Mayflower Care Homes Limited

Hillgrove Residential Home

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

This inspection took place on 14, 24 and 28 October. The inspection was unannounced.

Hillgrove Residential Home is in a large detached building in a residential area of Birkenhead. The building is of a Victorian style with well-kept gardens. The home is registered to provide care and accommodation for up to 23 people. At the time of our visit 19 people were staying at the home.

Accommodation is in 23 bedrooms over three floors, the upper floors are accessible by a staircase and a passenger lift. All of the bedrooms are single occupancy and have a wash basin. There are toilets and bathrooms on each floor.

The home required and had 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 local authority had raised some concerns with the registered manager after a recent visit. The concerns related to the homes health and safety, including the use of supplies and equipment to prevent cross contamination and infection. The local authority also became aware during their visit of a safeguarding incident that had not been reported to the relevant organisations and some people living at the home required a Deprivation of Liberty Safeguard and no applications had been made. The local authority also made recommendations relating to making appropriate referrals for people to outside healthcare professionals.

We used this information to help plan our inspection. During our inspection we found that action had been taken and was on-going in relation to the concerns that had been raised.

During our inspection we found breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not an effective use of the systems and processes available at the home to assess, monitor and improve the quality and safety of the services provided to people. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager regularly completed a number of checks and audits of the home. These were kept up to date. However the audits had been ineffective in identifying areas needing improvement. For example, improvements required to the equipment at the home, safety of the premises and planning people's care. At the time of our inspection many of these issues had been rectified or works were in progress. However the systems at the home had not been effective as they had not highlighted the areas requiring improvement.

Due to some of the people who lived at the home having dementia, it was difficult for them to speak with us

during our visit. People who spoke with us, told us they were well cared for and were happy living at the home. We observed the care of and interacted with people who didn't speak with us. It was clear by how relaxed and comfortable they were with staff, that they felt safe at the home.

From the interactions between people staying at the home and staff members it was clear that they had warm, positive relationships. We saw people were treated with patience, kindness and with respect.

People's friends and relatives spoke very highly of the home, the registered and deputy managers and the standard of care their relatives received. Visitors told us that they were always made to feel welcome at the home.

We saw that there was enough staff to safely meet people's needs. At times staff were busy however we did not see people waiting for care or support. A senior staff member was on call 24 hours a day.

When we visited the service operated within the principles of the Mental Capacity Act 2005. Appropriate referrals had been made to the local authority for people who would benefit from a DoLS authorisation. This was done along with an assessment of the person's capacity.

Staff received training appropriate to their role. This included training on safeguarding vulnerable adults. Staff were knowledgeable about safeguarding and knew who to contact if they suspected abuse had occurred.

People's medication was stored, recorded and administered in a safe way. People had care files which were individualised and person centred. There were appropriate risk assessments on people's care files in respect of their health, safety and well-being.

The home had adaptations to the environment to enable people to get around the home independently, such as ramps, hand rails and dementia friendly picture signs. The environment at the home was clean and bright and had no unpleasant odours.

Staff members were enthusiastic about their jobs and told us they were happy in their roles. They told us that they felt well supported by the registered manager and the deputy manager. They had regular supervision meetings and staff team meetings.

The registered manager had an open door policy. During our visit we saw people calling into the office to see her. People told us they were comfortable with her and had confidence that if they went to see her with any concerns they would be resolved. We saw that the manager interacted with people who lived at the home throughout the day in a friendly manner. From our observations, it was clear that she knew people well and had positive relationships with them.

There was a variety of activities available to meet people's needs and preferences. We also saw that people's special events, such as birthdays were celebrated.

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 who lived at the home and their friends and relatives told us they felt safe.

There were enough staff at the home to attend to people's needs. Staff received training on and were knowledgeable about how to keep vulnerable adults safe.

Audits and checks had been made to the home's environment and the building. Improvements had been identified and were ongoing at the time our visit.

People's medication was stored, recorded and administered to them in a safe way.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to their role. They were enthusiastic and positive about their job.

Staff told us they were supported in their job through regular supervision meetings and staff meetings.

The home operated within the principles of the Mental Capacity Act 2005. Applications for DoLS authorisations had been made to the local authority.

People told us they liked the food that was available. People preferences and special dietary requirements were catered for.

Is the service caring?

Good

The service was caring.

People staying at the home and their friends and relatives told us they felt well cared for.

We saw interactions between the staff and people who lived at

the home that were kind, patient and respectful.

