

Upsall House Residential Home Limited

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Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 April 2016 and was unannounced. This meant the registered provider did not know we would be visiting. The service was previously inspected in October 2015, and was not meeting two of the regulations we inspected. These related to recruitment procedures and quality assurance audits. At this inspection we found that recruitment procedures had been improved but problems remained with quality assurance processes.

Upsall House Residential Home provides care and accommodation to a maximum of 30 people, some of whom may be living with a dementia. The home is a two storey converted private dwelling situated near Middlesbrough. There are 30 single bedrooms, 24 of which have en-suite facility which consist of a toilet and hand wash basin. There are two communal lounges and a dining room. At the time of our inspection 27 people were using the service.

The service 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.

Medicines were not always managed safely. People's medicine records did not always contain the information needed to support them safely with their medicines. Controlled drugs stock levels were not always accurately recorded.

Risk to people using the service were not always effectively assessed which meant plans were not in place to minimise them. Some of the risk assessments we looked at contained only basic information. Where people's support needs gave rise to specific risks these had not always been risk assessed.

During our last inspection in October 2015 we identified a breach of regulation in relation to quality assurance processes. At that inspection we found limited infection control audits, remedial action was not taken following health and safety audits and there was limited detail in care plan and medicine audits. During our latest inspection we saw there were still gaps in quality assurance audits being carried out. Quality assurance processes were not carried out when the registered manager was absent, which meant standards were not consistently monitored. Where audits were completed it was not always clear what records meant.

During the inspection we checked to see if the service was displaying the rating awarded at the October 2015 inspection. The rating was not displayed as required by our regulations.

Recruitment procedures had improved since our last inspection in October 2015. Three members of staff had been recruited since then and we saw pre-employment checks were carried out to minimise the risk of unsuitable staff being employed.

People and staff told us staffing levels were sufficient to support people safely. The registered manager did not use any tools to monitor or assess staffing levels, but all housekeeping staff received the same training as care staff so they could assist in covering staff absences.

Staff understood safeguarding issues and were able to describe the types of abuse that can occur in care settings. There was a safeguarding policy in place, and staff had signed this to confirm they had read and understood it.

Risks to people arising out of the premises were monitored, and remedial action taken where necessary. The service was working with the local fire brigade to address issues identified by a fire brigade inspection in April 2016. Plans were in place to support people and provide a continuity of care in emergency situations.

Accidents and incidents were monitored and steps taken to reduce the chances of them occurring. These included staff making a report on accidents and incidents and the registered manager carrying out a falls analysis to see if any trends were emerging.

Staff received the training they needed to support people effectively and felt confident to request additional training. However, it was not clear how overall training was monitored as training records were confusing and unclear. Staff were supported through regular supervisions and appraisals, and competency checks were also carried out.

The service was working with the local authority to make Deprivation of Liberty Safeguards (DoLS) applications. Care plans contained evidence of best interest decisions. Staff had a working knowledge of the principles of the Mental Capacity Act 2005 and how to make decisions in people's best interests.

People were supported to maintain a healthy diet and spoke positively about the food on offer at the service. People were given a choice of meals, and were free to ask for anything not listed on the daily menu.

People were supported to access external professionals to maintain and promote their health. Care records contained references to visits from GPs, district nurses, community mental health nurses and podiatrists.

People spoke positively about the care they received at the service. Throughout the inspection we saw numerous examples of kind and positive interactions between people and staff. Staff protected people's dignity and treated them with respect when delivering care and support.

The service supported people to access advocacy services. Procedures were in place to provide people with end of life care.

People told us they were given a choice over how their care and support was delivered. Care plans contained details of people's preferences, which helped staff to deliver person-centred care and support to people. We saw that people with particular support needs sometimes had care plans for these, but that was not always the case.

People were supported to access activities, and spoke positively about these. During the afternoon of our inspection we saw staff helping people with jigsaws and walking around the service's garden with them.

There was a complaints policy in place, which was publically advertised in the reception area of the service. Records confirmed that two complaints logged since our last inspection had been investigated and the outcome communicated to the people involved.

Staff felt supported by the registered manager, and included in how the service was run. They described the service as friendly and homely.

