

Endeavour Care Limited

Glencoe Care Home

Inspection report

10-11 Chubb Hill Road
Whitby
North Yorkshire
YO21 1JU

Tel: 01947602944

Date of inspection visit:
13 June 2018
21 June 2018

Date of publication:
21 August 2018

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 

Summary of findings

Overall summary

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

Glencoe Care Home accommodates up to 19 people in one adapted building. At the time of this inspection there were 16 people living at the service. The service specialises in providing accommodation for people living with dementia.

At the last inspection in February 2016 we awarded a rating of good. At this inspection we found that improvements were needed.

Prior to this inspection, concerns had been raised by visiting professional and the local authority with regards to care and support that was being provided. As a result, the service was placed into a collective care process so relevant professional could monitor the service and any improvements made. CQC had been involved in the collective care discussions.

There was a manager in post who registered with CQC in June 2011. 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.

Risk assessments had been completed but did not contain sufficient information to enable staff to support people safely. Some risk assessments contained contradictory information and it was not clear from the information recorded what current risks were in relation to each person.

Safe recruitment process had not always been followed to ensure staff were suitable to work in the care sector. Gaps in employment history had not been explored and disclosure and barring checks had not always been completed prior to employment commencing.

Staff had not been provided with sufficient support to ensure they had the skills and competencies to carry out their roles. Regular one to one supervisions had not been conducted. We have made a recommendation about staff supervisions and support.

The provider and registered manager had failed to ensure they acted in accordance with the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make particular decisions, appropriate best interest meetings had not taken place. When people had Lasting Power of Attorneys (LPA) in place, appropriate documentation was not in place to evidence this. People were not provided with information in a format they could understand.

Many quality assurance systems were not in place and the registered manager did not effectively monitor the safety and quality of the service. The provider did not conduct regular checks to ensure people were receiving good quality care.

People were not always supported to maintain their autonomy and independence as signage was lacking throughout the building. We have made a recommendation about the lack of appropriate signage.

The provider did not comply with the Accessible Information Standards (AIS). People had not been provided with information in a way they could understand. We have made a recommendation about complying with the AIS.

Medicine had been managed and stored safely. Records showed people had been administered their medicines in accordance with guidance provided. Staff were confident in raising any safeguarding concerns. There was enough staff on duty to support people where required.

Environmental checks had been completed on different areas of the service. However, they had failed to identify some of the concerns we found.

The service was clean throughout with no malodours. Accidents and incidents had been recorded by staff although action taken by the registered manager to reduce risks of reoccurrence had not been recorded.

People were encouraged to maintain a balanced diet and there was a variety of fresh food on offer. There were no printed menus available and consideration had not been given to people's communication needs. We have made a recommendation about adaptations for people living with a dementia.

We observed staff to have a kind and caring approach to people and it was clear they knew people's likes, dislikes and preferences very well.

Care plans did not always contain sufficient person-centred information although person-centred support was provided by staff who were familiar with people's needs. People were able to participate in a range of activities that varied on a daily basis.

Staff felt well supported by the registered manager and told us they were approachable and had an open-door policy. Relatives we spoke with confirmed this. The registered manager encouraged people, relatives and staff to provide feedback although this was not always formally recorded.

We have identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risk assessments did not contain sufficient information to enable staff to provide effective support.

Safe recruitment processes had not always been followed.

Medicine had been managed and stored safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not been provided with sufficient support.

The registered manager and provider failed to comply with the Mental Capacity Act 2005.

People were encouraged to maintain a balance diet.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity had been respected.

Staff were familiar with people and their likes, dislikes and preferences.

People's independence was not always promoted as appropriate signage was not in place.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not contain sufficient information.

People received caring end of life support.

Activities and stimulation was provided throughout the day.

Is the service well-led?

The service was not well-led.

Systems in place to monitor and improve the quality and safety of the service were not effective.

Notifications had not been submitted to CQC when required.

The provider had not completed any quality assurance checks to ensure the service was being well-led.