People's special events were celebrated at the home, which showed people they were cared about. People's friends and relatives told us they were always made to feel welcome at the home. This helped to promote people's emotional well-being and a friendly atmosphere.

Is the service responsive?

Good

The service was responsive.

People's care plans were individualised and person centred. Pre-assessments of people's support needs were made before people came to the home.

Complaints were dealt with and responded to.

There was a choice of activities available to people who lived at the home. The activities were for people with a range of abilities, preferences and support needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager completed a number of audits of the service and environment. However these had not been effective in highlighting issues picked up by the local authority.

Systems in place had not always recorded relevant information or were used in a way that enabled the registered manager to use the information to improve the service provided.

The registered manager sought people's feedback. Staff and people's friends and relative told us they had friendly and positive relationships with her.

Hillgrove Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 14, 24 and 28 October and was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. A notification is information about important events which the provider is required to send us by law. We checked that we had received these in a timely manner.

We also contacted the local authority quality assurance team for their feedback. The local authority had recently visited the home in relation to information of concern that had been received about the home that the local authority had investigated. During their investigation the local authority had found areas in the home that required improvement.

We spoke with ten people who lived at the home. We also spoke with four people's friends and relatives. We spoke with ten members of staff including the registered manager and deputy manager, five carers, activities co-ordinator, domestic and catering staff. We spoke with one visiting health professional and one person who frequently visited the home to engage in activities.

We observed people's care and staff interactions with people who lived at the home. We looked at the care plans for five people and tracked the care of four people to see if they received the support they needed. We also looked at the staff files of five members of staff and documents relating to medication administration, health and safety, staff rotas and the management of the home.

Requires Improvement

Is the service safe?

Our findings

We asked people who lived at Hillgrove how they were doing, everybody responded positively. One person told us, "I'm very well". Another person told us, "Yeah, I feel safe. Staff are always there". A third person said, "They treat you well, you're safe here. I'm happy here".

One person's family member told us, "I'm quite happy with the home, I think it's safe. I've seen that people are well looked after. This home suites him". Another relative told us, "I'm happy for him to stay here. I'm happy with it here". A third told us, "I couldn't speak highly enough of the home".

We saw that there was enough care staff on duty to safely meet people's care and support needs. There was also a manager and deputy manager present, in addition to the care staff who helped out as necessary. In addition to this there was a part time activity co-ordinator, cook and cleaner. At certain times during the day we saw that staff were very busy, however we did not see anybody waiting for an excessive amount of time for the support of a staff member. People spent their time downstairs in one of the lounges or the dining room; people who frequently used their bedroom were accommodated on the ground floor, to make access and care more convenient. We saw that people were supported by staff with appropriate moving and handling techniques and made use of equipment. This helped people to remain safe. We saw staff supported people to mobilise patiently with reassurance given to people to "take their time".

There was a minimum of two staff members on duty during the night and there was a senior member of staff available on call 24 hours a day. We saw that every bedroom had facilities for a call bell; however a third of the rooms had no call bed cord in place. The registered manager told us that nobody uses the call bell system. She told us that very few people have the capacity to do so and people do not generally stay in their rooms and during the night people are checked on every hour. We saw this was documented in people's care plans.

We saw that processes were in place to ensure that new staff members were safely recruited. New staff had completed an application form outlining their skills and experience. Successful applicants attended an interview, had their identification checked and a criminal records check from the Disclosure and Barring Service was completed. The registered manager sought two satisfactory references for each new staff member.

There was sufficient information on people's care plans to enable staff to support people safely. We also saw that appropriate risk assessments were in place. For example risks relating to skin integrity and risk of falls.

Senior staff had attended a course on how to manage incidents regarding the safeguarding of vulnerable adults. Other staff had computer based training regarding safeguarding vulnerable adults. Staff we spoke with were knowledgeable and confident answering questions regarding safeguarding. They knew the different forms that abuse may take and possible clues to look out for when caring for people. Staff told us they would report any concerns to the registered manager or the deputy manager. They were also aware of their responsibilities to report concerns to outside organisations if necessary and how to do this.

There had been recent improvements to the home in relation to cleaning and hygiene equipment being readily available for staff to use and infection control. However during our visit, we found that there was no hot water to two upstairs bedrooms, one upstairs toilet and found a tap in another toilet that was not working properly. In some other rooms the hot water took an excessive amount of time to become hot. This did not aid the staff in appropriate hand hygiene and infection control. We saw records that showed hot and cold water was checked four months earlier over May and June 2016 when upgrades had been made to the water system as necessary. The registered manager told us there had been work done on the plumbing and that she was not aware of this current problem. Later on the first day of our visit the registered manager told us that there was a plumber booked to come out tomorrow.