The deputy manager told us feedback was sought from people using the service by way of an annual questionnaire. Records from the 2016 survey were not available to us to look at, but positive feedback was received in the 2015 survey.

The local authority had helped to arrange support for the service from a nearby care provider and the deputy manager spoke positively about this. This support included help improving policies and procedures at the service.

We found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to medicines management and risk assessments, quality assurances processes and training records and displaying the rating from our previous inspection. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were not always managed safely as medicine records were not always accurate.

Risk to people using the service were not always effectively assessed which meant plans were not in place to minimise them.

Recruitment systems were in place to minimise the risks of unsuitable staff being employed.

Staff had an understanding of safeguarding issues and the action they would take to ensure people were safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff received the training they needed to support people effectively and felt confident to request additional training, but training records were confusing.

The service was working with the local authority to make Deprivation of Liberty Safeguards (DoLS) applications. Staff had a working knowledge of the principles of the Mental Capacity Act 2005 and how to make decisions in people's best interests.

People were supported to maintain a healthy diet and spoke positively about the food on offer at the service.

People were supported to access external professionals to maintain and promote their health.

Requires Improvement ●

Is the service caring?

The service was caring.

People spoke positively about the care they received at the service.

Good ●

Staff protected people's dignity and treated them with respect when delivering care and support.

The service supported people to access advocacy services. Procedures were in place to provide people with end of life care.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained details of people's preferences, which helped staff to deliver person-centred care and support to people.

People were supported to access activities, and spoke positively about these.

There was a complaints policy in place, which was publically advertised in the reception area of the service. Complaints were recorded and investigated.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The rating from our previous inspection in November 2015 was not displayed at the premises.

Quality assurance audits were not consistently carried out.

Staff felt supported by the registered manager, and included in how the service was run. They described the service as friendly and homely.

Feedback from people was sought through an annual survey.

Upsall House Residential Home Limited

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 20 April 2016 and was unannounced. This meant the registered provider did not know we would be visiting. The service was previously inspected in October 2015, and was not meeting two of the regulations we inspected. These related to recruitment procedures and quality assurance audits.

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

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service provided at this home. We also spoke with the local fire brigade about a recent inspection they carried out of the service.

During the inspection we spoke with 16 people who lived at the service and seven relatives. We looked at four care plans, and medicine administration records (MARs) and handover sheets. We spoke with eight members of staff, including the registered manager, the deputy manager, a senior carer, care assistants and members of the domestic and kitchen staff. We also spoke with one external professional who works with the service. We looked at three staff files, which included recruitment records. We also completed

observations around the service, in communal areas and in people's rooms with their permission.

Is the service safe?

Our findings

Medicines were not always managed safely. Each person at the service had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Most MARs had a photograph of the person they belonged to in order to assist staff in identifying them when administering medicines. However, we noted that one person's MAR did not have their photograph attached to it.

One person at the service was using warfarin, and required regular blood tests to ensure it was still suitable for them to use. The date of their next blood test was recorded but it was not clear whether or not this had taken place as no results were recorded. Another person received oxygen therapy 24 hours a day. There was no record of the rate of oxygen to be delivered to the person over a 24 hour period, so it was not clear whether they were receiving the levels they needed.

We looked at how the service managed controlled drugs. Controlled drugs are medicines that are liable to misuse. Controlled drugs were safely and securely stored. Five people at the service used controlled drugs, and a record of this was kept in a controlled drugs record book.

However, in relation to one person there was no record of the stocks of their controlled drugs. Controlled drugs had been administered to another person on 18 April 2016 but there were no staff signatures on the person's MAR to confirm this. For that same person the stocks of controlled drugs recorded did not match the actual stock available. We asked a member of staff about this, and the controlled drugs were eventually located on the medicines trolley. The same person had recently been resupplied with controlled drugs, but this had not been recorded in the controlled drugs book.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk to people using the service were not always effectively assessed which meant plans were not in place to minimise them. Risks were assessed in areas including falls and moving and handling, but these sometimes contained only basic information about the person and the risks to them. In other cases specific risks to people had not been risk assessed at all. For example, two people had taken responsibility for administering their own medicines but there was no risk assessment or care plan in place for this. Another person at the service was using oxygen therapy, and there was no risk assessment or care plan in place to help ensure this was managed safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person we spoke with said, "This is so nice, I feel so safe here." A relative told us, "We're very happy, most of all [the person] is safe and happy."