Requires Improvement 

Glencoe 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 was prompted in part by notification of an incident following which a person using the service sustained a serious injury which is being investigated by the local authority. The information shared with CQC about the incident indicated potential concerns about the management of risk of falls and insufficient records relating to each person being in place. This inspection examined those risks.

Inspection site visits took place on 13 and 21 June 2018 and were unannounced. The inspection was conducted by an adult social care inspector.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their 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. We used this information to help plan for the inspection.

During the inspection, we reviewed a range of records. These included three people's care records containing care planning documentation, daily records and medicine records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

We were unable to speak with some people who used the service due to their communication needs.

However, we used the Short Observational Framework for Inspectors (SOFI) to observe staffs' interaction with people. We spoke with three people who used the service and three relatives to gain their views. We also spoke with five members of staff including the registered manager and deputy manager.

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found improvements were needed.

Risks assessments were in place however, these did not contain sufficient information for staff to be able to manage risks appropriately. For example, there was a risk assessment in place regarding the use of a hoist and sling. In the section named 'what could go wrong' the information added stated 'use sling hoist, it is safer.' This level of information did not identify any risks to the person or staff. It contained no information on how risks should be managed or control measure put in place to minimise such risks.

We also found that risk assessments contained contradictory information. For example, one person had a risk assessment for the use of a premier glider, whilst another risk assessment was in place for the use of hoist. It was not clear from the information provided which mobility aid was to be used. Another person had a falls risk assessment which detailed they were high risk of fall but could mobilise with the use of a walking frame. However, other risk assessments and care plans in relation to mobility stated the person required hoisting.

We discussed these concerns with the registered manager who agreed improvements were needed. They had already begun to update risk assessments prior to this inspection following feedback from the local authority. However, at the time of this inspection only one person's risk assessments had been reviewed and updated to ensure it contained accurate information.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulation 2014).

During the inspection we looked at three staff recruitment files. Safe recruitment processes had not always been followed to ensure new staff were suitable to work at the service. We found gaps in some recorded. For example, full employment history for one member of staff had not been recorded on their applications form and had not been explored further during the interview process. Health declarations had not been completed by one person to ensure they were fit to work in the care sector.

We also found that Disclosure and Barring Service (DBS) certificates had not been received prior to one person's employment commencing. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with adults.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014).

Medicines had been stored safely within a locked medicines cabinet. Senior staff took responsibility for monitoring room and fridge temperatures to ensure medicines were stored within the required temperatures.

We looked at six MARs and found they contained the required information and had been completed appropriately by staff. Medicines were counted each time they were administered to ensure stock balances were accurate. However, we found one discrepancy which we asked the registered manager to investigate. Topical medicine administration records were in place when required and had been completed appropriately by staff. Training records showed that staff had received refresher medicines training at regular intervals

Where people were prescribed 'as and when required' (PRN) medicines, appropriate protocols were in place which provided staff with sufficient information as to when the medicines should be given.

Each person had a personal emergency evacuation plan (PEEP). PEEPs are documents, which advise of the support people need to leave the home in the event of an evacuation taking place. These had recently been updated for everyone who lived at Glencoe Care Home and contained up to date information.

A safeguarding policy and procedure was in place. Staff we spoke with were able to explain their responsibilities in relation to safeguarding and were confident any concerns would be address appropriately by management. They were aware of the whistle blowing policy and procedure that was in place and the processes to follow. However, training records showed staff had not received any safeguarding refresher training for a number of years to ensure they were following best practice.

We discussed this with the registered manager who told us a new training provider had been sourced and a training plan would be developed to ensure staff received consistent training.

Risk assessments were in place associated with the day to day running of the service. Regular checks were made by the maintenance staff in areas such as water temperatures, emergency lighting and fire alarms. Test certificates for electrical testing, controlled waste, legionella and firefighting equipment were in place. The fire policy that was in place was dated 2014 and required review. The registered manager told us all policies were currently being updated.

