the summer fayre and told us about the preparations so far.

People said, "I can have a chat or keep my own company", "I go out with my family. I get newspapers and read books", "There are things to do if you want to get involved", "I do what I feel like. I would normally keep myself to myself at home" and "I go out when I can and I like to have a chat with staff or other people who live here." A visitor commented, "[Family member] has been prompted to become more sociable and has responded beyond my wildest hopes."

Requires Improvement

Is the service well-led?

Our findings

People spoken with during the inspection made positive comments about the management of the home. People living in the home said, "I think it is run well" and "Things have improved since before." Staff spoken with made positive comments about the management team and the way the home was managed. They said, "The new owners have improved the home; it's much better", "The owners visit the home; they are very nice and they take time to talk to us" and "It's a nice, comfortable homely home for people." One healthcare professional had commented that they were 'extremely satisfied' with the services provided by Ash Cottage. A visitor commented, "I cannot recommend this home enough for the way it has helped [family member]."

The service was led by a manager who was registered with the Care Quality Commission in July 2016. She was responsible for the day to day operation of the service and was visible and active within the home interacting warmly and professionally with people, relatives and staff. We were told the registered manager was available to speak to people, their visitors and staff at any time and often provided 'hands on' care. The registered manager was described as 'approachable' and 'supportive'. One member of staff said, "[Registered manager] is brilliant. There have been lots of changes and she has been very supportive."

The registered manager told us she was supported by the providers (owners) who were in regular contact about the operation of the service. We were told they regularly visited the service and were available to talk to staff, people using the service and their visitors. However, records of the visits were not made or shared with the registered manager. An area manager also regularly visited the service to monitor compliance and to monitor the registered manager's practice. A report was completed following the visit and the findings were discussed with the registered manager. The registered manager provided a monthly report for the providers which helped them to monitor the day to day operation of the home. The management team had set out planned improvements for the service in the Provider Information Return. This showed us they had a good understanding of the service and strove to make continual improvements.

Systems were in place to assess and monitor the quality of the service in areas such as medicines management, recruitment, catering, equipment, accidents and injuries, care planning, infection control, health and safety, activities, record keeping and the environment. We also noted the area manager had completed unannounced visits to monitor staff practice in response to concerns raised by a family member. A monthly audit was undertaken by the registered manager and the findings were shared with the area manager. The area manager also completed periodic audits. We saw shortfalls had been identified and appropriate timescales for action had been set and had been monitored. However, it was not clear which records had been audited; the area manager assured us the audit process would be reviewed and this would be made clearer. During the inspection we found a number of minor shortfalls in relation to recruitment processes and record keeping which were addressed at that time.

The system in place to manage medicines had failed to protect people against the risks associated with the unsafe use of medicines. We have dealt with this matter separately.

People were encouraged to voice opinions informally through daily discussions with staff and management.

Satisfaction surveys were distributed when people visited the service; the results from recent surveys indicated a high satisfaction with the service. We noted the dining chairs had been replaced in response to the survey information; this showed people's views were listened to. The results of the surveys and any action taken had not yet been shared with people; we discussed ways of conveying the outcome of surveys to people.

All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff told us, "I really like working here" and "I love my work. We are a good team here." Staff indicated they had a high satisfaction with their jobs and they felt valued. Regular meetings were held and the minutes showed a range of information had been discussed. Staff told us they were able to air their views and felt they were listened to.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies. Accidents and incidents were recorded and analysed by the senior management team to identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g)