During our last inspection in October 2015 we identified a breach of regulation in relation to staff recruitment when we found that appropriate checks were not always carried out before staff were employed. During this latest inspection we found the service had made a number of improvements and had addressed the issues we identified in October 2015.

Three members of staff had been recruited since we previously inspected in October 2015. The applicants had been required to complete an application form setting out details of their employment history. Notes from their interviews showed they were asked questions about their care experience. Applicants were required to provide proof of their identity and address. Two references were obtained and checks made with the Disclosure and Barring service before new staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. This meant procedures were in place to reduce the chances of unsuitable staff being employed.

Day staffing levels (during the week) were one senior carer and six carers working from 8am to 8pm. At weekends staffing levels during the day were one senior carer and four carers. Night staffing levels were (during the week and at weekends) one senior carer and two carers working from 8pm to 8am. Rotas we reviewed confirmed this. The registered manager said they did not use any tools to assess safe staffing levels, but instead, "We've got those staffing numbers as we just know from over the years." No one using the service required two-to-one support, and the registered manager said staffing was sufficient to care for people safely. Housekeeping staff were trained to deliver care, and the registered manager said they would be used to cover care staff absence.

Throughout the inspection we saw people requesting support were attended to quickly. Staff supported people at their own pace and without rushing them. One person we spoke with said, "You only have to push your buzzer and they come." A relative told us, "there always seems to be plenty of [staff] about and I am in several times a week." Staff told us there were enough staff deployed to support people safely. One member of staff said, "I think we have enough staff. We get sick days like everywhere, but we all do our best to cover. Management do their best to get cover straight away."

Staff understood safeguarding issues and were able to describe the types of abuse that can occur in care settings. Staff understood how to raise any concerns they had. One member of staff told us, "I have done safeguarding training and look out for all of the abuses. I would speak with management if I had any concerns." Another said, "If I had concerns I would go straight to the manager or the deputy manager. I would go to the senior carer if they were involved. Or I could always go to CQC or (the local authority) safeguarding (team)." There was a safeguarding policy which offered guidance to staff on the types of abuse that can occur and the procedure to follow if concerns arose. Staff had signed the policy to confirm they had read and understood it. Staff also said they would be confident to whistle blow if they had any concerns about the service. Whistleblowing is where an employee reports misconduct by another employee or their employer. One member of staff said, "We have a whistleblowing policy. I'd use it." There had been no safeguarding concerns raised since our last inspection in October 2015.

In March 2016 a boiler at the service failed resulting in much of the premises not having hot water and heating for almost three weeks. A specialist advisor electrician accompanied us on this inspection to review the remedial work undertaken. We found this had been completed safely and a backup boiler installed in case of a future failure. We reviewed the general electrical testing and safety of the premises and concluded people were protected from the risks produced by electrical faults. Required test certificates were in place for areas such as gas and electrical safety, fire fighting equipment and emergency lighting.

As a result of the March 2016 boiler failure the service was in the process of reviewing and updating its business continuity plans. These aimed to ensure a continuity of care when events disrupted the service. The current plan covered events such as loss of heating, but did not cover medium to long term disruption to the service such as occurred when the boiler failed. The registered manager said, "We know the business continuity plan needs updating. The local authority have told us so we're working through it."

Personal emergency evacuation plans (PEEP) were in place. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The plans contained a summary of people's support needs and guidance on how they could best be supported in emergencies.

The fire brigade carried out an inspection of the service on 26 April 2016 and identified deficiencies requiring remedial action in access to fire exits, wiring in a linen cupboard, procedures for fire drills and the need for a fire risk assessment. We spoke with the fire brigade after their inspection, who said the service had already addressed some of the deficiencies, was being very co-operative and giving them regular updates.