We found checks in relation to the environment were completed but these had failed to highlight some concerns we found. For example, one person's bedroom window was cracked and in need of repair. We discussed this with the provider who took immediate action to have the window replaced.

The service was clean and tidy throughout with no unpleasant odours. Relatives told us people's bedrooms were regularly deep cleaned and the service was generally well maintained. Observation demonstrated that staff wore appropriate personal protective equipment such as gloves and aprons when appropriate.

There was enough staff on duty to support people safely. Observations throughout the inspection demonstrated that staff were available to provide support when required. Rotas showed that during the day there was four senior staff on duty and the registered manager. This was reduced to three staff on an evening and two staff overnight. One cook and a cleaner was also on duty each day.

People, relatives and staff told us there was enough staff on duty. One relative said, "Whenever we visit there is always enough staff. Staff are busy but are always available to respond to people. What I like is that staff are always in communal areas, chatting with people." A member of staff told us, "We have enough staff. A lot of staff have been here a long time and we are a committed bunch. If anyone is sick we all pull together to cover shifts."

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service required improvements.

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 make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that DoLS authorisations were in place, or had been applied for, for people who required them.

However, where people had a Lasting Power of Attorney (LPA) for health and welfare decisions or for finances the provider did not retain evidence of this, to help ensure that relatives were only asked to sign to consent to decisions for which they had legal authority. We found examples where relatives had signed consent when they were not the legal LPA.

We found no recorded evidence of capacity assessments being conducted. We discussed this with the registered manager who told us most people who lived at the service lacked capacity in some areas. They said, "Social workers do capacity assessments and best interest decisions. We don't always get provided with paperwork. We can't do those types of assessments." The registered manager was not able to demonstrate they understood the requirements of the MCA and what this meant for the people supported in the service.

Records relating to decisions made in people's best interests were not in place. For example, one person's mobility had deteriorated and a decision had been made to move them into a shared bedroom on the ground floor. We discussed this with the registered manager. They told us the decision to move the person was made as the shared bedroom was bigger and could accommodate a hoist better. They told us the move had been discussed with relatives. However, there was no recorded information to show a best interests meeting had taken place and that relevant people and professionals had been involved in the discussion. It was not recorded why moving the person to a shared room was in the person's best interests.

Another person who lacked capacity to make decisions had bed rails fitted. There was no recorded information to state the use of bed rails was the least restrictive option and the decisions had been made in the person's best interests.

Failure to seek consent from people and present information in a way they could understand and failure to comply with the Mental Capacity Act 2015 is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act (Regulated Activities) Regulation 2014).

Records showed that staff had not been supported with regular supervisions. For example, one member of staff had commenced employment in 2017 but no supervisions or observations of practice had taken place. Another member of staff commenced employment in 2015 and no recorded supervisions or observations had been completed. We viewed the providers supervision policy which stated, 'Supervisions should be held six times per year or sooner if required...' The registered manager had not adhered to the provider's policy.

We discussed the lack of supervisions with the registered manager who agreed that improvements were needed. They showed us a new supervision form which had been developed and they were in the process of creating a matrix so they could easily identify when supervisions were due.

We recommend the service finds out more about staff supervisions to provide effective support.

Staff had been provided with sufficient training to ensure they had the skills and knowledge to carry out their roles. Training records showed that refresher training had been provided at regular intervals to ensure staff were kept up to date with best practice guidance.

People received support with their healthcare needs. Records showed that people had access to a range of services and professionals, such as GPs and community nurses. A visiting healthcare professional told us, "I cannot fault the staff at all. They are fantastic. They are certainly on the ball and get in touch with us straight away if they have any concerns at all. I come here twice a week and they know each person inside out."

People were supported to maintain a balanced diet. People's weights were monitored and recorded on a monthly basis and people were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). People's weights were monitored in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss or significant gain. This information was used to update risk assessments and make referrals to relevant health professionals if needed. Staff were able to tell us whether the people they supported had specific dietary needs and if so what they were. The cook adapted dishes to people's requirements (such as soft diets or diabetic diets) and ensured alternatives were available if people did not want what was on the daily menu.