When we visited the home's environment was clean and bright, the home had no unpleasant odours. Relatives told us that they thought the home was clean. One relative said, "The home is always spotlessly clean, there are no smells".

The kitchen appeared clean and had been awarded a score of four out of a possible five by the local authority environmental health team. The temperatures of food kept in storage were checked and recorded. However we saw that there were currently no cleaning records being kept for the kitchen and the equipment used in the kitchen. Records had been kept previously but had not been maintained when the previous cook left their job. The oil in the deep fay fryer appeared old. Because of not having cleaning records the cook was unable to tell us when the deep fat fryer's oil was changed, other than knowing that it was more than seven weeks ago. The cook told us they had only made chips once.

There had been other checks made to the safety of the home's environment. Checks had been made to the electrical and gas safety on the premises. Portable electrical appliances were tested for safety (PAT testing) and there had been legionella tests done on the home's water system. Water temperatures had been checked. The lift used at the home had been maintained. Checks had been made of the home's fire alarm from a different call point which had been recorded and checks of hoists and adapted baths had been undertaken by a competent person. This meant that these areas of the home were kept safe.

When we checked two of the fire escape doors were jamming and required a reasonable push to open them. The upstairs fire escapes led onto metal staircases going down either side of the building. On one staircase a wire had dropped and was across the path of the exit. These were concerns that may have impeded people's quick escape from the home in an emergency. The fire exit doors set of an audible alarm on the ground floor when opened. Each time the alarm was activated staff quickly attended.

We checked the home's systems for the storage, recording and administration of medication. The medication was safely stored in a locked cabinet which was secured to a wall. A list of those staff members trained and authorised to administer medication was kept along with a sample of their signatures. The storage temperatures of the medication was checked daily and recorded.

Each person who lived at the home had a medication administration record which provided personal information about the person along with a photograph and details of the medication they were taking. There was information and guidelines for staff regarding any as and when required (PRN) medication that people may need. We spot checked the medication for three people. The records had been correctly completed and the stocks of medication held tallied with the records.

In the medication file were forms for documenting any recording or drug errors. There was a system in place for recording, addressing and learning from errors if they happened.

The manager arranges for people's money to be safely stored if this is required. We saw that if this is the case the person and their family members are provided with a statement every three months.

Good

Is the service effective?

Our findings

People we spoke with and their family members told us they thought the staff were effective in their roles. One person's relative told us they thought the staff were, "Very good, the staff are very good". One person's friend told us, "The staff are extremely friendly and helpful. It's a good home, very good".

Staff we spoke with were enthusiastic about their role, many of them had worked at the home for a long time. One staff member told us they were proud of their job, "Making sure people are well looked after and providing good proactive care". Another told us, "I've always loved my job since I started here". This staff member went on to say that they would be happy for one of their relatives to stay at the home because, "I think staff are good here. Very caring". We observed that staff were caring towards people, enthusiastic and knowledgeable about people's needs.

The registered manager told us that most training for staff was computer based training. Safe moving and handling and fire safety were provided for staff face to face as this training needed to be practical. After training was completed a test of knowledge was undertaken and a score achieved. The manager had an up to date record of training staff had completed. Staff had received training appropriate to their roles and most staff had been supported to obtain an vocational qualification in care (NVQ). Care staff received training in dementia, challenging behaviour, deprivation of liberty safeguards, fire awareness, first aid, food hygiene, infection control, mental capacity, safe moving & handling and safeguarding. Domestic staff using cleaning chemicals received training on the care of substances hazardous to health (COSHH). Senior staff had been trained in medication administration, assessing people's needs and supervision of staff.

Staff told us and we saw notes from regular supervision meetings staff had with the registered manager. Staff told us they found these meetings useful. One staff member told us, "I can approach the manager with anything I need for the role". Another staff member told us, "I find the supervision useful; I get feedback about how I am doing in my role". Staff also told us that during supervision meetings their training needs were discussed and any additional training was planned.