Staff were alert to tripping hazards as they moved around the building, and we saw them moving chairs and equipment away to safer storage areas. However, we did see one bathroom being used to store walking frames. When we asked the registered manager about this, we were told they should have been stored in a cupboard and would be moved immediately.

Throughout the inspection we saw staff using personal protective equipment (PPE) such as aprons and gloves, where appropriate, to assist in infection control. Hand sanitising gel points were located at different points at the service and used frequently by staff. Staff also had small, portable gel dispensers in their tunic pockets.

We asked how the service monitored accidents and incidents and took steps to reduce the chances of them occurring. The deputy manager said no accidents had occurred since our last inspection in October 2015, and was able to explain the procedures followed to record and monitor them. These included staff making a report on accidents and incidents and the registered manager carrying out a falls analysis to see if any trends were emerging.

Is the service effective?

Our findings

Staff said they received the training they needed to support people effectively. However, records of training were not always clear. The registered manager said, "Mandatory training is in moving and handling, fire safety, first aid, infection control and food hygiene. I think that's all of the mandatory training. We do training in dementia and DoLS (Deprivation of Liberty Safeguards). Health and safety is also compulsory. You have to look in individual staff files to see what training they have done. The training officer will tell us when training is needed." Mandatory training is training the registered provider thinks is necessary to support people safely. Staff had their own training records, which detailed the training they had completed. These confirmed that training was taking place. One member of staff we spoke with said, "We have had [external trainers] in to do more training, and we are doing more outside training. I think we get all the training we need." Another said, "The majority of training is in-house, and we also get trainers in from outside. It's pretty good."

Newly recruited staff were inducted using the Care Certificate induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

However, it was not clear how overall staff completion of training was being monitored. We were shown three different training charts. It was difficult to determine which chart most accurately showed levels of staff training. We asked the registered manager to explain the records to us. They said, "[The training officer] has their own system. It doesn't make sense." The registered manager went on to say, "It definitely needs sorting out. Staff are doing loads and loads at the moment and it's not being wrote down in the right order. [The training officer] comes in and tells me when it is needed. I used to understand what the rota means." Our judgment was that staff were receiving the training they needed to support people but there were ineffective processes to record and monitor this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were supported through regular supervisions and appraisals. Records of supervisions confirmed that they were used to discuss policies and procedures, people's support needs and any other matters staff wished to raise. Staff said they felt supported in supervisions and appraisals. One member of staff told us, "We get regular supervisions and appraisals. They're good. You can raise any concerns you have and don't have to bottle things up." Staff also told us the deputy manager carried out spot competence checks. One said, "The deputy manager does competency checks. They observe what we're doing, give feedback and ask if we want more training."

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 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection four people were subject to DoLS authorisations. In April 2016 the local authority had worked with the service on submitting DoLS applications for a further five people having found that staff understanding of the MCA was poor. The deputy manager said, "It's on our action plan to improve DoLS (processes)." The deputy manager was able to describe the situations that would lead to a DoLS application being submitted. The service followed the principles of the MCA code of practice by only completing capacity assessments where there was some evidence the person might lack capacity.

Care plans contained evidence of best interest decisions. Staff had a working knowledge of the principles of the MCA and how to make decisions in people's best interests. One member of staff told us, "The MCA is there to safeguard people that can't make decisions, and to make decisions in their best interests." Another said, "The MCA is there to test people's capabilities and the decisions they can make for themselves."

People were supported to maintain a healthy diet. At the time of our inspection no one at the service was receiving any specialist diets such as soft or pureed foods. Monthly MUST assessments were completed where appropriate. Malnutrition Universal Screening Tool (MUST) is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. Where necessary, people were regularly weighed to monitor their dietary health.

People were given a choice of meals, and were free to ask for anything not listed on the daily menu. A member of the kitchen staff told us, "People like to discuss their preferences." A large daily menu was on display in the dining room, which is where most people chose to eat. The dining room was large with well-spaced tables. The tables were set with placemats, cutlery, condiments and napkins. We observed people enjoying their lunch, and there was a buzz of conversation and jokes as people ate. People told us they enjoyed the food at the service. One person said, "The food is very good. Excellent." Another person told us, "The food is lovely. Plenty of choice." Another said, "The food is excellent. (You can) get as much as you want." People were offered drinks in appropriate mugs or sip cups as needed, and we observed staff prompting people to drink throughout the day. Between meals people were regularly offered snacks and drinks.

