

Howard Court Care Home Limited

Howard Court Care Home

Inspection report

Howard Arms Lane
Brampton
Cumbria
CA8 1NH

Tel: 0169772870

Website: www.carehome-cumbria.co.uk

Date of inspection visit:
30 August 2017

Date of publication:
29 September 2017

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

This unannounced inspection took place on 30 August 2017. Howard Court Care Home provides accommodation for up to 28 older people some of whom may be living with dementia. At the time of the inspection 24 people lived at the service.

At the last inspection on 27 and 30 July 2015, the service was rated 'Good'.

During this inspection we found the service to be in breach of three regulations under the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. The breaches were in respect of Regulations 11 seeking consent, Regulation 18 staff training and Regulation 17 good governance. This included shortfalls in the effective implementation and operation of effective quality assurance processes to assess, monitor and improve the quality of the service provided. A failure to seek and record consent and failure to provide staff with ongoing training and development. You can see what action we told the registered provider to take at the back of the full version of the report.

Feedback from people and their relatives regarding the care quality was overwhelmingly positive. Views from professionals were also positive.

People who lived at Howard Court Care Home told us that they felt safe and there was sufficient staff available to help them when they needed this. Visitors and people who lived at the home spoke highly of the registered manager and the owner who is also the provider. They told us they were happy with the care and treatment.

People had received their medicines as prescribed and staff had been trained in the safe management of medicines. However, we found areas that required improvement in the medication administration records. The registered manager and the registered provider took immediate action to make the required improvement soon after the inspection. Medicines were stored securely to ensure they were safe.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's consent to various aspects of their care was considered and where required DoLS authorisations had been sought from the local authority. However the systems for assessing and recording to mental capacity assessments were not in place. The registered manager took action immediately after the inspection and made the required improvements to the documentation.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the home. We noted that the recruitment policy needed updating to ensure it was in line with current legislation. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required. Risk

associated with fire had been managed and fire prevention equipment serviced in line with related regulations. However people did not have personal emergency evacuation plans in their files. This was resolved immediately by the registered manager.

Care plans were in place detailing how people wished to be supported. People who received support, and their relatives, told us they were involved in their care planning. However, this had not always been recorded. People's independence was promoted.

The provider had sought people's opinions on the quality of care and treatment being provided. Relatives and residents meetings and surveys had been undertaken to seek people's opinions. However the surveys had not been analysed and feedback provided to people on the outcome of the surveys.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Comments from people who lived at the home were all positive about the quality of meals provided. One person said, "The food here is the best." We found people had access to healthcare professionals and their healthcare needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people could receive the treatment and support they needed. Health and safety concerns were identified and rectified.

Governance and management systems in the home required some improvement. Internal audit and quality assurance systems were in place. However; they had not always been effectively implemented to assess and improve the quality of the service and to proactively identify areas of improvement.

People who lived at the home told us they were encouraged to participate in activities of their choice and a range of activities that had been organised. We observed the care staff engaging people and offering a range of activities. People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

All Staff had received induction and training including National Vocational Qualifications (NVQ); however we found shortfalls in relation to ongoing training required for the role. There was a policy on staff supervision and appraisals and staff had received regular supervision.

Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work and wanted to do their best to enhance the experience of people who lived at the home. We received positive feedback from visiting professionals and relatives of people who lived at the home.

The registered manager used a variety of methods to assess and monitor the quality of care at Howard Court Care Home. These included, regular infection control checks, medicines audits, surveys and staff and resident meetings to seek the views of people about the quality of care being provided. However we found shortfalls in the systems and processes for monitoring and assessing quality in the home.

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 ●

This service was not consistently safe.

Relatives felt their family members were safe. Feedback was positive.

Staff knew how to protect people from abuse. However not all staff had received safeguarding training.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risk had been put in place. Improvement were required for the management of head related injuries.

People's medicines were safely managed however there was no adequate written guidance for 'as and when' medicines (PRN).

Risks of fire had been managed and equipment had been serviced regularly. However people's records did not have person emergency evacuation plans (PEEPS) to guide staff in cases of emergency.

Is the service effective?

Requires Improvement ●

This service was not consistently effective.

The rights of people who did not have capacity to consent to their care were not fully protected in line with the MCA principles. Authorisations to deprive people of their liberties had been submitted where required. However records demonstrating consent and mental capacity were not completed.

Staff had received vocational training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely. However on going training and development had not been consistently provided.

People's health needs were met and specialist professionals were involved appropriately.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

Is the service responsive?

The service was not consistently responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve. However evidence of people being involved in their own care planning was not always recorded.

The provider had gained the views of people who used the service and their representatives. Care files had been reviewed.