Staff told us they had staff team meetings each month. Staff told us that during the meetings they received updated information, changes and improvements to working practice and information about new people supported. There had been a recent staff meeting that we saw the minutes for. Staff were able to place items on the agenda if they wished.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the registered manager had arranged for applications for a DoLS to be submitted to the local authority for people who would benefit from them. These had been completed with a clear rationale with regard to why they had been applied for. These DoLS had been applied for after a capacity assessment had been completed and there was evidence that people's relatives had also been involved in the process.

Staff we spoke with understood the principles of the MCA. One staff member told us that, "People have the right to choose, just because people have dementia does not mean they cannot make any decisions". We saw that during people's care, staff asked people for their choices and promoted decision making where possible.

At lunch one person told us the food was "Very nice", another person told us, "It's tasty". We saw that there were three staff members helping people to have lunch, they were able to quickly respond to requests and took the time to check if people needed anything. Some people were helped to eat their food; this was done in an unhurried, sensitive manner. Staff made suggestions to people that they may find helpful, staff were respectful and waited for people's answers. For example, one person was asked at lunch, "Would you find it easier with a spoon".

At lunch people were offered alternatives if they didn't like the main meal. We saw that some people only ate half of their meal, when this happened the staff member checked to see if the person wanted an alternative such as soup or a sandwich instead. One person's family member told us, "He eats everything. He tells me the food is lovely. He reads the menu and knows what food is being made for the next day".

We spoke with the cook, they told us and we saw that the kitchen used fresh food ingredients and soups were homemade. People's dietary requirements were met including people who required a specific diet. On special occasions, for example, a person's birthday, a celebratory buffet was put on in the afternoon and their family and friends were invited to attend. We saw that during lunch the cook went to see people to get their feedback.

There was a main large lounge, a quiet sitting room connected to the dining room and also a sitting area in the hallway near the bottom of the stairs. We saw people having tea in the sitting area near the staircase watching people coming and going and chatting to them. The lounges and the sitting room were bright and well decorated and had views over the garden. There was music playing in the dining room and connecting lounge, this created a pleasant and relaxed atmosphere. We saw that there had been adaptations made to the building for the people living at the home for example, ramps, handrails and dementia friendly signs guiding people to different rooms.

We saw that the home worked alongside district nurses and GP's in providing people's care. One relative gave us an example of a recent concern with their family member's wellbeing. They told us that they were happy with the response from the care staff. In a completed survey we saw another family member had wrote, 'Mum's physical health has visibly improved since coming to the home and her mental health appears more stable'.

Good

Is the service caring?

Our findings

We saw that people living at Hillgrove were comfortable and had good relationships with the staff. One person told us, "They are wonderful staff at this home". Another person added, "I like it here".

People's relatives told us they thought their family members were well cared for. One person's relative told us, "The staff are very, very nice". A person's friend told us, "They are really nice girls, all of them". One relative told us their family member was, "Well looked after" and another said that their relative had "Settled in well".

A visiting health professional told us, "Staff are nice when we visit". One person who had regularly visited the home as part of their job told us, "I've seen people treated in a very dignified way here. I enjoy coming here".

We saw that there were friendly, caring and respectful relationships between staff and people who lived at the home. It was clear that staff knew people well and had knowledge of their preferences. We saw that when staff spoke to people at length they bent down to eye level so people could see their faces and the staff were not standing over people, helping to put people at ease.

During one lunch time we observed staff being respectful and asking people questions rather than making assumptions. For example when cleaning up after lunch we saw staff asking people, "Have you finished with your plate" and when people were arriving for lunch staff asked them their opinion about where they would like to sit.

People's independence was promoted. We saw dementia friendly signs identifying different rooms around the home to aid people getting around. Before staff helped in any way people's permission was sought. For example after lunch one person was asked by staff, "Am I ok to wipe your mouth" and after lunch people were asked if they wanted to go into the lounge or to their rooms. This helped to promote choice and independence in day to day interactions.

Staff were patient and we saw that when people were confused in their speech or thoughts they were given the time to express themselves and were listened to. At times we saw that staff were able to work out what the person was trying to communicate by clues in their behaviour for example pointing and their facial expressions. When people were asked a question we saw that staff showed respect and patience and waited for them to answer.

Staff enquired about people's wellbeing and responded to the feedback people gave them even in small things. We saw that one person was asked how they were. They told the staff member that they fancied some bread and butter, without question bread and butter was brought for the person to enjoy.

People and their friends and family appreciated the way they were helped and spoken with. We heard one person saying to a staff member, "You're a sweetheart". One family member told us, "The staff treat her as a friend". Another family member told us they thought the staff were, "More like friends than carers". A

person's friend told us, "If it was my mother, I wouldn't mind her being here".