People were supported to access external professionals to maintain and promote their health. Care records contained references to visits from GPs, district nurses, community mental health nurses and podiatrists. A district nurse was visiting the service during our inspection, and said staff were, "very responsive to people's needs" and would always contact them (the district nurse) if required.

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received. One person said, "Staff are wonderful. They look after you nice." Another said, "Staff treat you very well." Another person told us, "It's wonderful. I came in for respite care and decided to stay. I could not believe that people who were not related to me in any way could look after me so well." A fourth person said, "I have no complaints, this place is absolutely brilliant. They couldn't look after you better." Another said, "The staff are very nice to you, good to you." Another person told us, "It's very good in here, excellent in fact. The staff are very attentive."

Relatives told us people were well looked after at the service. One said, "We are very happy with the care here. It is a home away from home." Another told us, "It's lovely. I wish all homes were like this, and I go to visit a few." Another said, "Staff love [named person], and [named person] loves them." Another told us, "we looked around a lot of homes locally before deciding on this one and we are very happy with it. The care is very good"

Relatives told us they were free to visit people whenever they wanted, and were always made to feel welcome. One relative told us, "We can come in when we want." Another said, "we can visit whenever we like." A person who used the service said, "My visitors come in when they please." Another person told us, "My family come in as they want."

Throughout the inspection we saw staff treating people with dignity and respect. Staff were polite to people and their relatives, but were also able to have meaningful conversations with them in a friendly and reassuring way. For example, we saw one member of staff joke to a person, "'shall we go for a shave now, you'll look ten years younger." Staff knocked on people's doors and waited to be acknowledged before entering their rooms. Where people indicated to staff that they would like support, staff approached them and asked discreetly how they could help. Staff made an effort to chat with people as they moved around the service, and we saw people enjoyed these.

Staff said were able to spend meaningful time with people using the service. One member of staff told us, "We do get quality time with people, but sometimes people just want to be on their own. We have a bit of banter with people." Another said, "I have interesting conversations with people. You can have a bit of conversation with them, and find out what they were like when they were younger."

Staff also understood the importance of promoting people's independence. One member of staff told us, "We have to let people do what they want and we don't restrict them." People at the service said they were free to do what they wanted. One told us, "I make all my choices" and "I please myself."

One person was using an advocate at the time of the inspection. Advocates help to ensure that people's views and preferences are heard. The registered manager was able to describe how the service would support people to access advocacy services should one be needed.

At the time of our inspection no one was receiving end of life care. Staff were able to describe how they

would work with other professionals such as GPs and district nurses to deliver this.

Is the service responsive?

Our findings

People told us they were given a choice over how their care and support was delivered. One person said, "I make all my own decisions." Throughout the inspection we saw examples of staff asking if - and how - people required support, and responding to those requests.

People's care plans began with a 'This is my life' section. This contained details about the person's life, events and people that were important to them and their likes and dislikes. This helped staff to deliver person-centred care and support to the person. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

Care plans were then in place for a number of different areas, including cognition, mobility and moving and handling. We saw that people with particular support needs sometimes had care plans for these, but that was not always the case. For example, one person who used oxygen therapy had a care plan for its use but people who self-medicated did not have a care plan for that. Care plans were regularly reviewed to ensure they met people's current support needs.

Staff told us how they learnt about people's preferences and delivered care and support to meet them. One member of staff said, "You get preferences through observation, for example one [person] won't have a drink without a straw so we keep an eye out for that. But we also chat and ask for preferences." Another told us, "People's preferences are in the care plans or we just ask them."

People were supported to access activities, and spoke positively about these. One person said, "there are things put on if you want to, you don't have to do it." Another told us, "I like to sit and I can go out and sit or see people going by. It's a lovely spot, I can go down to the sitting room, if the singing is on, but I like being here." Another said, "It's lovely here in the summer. The church comes in, and there is the TV and the radio or they put music on and we have a sing song." Another person told us, "There are things to do, if you want to or not as you please." Another said, "Here you have company if you want it or not as you want. There are things to do, in the afternoon mostly."