People had been provided with appropriate meaningful day time activities and stimulation to keep them occupied. However some people felt they were not offered enough activities.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was a registered manager in post and people gave positive feedback about the manager and the provider.

Systems for assessing and monitoring the quality of the service were in place. Various audits had been undertaken to monitor the quality of the service. However the systems and processes were not robust to identify concerns relating to care and treatment.

Management oversight had been provided to monitor the overall running of the service. However this was not formal.

We found shortfalls relating to seeking consent, record keeping,

Requires Improvement ●

staff training and audit systems in the home. Systems for assessing the quality of records relating to care delivery were not robust.

Howard Court Care Home

Detailed findings

Background to this inspection

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

This inspection visit took place on 30 August 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection visit we reviewed the information we held on Howard Court Care Home. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the home including eight people who lived at the home, four visitors and three care staff. In addition, we also spoke with the registered manager and the owner. We looked at the care records of four people who lived at the home, training and three recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority and Healthwatch. This helped us to gain a balanced overview of what people experienced living at Howard Court Care Home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe living at Howard Court Care Home and with the way staff supported them. Comments from individuals who lived at the home included, "Yes I feel safe and that gives me great comfort" and, "This place is arranged to make us all happy. It's lovely." A relative told us, "Yes, it's safe here. Staff are organised well and are always around to watch what's going on. I know [my relative] is safe, because of the way staff treat her."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed regularly and safeguarding training continued to be updated for staff. In addition, staff had been recruited safely, appropriately supported by the management team.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the actions taken by the service had been recorded. For example, we saw evidence of actions following falls. Staff had sought medical advice in majority of the cases. However we noted that although staff had sought medical advice after falls, cases involving suspected head injuries had not always been referred to medical professionals for advice. We discussed this with the registered manager and the owner and they advised they will ensure staff utilise the care home support team which is available all hours for support. This would ensure that people receive appropriate and timely support from medical professionals.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. Comments from staff included, "Staffing levels are fine we have a great team and if we need additional staff we will always ask and it's sorted." One person who lived at the home said, "I think there are enough staff. Alarm buzzers are answered quickly. Nobody seems rushed, they all have time for residents." And; "Sometimes they are short staffed and the manager and the office manager just muck in and do the job of carers. We're never left to wait for care."

Before the inspection we had received concerns from a whistle-blower regarding the suspected misuse of medicines and allegations that some people's care needs were too complex for staff to cope with and required nursing care. We reviewed the medicines administration records for all people who required controlled or sedating drugs. Evidence from the records demonstrated people's medicines had been given as prescribed and people's doctors and the mental health professionals had been involved where staff felt medicines required to be reviewed. We also noted people whose needs had increased and required specialised care had been referred and moved on to specialised services. We spoke to the registered manager and the owner who informed us that wherever possible they would keep people at the home as their needs change however they reviewed this to ensure they could continue to meet people needs safely.

We looked at how medicines were recorded and administered. We observed the staff on duty administering medicines during the lunch time round. We saw the medicines trolley was locked securely whilst attending

each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The people we spoke with told us they were happy with the support they received with their medicines. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We found people who had medicines that required to be given at specific times had been supported adequately. For example an alarm system was in operation to remind staff when it was time to administer the medicines. One relative said [my relative] must get his medication on time or it can affect his (medical condition). There is a buzzer set for the times he needs them that sounds around the home. It just alerts them that they need to ensure his medication is given at the right time. This reassures me."

The registered manager had internal and external audits in place to monitor medicines procedures. We found people who had 'as required' medicines also known as PRN did not have documentation to guide care staff on what these medicines were for and when to give it to people. Some information and guidance on these medicines had been provided in some of the care records however this was not robust and consistent throughout all the records we looked at. We reviewed the MAR records which demonstrated that PRN medicines had been offered to people when required. Care staff we spoke with were able to demonstrate how they supported people who required these types of medicines. We spoke to the registered manager and their senior care staff who immediately took action and included this guidance in each person's record.

We looked at recruitment processes and found the service had recruitment policies and procedures in place, to help ensure safety in the recruitment of staff. We reviewed the recruitment records of three staff members and found that safe recruitment procedures had been followed. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. 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. The recruitment policy required updating to ensure it reflected current legislation.

We saw the service had contingency plans in place. These documents gave guidance to care staff on how people needed to be supported in an emergency including the closest fire escape to their room. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. We found fire safety equipment had been serviced in line with related regulations. Fire alarms had been tested regularly. Fire evacuation drills were undertaken regularly to ensure staff and people were familiar with what to do in the event of a fire. However people did not have personal emergency evacuation plans (PEEPS). These are records that provide guidance to care staff should people who lived at the home ever need to be moved to a safer area in the event of an emergency. The registered manager immediately took action following the inspection and we received records to demonstrate this was now in place.