On one of the days we visited there was a birthday celebration happening for one of the people who lived at the home. The staff had arranged for a celebration buffet for dinner where everybody became involved. The person's relative commented, "The home is really warm and genuine". This showed that people's feeling were important to the staff and managers at the home.

We saw that when people's relatives visited they were welcomed into the home. One relative told us, "I can come whenever I want, it's really flexible". Another relative said, "We never make an appointment, we just turn up. We are always made to feel welcome".

The registered manager told us that when needed the home provided person centred end of life care. One family member told us of their experience saying, "I can come anytime day or night. I've been offered my meals here so I can visit longer". They added, "The staff have always been friendly, very pleasant. This [home] seems to be a good one". We saw evidence that end of life care had been provided by staff working in partnership with medical professionals.

We saw cards that people had wrote to the manager and staff at Hillgrove. One said, 'Thank you for all the care you gave my dad [name]. It was very much appreciated and I will miss chatting to you all'. Another person stayed at the home for respite and their family member wrote, 'Many thanks to you for all your care. You took [name] at short notice, which was very much appreciated'.

Good

Is the service responsive?

Our findings

One person's relative told us that the manager visited them in their home to give them information about the home and to assess their relative's needs, before they moved into the home. The relative told us this really helped with the person receiving the care that was right for them when they came to live at the home.

Each person who lived at the home had an electronic care file that staff could access via a computer. Care files contained a picture, contact details of important people and a brief personal history of the person. There were electronic care plans which outlined each person's care needs and preferences and how staff were to support people with these.

We observed that the computers holding people's personal information were password protected so that people's right to confidentiality was maintained. Care staff used a laptop to access and update care plans throughout the day. We observed that staff made frequent entries into people's daily notes on their care plans. These notes were detailed and person centred and showed the personal care, activities, food and drink, significant things the person said and updates to people's care plans.

We observed and relatives told us that people had a pre admission assessment of their care needs to ensure the home can meet them. The assessment also contained urgent information that care staff may need to know. There were the necessary risk assessments in place on people's care files. For example if a person was identified as high risk of falls, there was a risk assessment and management plan in place to mitigate any risks.

The home has a procedure in place for dealing with complaints, this contained necessary information on the outside organisations people may wish to contact in respect of a complaint. Information on how to raise a complaint was on the notice board at the entrance to the home and also in the service user guide to Hillgrove for people to refer to. In the complaints file the last recorded complaint was in 2010. We asked the registered manager about this and she told us that there had been complaints since 2010 and these had been dealt with in a more informal manner. Informal complaints had been recorded in a comments book, we saw records of three complaints over three years. The registered manager told us, "People speak to me or the deputy manager, we are always accessible". She gave us an example of one recent complaint and told us it wasn't recorded, that she "just sorted it". This wasn't recorded in either the comments book or complaints file. There was not a consistent approach towards recording and handling complaints. Although people told us the registered manager responded to complaints, this inconsistent approach could make learning from each complaint more difficult.

We saw that people had access to suitable activities that promoted their well-being. One morning when we arrived people were singing in the lounge to upbeat music. Another time people were exercising by throwing different sized balls and dressing baby dolls.

We spoke with the activities co-ordinator for the home. They told us that there was a list of activities people could choose from each day. Examples of activities are art and crafts, skittles, ball games, an interactive quiz mat, singing and bingo. If people need help to join in on an activity this is made available. There were themed based crafts for different time of the year. For example, Halloween and Christmas. One visitor told us, "There is loads of entertainment and fun things, it's very good. There is a breakfast sing a long". The activities lead told us that when the weather is good the home arranges for outside activities. One person's friend told us that, "On a nice day people go out with staff onto the balcony. During the summer some people had been on a boat trip that had been arranged by the home.

We saw that once a week the organisation 'pets as therapy' brought a dog into the home for people to interact with. The 'pets as therapy' person told us, "People love the dog, it can help people be calm and is a good distraction if they are agitated". We saw that a number of people enjoyed the pets as therapy visit.

The home also made use of memory boxes, which contain tactile objects and sensory objects typically from people's past. The memory boxes are based around themes, such as washing day and there was also a quiz on what the items could have been used for.

Requires Improvement

Is the service well-led?