We observed mealtimes were well organised and support was available for those who required it. Staff were able to explain how they would adapt their approach to ensure people were encouraged to eat. One member of staff told us, "[Persons name] will sometime refuse to eat but if we sit next to them and have a sandwich or something then they will eat too. It works well and I quite enjoy having my lunch with the residents."

There were no printed menus available. A white board was used and updated daily to reflect the meals on offer throughout the day. However, this was not suitable for people living with dementia. We found large print or picture menus were not available. We discussed this with the registered manager who told us people were shown meal options, once they were cooked, to allow them to choose what they wanted. They said, "We use our understanding of people's preferences and in-depth knowledge of each person we care for. We have found it much more helpful to show people actual meals to help them decide what they would like." They went on to say that pictorial menus had been trialled previously but people did not benefit from them. We discussed the importance of ensuring each person was treated as an individual and whilst accepting that some people may not benefit from pictorial menus, others should be given the opportunity.

Glencoe Care Home predominantly provides accommodation for people who are living with a dementia. However, the environment had not always been adapted to meet people's needs. Patterned carpets had been replaced with plain ones to help people differentiate between floors and walls. However, we found there was no dementia friendly signage to help people navigate around the building. People's names were not displayed on all of the bedroom doors and we observed people were wandering as they had been unable to locate the toilet.

People's bedrooms were personalised in line with people's wishes. People were able to bring their own furniture and we found each bedroom had been decorated according to people's tastes.

Is the service caring?

Our findings

At the last inspection we found the service was extremely caring and awarded a rating of Outstanding. At this inspection we found the service was good.

Relatives and professionals told us the service was caring and that people were treated with kindness. One professional told us, "Staff are very empathetic. The level of care is fantastic. Staff know people really well." A relative we spoke with told us, "I am pleased [person's name] is here. The staff are kind, caring and welcome you with a smile. They go above and beyond really."

We were unable to speak with people at the service due to their communication needs and cognitive impairments. However, we observed staffs interactions with people and monitored people's body language and facial expressions which indicated they were comfortable with staff who were providing support.

People were supported by a regular team of staff who were extremely familiar with their likes, dislikes and preferences. It was evident from discussions with staff that they were familiar with the people they were supporting. Observation showed staff were able to recognise when people may be showing signs of being distressed and distraction techniques that would be effective in managing this. For example, one person was seen to walk without purpose around the lounge area. Staff recognised that the person was becoming unsettled and encourage them to participate in an activity whilst offering reassurance.

During the inspection, we spent time in communal areas observing interactions between staff and people. Staff were kind and caring in their approach and explained to people what they were doing. For example, at lunch time staff approached each person and asked them if they would like to eat in the dining area or remain in the lounge. Each person's decision was respected and accommodated.

We discussed the use of shared rooms and how staff ensured dignity and respect was maintained at all times. The registered manager told us that privacy screens were used whenever personal care was being provided to respect people's privacy and dignity.

Relatives we spoke with told us they were actively involved in people's care. One relative told us, "Staff always contact me if there is anything I need to know. Whenever I visit staff approach me straight away and give me an update. If I have any problems at all, staff respond without hesitation. Staff are happy, smiley and approachable."

We found that signage around the building was not suitable for people living with a dementia. For example, people were not able to locate toileting facilities independently or locate their bedroom if they wished to spend some time alone. This meant that people were not supported to maintain their autonomy and independence wherever possible.

We recommend the provider seek guidance from a reputable source in relation to signage appropriate for people living at the service.

At the time of our inspection no-one using the service was using an advocate although people had used them in the past. Advocates help to ensure that people's views and preferences are heard. The registered manager was clear of the process to follow if one was needed.

Is the service responsive?

Our findings

At the last inspection we found the service was caring and awarded a rating of Good. At this inspection we found improvements were needed.

Pre-admission assessments had been completed prior to people moving to the service. Areas assessed included mobility, nutrition, medication and communication. It also contained useful contact numbers such as GP and next of kin.