The registered manager told us there as a knitting club, and people involved in this said they enjoyed it. The registered manager also said there was an annual trip to Whitby, and people and staff were involved in fundraising throughout the year to pay for this. Staff told us people were encouraged to participate in activities but could decline to do so if they wished. One member of staff said, "We do activities on the afternoon, but sometimes (people) don't want to. We encourage. We like to get people singing around the tea table. We've got loads they (people) can do." Another told us, "We have enough activities." During the afternoon of our inspection we saw staff helping people with jigsaws and walking around the service's garden with them.

There was a complaints policy in place, which was publically advertised in the reception area of the service. This contained information on the timeframes for investigating complaints and information on external organisations people could contact if they were unhappy with the service's response. Two complaints had

been received since our last inspection in October 2015, and records confirmed there had been investigated and the outcomes communicated to the people involved.

Is the service well-led?

Our findings

During our last inspection in October 2015 we identified a breach of regulation in relation to quality assurance processes. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. In October 2015 we found there were limited infection control audits, remedial action was not taken following health and safety audits and there was limited detail in care plan and medicine audits.

During this inspection we saw there were still gaps in quality assurance audits being carried out. The registered manager said audits should be completed on a monthly basis. An infection control audit had been carried out in November 2015 following our last inspection, but the next one was not completed until April 2016. There were no care plan audits in December 2015 and January 2016, despite the service's policy of auditing four care plans every month. Only two medicines audits had been carried out since the last inspection, in January and February 2016. This meant standards at the service were not consistency monitored. We asked the registered manager about the gaps. They said they had been on leave in December 2015 and January 2016, and when they were absent audits were not undertaken.

Where audits were completed it was not always clear what records meant. For example, in a care plan audit from April 2016 the audit form had a tick to say a falls risk assessment was in place but then next to it a star to say it was not. This had then been signed and dated on 15 April 2016. When we asked the registered manager about this they said, "I checked the care plan on the 8 April and a risk assessment had been put in. I put a little star next to it to show that I'm writing about it. It doesn't mean it's not in." The registered manager could not explain why the audit had been signed and dated 15 April 2016. Medicines and care plan audits had not identified the issues we found during the inspection. The registered manager said they audited the training matrix with the training officer, but we noted they could not explain what the training records showed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we checked to see if the service was displaying the rating awarded at the October 2015 inspection. The rating was not displayed at the premises as required by our regulations.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about the culture and values of the service. One member of staff said, "Homely. Very friendly. We have qualified staff... and offer a good range of food. Safe." Another said, "Homely. Very friendly. Low turnover of staff, which says something. I love working here. The residents make it." A third member of staff said, "Small, friendly, approachable staff."

Staff felt supported by the registered manager, and included in how the service was run. One told us, "[The registered manager] is marvellous. Approachable and supportive" and "I can go to management, there is good communication." Another said, "[The registered manager] is fine. Quite supportive with me." However, one member of staff said, "[The registered manager] is okay. I do feel some things haven't been kept up-to-date." Staff confirmed that staff meetings took place, and they were free to raise issues at these. One said, "We have a staff meeting coming up. I feel involved in it."

The deputy manager told us feedback was sought from people using the service by way of an annual questionnaire. We were told a survey had been carried out in 2016, but that the local authority had taken the results of this so we did not see any records of the outcome. We were shown a summary of the 2015 survey, which had nine responses. The responses to the survey were positive, and where people had raised issues there was a record of the action taken to address them. For example, one person had said they were not always sure what food was on offer that day and this led to notices being placed in the dining room. People using the service and their relatives said they were invited to meetings to discuss how the service was run. We were not shown any records of how the feedback from such meetings was used.

The local authority had helped to arrange support for the service from a nearby care provider. This support was centred on improving policies and procedures, for example in submitting applications for Deprivation of Liberty Safeguards (DoLS). The deputy manager spoke positively about this, saying, "[The local authority] felt we needed some help from somewhere else. I have been to [the other service] and now going to start going twice a week once our medicines have been sorted."