Our findings

The registered manager completed a range of audits in respect of the service. There was a health and safety audit that included, fire, first aid, accidents, care of substances hazardous to health (COSHH), risk assessments and environmental health. There were also audits of people's care plans, infection control, and management of the home.

We saw that the health and safety audits had not always been effective; they had not consistently picked up on areas of the home that needed improvement. For example the health and safety audit for October was completed on the 13 October, the day before our visit. This had not highlighted the sticking of the fire doors or the cable that had dropped across the path of the fire exit stairs. The audits had also not highlighted that the fire exit door alarm was not audible on the top floor, so nearby staff on the top floor may not be alerted. There were areas of concern noted by the local authority during their recent visit in relation to the homes health and safety. Although by the time of our inspection these had been rectified or works were in progress, they had not been picked up during previous health and safety audits completed at the home.

Environmental audits had not picked up on cleaning records not being kept of the kitchen and there being no hot water to two bedrooms and two bathrooms.

There had been regular audits of people's care plans. However these had not identified people who would benefit from an application for a DoLS authorisation. Hillgrove had recently been visited by the local authority to check the home had appropriate DoLS authorisations in place. It was only after this visit that appropriate applications were made. Reviews of people's care plans and considering people's capacity to consent to care had not highlighted the need for additional DoLS applications.

Reviews of care files had also not picked up on insufficient details or involvement with people's families on some people's, 'do not attempt cardiopulmonary resuscitation' (DNACPR) instructions in place as part of people's care plans.

The systems at the home for recording and managing incidents and accidents were not effective. Accidents were being recorded on two systems, a computerised care record and a paper accident book. In the past six months the computer system had a record of 9 accidents and the paper record recorded 18 of which 8 were the same as those recorded on the computer.

During our inspection we became aware of incidents that had not been recorded on either system. One person had moved room because they had been opening the fire door at the top of the external fire stairs. The registered manager told us that the person did this, "Quite a few times". There was no record of these incidents or near misses. Another person moved room because of behaviour that may pose a safeguarding risk. This incident had also not been recorded. The registered manager and staff had responded to incidents but had not consistently recorded them. In one case they had not notified the relevant authorities of a notifiable event. This meant it was difficult for the manager to review incidents that happened at the home

to learn from them and monitor the number of incidents that took place in order to protect people from further harm.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not being effectively used that would enable the manager to assess the quality and safety of the care provided to people.

The manager completed an analysis of falls, we looked at this for September and October, we saw that action was taken when patterns were identified. The visit from the local authority had highlighted that referrals to the local falls team had not been consistent.

People who lived at the home were comfortable with the registered manager and it was clear that they had a positive relationship with her. People we spoke with made positive comments about the registered manager and deputy manager. One person's relative told us, "The managers are fine. I get on with them all, I'd feel confident going to the [registered] manager with a concern. She's always very happy to talk to you". Another relative told us, "We had a few small things to raise, we spoke to [deputy manager]. They always made time for us, we spoke in private and things have always been dealt with".

The registered manager spoke to people during lunchtime asking them how they were; she knew people's names and people were comfortable with her. Throughout the day she struck up conversations with people, we saw that she started one conversation by telling a person, "You look lovely". One staff member told us about the registered manager, "She knows what happens at the home".

The registered manager sought people's feedback by arranging surveys of people and their relatives every three months with regard to the quality of their care. We saw people's feedback had been reviewed by the manager. The response from surveys we looked at were positive. One completed survey stated, 'Any comments we have raised have been dealt with promptly and effectively'. The manager had an open door policy. We saw this in practice during our visits when people's relatives and friends called into the office to have discussions with the manager.

The registered manager had ensured that the home had policies in place outlining the service response to safeguarding, whistleblowing, protection from abuse and bullying and harassment. These were available to staff and we saw evidence that they were discussed in staff team meetings. The registered manager told us and showed evidence that there are regular meetings of all senior staff. These meetings were used to plan improvements at the home.

Staff told us they felt well supported in their role by the registered manager and the deputy manager. When speaking about them one staff member told us, "You can call them day or night". Another staff member speaking about the registered manager told us, "She is good and she listens to people. She has an open door policy, she's always there". A third added, "I love her as a manager. You can approach her, she is caring. She's been very supportive to me". A fourth told us, "She is supportive, Anything we need she gets it. I get lots of support in my role and personally".

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 17 HSCA RA Regulations 2014 Good governance There was not an effective use of the systems and processes available at the home to assess, monitor and improve the quality and safety of the services provided to people.