Care plans contained very limited information which was not person-centred and did not provide clear information for staff to follow. For example, a 'washing & dressing' care plans stated '[Person's name] needs assistance with washing and dressing. Keep as independent as possible and offer encouragement.' It did not clear state the amount of support that was required and what areas the person could manage independently. Another example included a 'sleep' care plan which stated '[Person's name] will generally sleep through the night and wakes occasionally.' It provided no information on the persons preferred bed time or anything specific regarding their night time routine.

It was not clear from the information recorded, the level of support that was required in any area. We discussed this with the registered manager who showed us an updated care plan that had recently been produced. This contained much more person-centred information and the registered manager was hoping to update all care plans within the coming months.

We discussed the needs of people with staff. It was clear they were extremely familiar with people they were supporting and were able to provide, in great detail, people likes, dislikes and preferences. One member of staff told us, "We have all worked here for such a long time. These people are like family and we know them inside out." Relatives we spoke with confirmed that people were provided with a person-centred service. Comments included, "They know [Person's name] really well. They encourage when they know [person's name] is capable. Staff know all the family and always seem very knowledgeable about everything that has been going on."

Life history documents had recently been introduced and contained a good level of information. Areas covered included past employment, unpleasant life events, married/widowed and dates, birthdays, where grew up, family details, hobbies and interests, memorable trips, likes, dislikes and fears. However, at the time of this inspection only one had been completed. This document contained useful information which staff told us they could use to stimulate conversation. The registered manager told us they were hoping to complete life history documents for all the people at the service.

The service supported people who required end of life care. We found preferences with regards to end of life care and support had been considered and end of life care plans were in place. These detailed preferences such as music the person would like playing, who they would like present at the end stages of life and preferred funeral arrangements. There was evidence that relatives had been involved in these discussions.

We discussed the end of life support provided with a visiting professional who told us, "Staff here provide an extremely dignified approach to end of life care. They are all so very kind and caring and that really shows in the support they provide. The end of life support here really is very good. They go above and beyond for all the residents."

Review of care and support plans took place on a monthly basis and these were recorded. However, these reviews had failed to identify that care plans did not contain sufficient and at times contradictory information. It was also not clear from the information provided who had been involved in these reviews, although relatives we spoke with were confident they were kept fully up to date with any changes.

Staff on duty took responsibility for arranging and managing activities. Although a planned activity timetable was not in place, one member of staff told us, "We have the ability to provide activities as and when required. We don't set anything in stone as that doesn't work in this environment. The hairdresser comes in on a regular basis and we sometimes have entertainers and there is always something going on." Throughout the inspection we observed people watching TV in communal areas, playing bowls and dominoes as well as enjoying time in the garden. Staff were also seen to spend one on one time with people, chatting and reminiscing.

Relatives we spoke with told us there was enough activities on offer. Comments included, "There is always something going on to keep people's minds stimulated" and "I like that staff have the time to sit with people and chat. It very much a family feel with no separation between staff and people. Sometime that is all [Person's name] wants – a little natter."

Relatives told us they were confident any concerns would be addressed appropriately by management. Comments included, "I have no worries about anything. The manager is always available and the staff are very approachable which makes discussions a lot easier."

The provider had a complaints policy in place which had recently been reviewed. We discussed complaint with the registered manager who told us no complaints had been raised in the past 12 months. They went on to say a complaints book used to be in place but it was not effective. They had introduced a complaints/suggestions form which was available in people's care plans so they had access when needed. However, this was only available in normal print and the registered manager had not considered the Accessible Information Standard. The Accessible Information Standard (AIS), which sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with disabilities, impairment or sensory losses.

The provider did not comply with the Accessible Information Standard (AIS). We recommend the service seeks advice and guidance from a reputable source in relation to the Accessible Information Standards.

Throughout the inspection we found evidence to show that the provider and registered manager had failed to manage people's individual communication needs and had not provided information in accessible formats. For example, signage was not suitable and policies and procedures were only displayed in normal print.