The building was clean with hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. One staff member had been identified as an infection control lead responsible for auditing the cleanliness of the premises and sharing good practice. The service had recently invited a local hospital infection control lead professional to provide them with advice and guidance on managing the risks of infection. This demonstrated good practice. We found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. For example, all staff we spoke with told us they knew the residents so well because they had worked at the care home for a few years. One staff member said, "I have been here for more than nine years and my induction was comprehensive." A person who lived at the home said, "Yes they know what I need and are very responsive to me." and, "I get plenty of care here. They're very good." A visitor we spoke with told us, "There's always training going on. I feel confident staff know how to use the hoist for [my relative]."

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. When we undertook our inspection visit a significant number of people who lived at the home had DoLS authorisation requests submitted to the local authority and some had been authorised. The registered manager was regularly checking progress of the other applications.

Discussions with the registered manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection. Although people and their relatives informed us that staff sought consent and considered people's mental capacity while providing care support and in each area of care, we found full mental capacity assessments had not been recorded and filed in line with MCA 2005 principles. Consent to photographs and medicines management had not been completed. We spoke to the registered manager and the owner regarding their responsibilities in respect of mental capacity assessments.

The provider had failed to comply with requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff completed an induction when they joined the service. A significant number of staff had also received national vocational qualifications levels two and three and the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. The staff we spoke with felt they had completed all the training they needed to support people effectively and told us they could request further training if they felt they needed it. However we noted that additional ongoing training in different areas had not been provided to staff on an ongoing basis. For example mental capacity, dementia and managing challenging behaviours.

We spoke to the registered manager who informed us that they had assumed that the missing ongoing training had been covered in the vocational training qualifications and the Care Certificate. Regulations require that training; learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment. Training

should be provided on an ongoing basis. This would ensure that staff are competent and their practice reflects current legislation, guidance and best practice. The registered manager and the provider showed us records to demonstrate they had booked additional training and confirmed that they would ensure that staff were provided with ongoing training in addition to the NVQ and Care Certificate that they had obtained.

The provider had failed to ensure that staff received appropriate ongoing training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff supported people to eat their meals. The atmosphere was calm and caring and people were not rushed with their meals. All people appeared to have enjoyed their meal and had eaten very well. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer. Comments about the food were good. One person who lived at the home said, "[Name], the chef is brilliant, they make excellent meals."

The care records we reviewed had a section which noted any special dietary requirements such as cutlery, plate guards or soft diet. People who required support had been offered different coloured plates to remind care staff that they required assistance. Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly and more frequently if loss or increase was noted. We found staff assessed people against the risks of malnutrition and made referrals to dietitians where appropriate.

We looked at the building and found it was appropriate for the care and support provided. Although the service did not have a sizeable outside garden, we saw people who lived at the home had access to the front area of the home which was enclosed and safe for people to use. In addition, there were two lounges and other quiet spaces for people to sit. We observed people moved around the building freely.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

Is the service caring?

Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. For example, comments included, "It's a lovely place and it's homely, we are lucky to be here", "I think this place is absolutely marvellous. The girls do all my washing for me. They try to change all my clothes every day, it's too often.", "I know the staff well and they know me well. They're very good" and, "I would say staff know me very well. I can explain to staff what I want and I get it." A relative said, "I was asked at first how I wanted [my relative] to be cared for, but not now. I think they know what's best for him now. I'm very happy with the way he is treated." and, "The staff are good at listening and are caring."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to do as much as they can."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred names. Care records that we saw had been written in a respectful manner.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative said, "They always make you feel welcome and offer me a drink."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home and their relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. Comments from people included, "Yes they know what I need and are very responsive to me.", "Sometimes we go and sit outside when it's warm. We sometimes go to the local school for a concert. That was good", "I like crochet, puzzles and code word books. I don't want to do anything else." A relative said, "There was a march for the freedom of the town in Brompton recently. Every resident was taken outside to watch it go by and had a great time. We were all invited back afterwards for a celebratory lunch. That was lovely."

Comments from one professional we spoke with during the inspection were positive. They informed us that staff always referred people for medical support appropriately. They also added that they felt staff responded well to any identified risks and followed recommendations and guidance provided by professionals.

We looked at the care records of four people to see if their needs had been assessed and consistently met. We saw they had been developed where possible with each person and family, identifying what support they required. People and their relatives told us they had been involved in planning for their care. People told us they had been consulted about support that was provided for them. One relative told us they received letters from the manager telling them what had gone well and how their relative was doing. However evidence of people being involved in their own care planning was not always recorded. We spoke to the registered manager who informed us they would ensure staff record when they sit down to talk with people.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medication. We found assessments and all associated documentation was personalised to each individual who lived at Howard Court Care Home. Documentation was shared about people's needs should they visit, for example, the hospital. Also known in the service as hospital passports.

Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The passport also provided information about whether the person had a 'do not attempt cardio pulmonary resuscitation' order (DNACPR) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

During the inspection we observed people had access to various activities to occupy their time. People indicated they were mostly satisfied with the range of activities provided at the service. We noted a schedule of activities had been set for people including arts and craft, puzzles and bingo. There were also occasional visiting entertainers and themed events, such as birthdays. Some people however told us that they did not feel there were enough activities for them to do. We discussed with the registered manager who informed us that they always ensured that people were given a choice of activities and would work with care

staff to ensure this was happening.

People were supported to maintain local connections and important relationships. People were actively encouraged and supported to maintain local community links. For example, people had been supported to maintain contact with their family relations. This allowed people to make friends and reduce isolation.

The service had a complaints procedure which was made available to people on their admission to the home. Copies were on view in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

We spoke with people who lived at the home and with relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. One person who lived at the home said, "I know how to complain. I can speak to the manager in the office." We reviewed complains that had been received. An acknowledgement letter had been sent to assure people their complaints had been received. However the complaints records were lacking in describing the investigation process, the outcomes and the action taken in response. We spoke to the registered manager and they assured us that this would be resolved.

Is the service well-led?

Our findings

There was a registered manager employed at Howard Court Care Home. 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 registered manager and registered provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager and provider. These included medication, the environment, accidents and incidents, and infection control. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. However, we found improvements were required to ensure the audits covered all areas of care delivery including care records, complaints and staff records. For example we found people's records did not contain mental capacity assessments, personal emergency evacuation plans (PEEPS) and records of medicines did not have PRN protocols. We also found records of water temperature checks submitted to us following the inspection had been significantly altered for the months of May and August 2017. We raised the concerns in the accuracy of the records with the registered manager who informed us they were not aware of this. Surveys carried out for staff and people had not been analysed and the results shared with people to demonstrate what the provider was doing with the feedback received.

Although action was taken immediately by the registered manager to address some of the concerns, these shortfalls had not been identified by the providers' quality assurance system before our inspection. This meant that the governance systems in the service were not robust to identify concerns in a timely manner. We spoke to the provider during the inspection and they informed us that they had employed a consultant who had supported them in some aspect of the governance of the home.

The provider had failed to maintain good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

During this inspection we identified three breaches of regulation in relation to seeking consent, staff training and development and good governance. This demonstrated that the arrangements for assessing quality and safety required further improvements to ensure they were effective and robust in identifying concerns.

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example, we only received positive comments from staff and relatives and they included, "The manager is friendly and she's around all the time. They listen and take action." Also, a relative said "We have meetings where we discuss general issues about the home. I also receive letters from the manager about how [my relative]'s care is progressing or needs to be changed."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced and had an extensive health and social care background.

They were knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering and being key workers for all residents. Each person took responsibility of their role and had been provided oversight by the registered manager who was in turn accountable to the owner.

In their PIR the registered manager informed us, 'We have policies and procedures for guiding staff regarding referring residents to outside agencies like occupational therapist, physiotherapists and GPs. Staff are encouraged to read these and have them readily available to them should they need guidance.' We reviewed the policies and procedures in the home and found this to be the case.

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. In addition, staff and resident/family surveys were carried out annually. However we noted that the surveys had not been analysed and results of the survey had not been shared with people and staff. The registered manager and the owner informed us they would do this immediately. We saw people and staff were consulted on the daily running of the service and any future plans.

Regular checks were also made to ensure fire safety equipment was working and in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found meetings, were used to keep staff informed of people's daily needs and any changes to people's care. Staff had been invited to contribute to the meetings. Information was clearly written in people's daily records showing what care was provided and anything that needed to be done. We also found a 'handover meeting' system was in place to ensure information relating to people's care was shared between care staff. For example information relating to changes in people's needs.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. We found the registered provider had fulfilled their regulatory responsibilities and statutory notifications were being submitted to the Commission. A notification is information about important events which the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and local commissioning group, pharmacies, and local GPs. Challenges associated with working with other agencies had been identified and the service had engaged other services effectively to ensure safe and effective provision of care service.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure that legal consent for care and treatment was obtained from people who used the service. This was because people's mental capacity had not been considered and records to demonstrate consent had not been kept - Regulation 11(1)(2) HSCA RA Regulations 2014 Need for consent</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(c)(d) (e)(f) HSCA RA Regulations 2014 Good governance</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that persons employed by the service provider in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a) HSCA RA Regulations 2014 - Staffing</p>