Is the service well-led?

Our findings

At the last inspection we found the service was well-led and awarded a rating of good. At this inspection we found that improvements were needed.

During the inspection we found that effective quality assurance processes were not in place to monitor and improve the service. We identified a number of shortfalls which the provider and registered manager had failed to recognise.

Care file audits did not take place to ensure people's records contained accurate and up to date information. We found numerous examples where care plans and risk assessments had not been updated to reflect people's current care needs. Information contained within care plans and risk assessment was insufficient and did not provide clear guidance for staff.

The registered manager had failed to ensure safe recruitment processes were followed. They did not have an effective quality assurance audit in place to identify any shortfalls.

Audits in place for areas such as medicines were not effective. Although they ensure stock balances remained accurate, there were no recorded checks conducted to ensure medicines had been administered safely. Medicine administration records were not audited to ensure they had been completed appropriately.

A health and safety audit was in place and completed monthly. However, this was a tick box exercise and did not clearly details areas of the service which were being checked. It had also failed to identify a window in one person's bedroom that was cracked and in need of repair.

The registered manager had failed to ensure staff were adequately supported. Regular one to one supervisions had not taken place. The registered manager did not have effective systems in place to identify when supervisions were due.

It was not clear what oversight the registered manager had in relation to accidents and incidents at the service. Although staff had recorded accidents and incidents appropriately, the registered manager did not record that they had viewed the information or what action had been taken as a result. Following the inspection, the registered manager contacted us and told us accidents and incidents were discussed verbally with staff. They also stated that any action to reduce risks were put in place. However, evidence of the action taken was not recorded.

The provider and registered manager had failed to ensure they kept up to date with best practice guidance. Information had not been provided in an accessible format and the registered manager was unclear with regards to their responsibilities under the Mental Capacity Act 2005.

The registered manager told us the provider visited the service on a regular basis and verbal discussion would take place in relation to any current issues. However, the provider did not conduct any checks to

monitor the quality and safety of the service.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014).

Providers and registered managers of adult social care services are required to notify the Care Quality Commission (CQC) about certain changes, events or incidents that affect their service or the people who use it. This is important as it allows the CQC to monitor the care and support provided. During our inspection, we identified that a small number of notifications had not been submitted when there had been a death.

There was a breach of Regulation 16 (Notification of death of service user) Care Quality Commission (Registration) Regulation 2009.

The registered manager told us staff meetings did take place, however minutes of these meetings were not recorded. Staff we spoke with confirmed they had attended staff meetings. Resident and relative meetings had not taken place. The registered manager told us, "We have discussions daily with people and relatives. If they have any suggestions, we listen. We have found this to be more effective than having set meetings."

Relatives we spoke with felt the service was well managed and told us the registered manager had an open, honest approach. Comments included, "[Registered manager's name] is very approachable. We have a chat every time I visit. They are always willing to listen" and "[Registered manager's name] is always available. They are very open and seem to work well with all the staff."

The registered manager told us feedback from people who used the service and relatives had been requested in 2018. Three feedback surveys had been returned which contained positive comments. However, one person had stated that they were not aware who their key worker was. It was not recorded what action had been taken as a result. The registered manager contacted us after the inspection to inform us that the person had been advised verbally who their key worker was the next day.

Staff told us they felt supported by the registered manager. Comments included, "They are very supportive. I only have to speak to them if I have any issues and it is sorted" and "Management are really good. They are very caring and I like their approach."

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 11 HSCA RA Regulations 2014 Need for consent The provider and registered manager had failed to comply with the Mental Capacity Act 2005. 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessment did not contain sufficient information to enable staff to provide effective support. Accidents and incidents had not been appropriately managed and staff had not received sufficient training with regards to medicine support. 12(1)(2)(a)(b)(c)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes to monitor the quality and safety of the service were not effective. 17(1)(2)(a)(b)(c)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Appropriate pre-employment checks had not been completed to ensure staff were suitable to work in the care sector.

19(1)(a)(b)(c)(2)