Holmside Residential Care Home

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Inspection report

Station Road
Bedlington
Northumberland
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12 May 2016

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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

The inspection took place on 11 May 2016 and was unannounced. This meant that the provider and staff did not know that we would be visiting. We carried out a second announced visit to the home on 12 May 2016 to complete the inspection.

We last carried out an inspection on 6 June 2014, where we found the provider was meeting all the regulations we inspected.

Holmside Residential Care Home provides care to a maximum of 39 older people, including those with a dementia related condition. There were 30 people living at the home on the first day of our inspection and 29 on the second day.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

A quality assurance system was in place. We found however, that this was not always effective in identifying the concerns which we had highlighted. We highlighted some shortfalls with health and safety and the management of controlled drugs. We also found deficits regarding the maintenance of records relating to recruitment, the MCA and assessments relating to people's care and support.

A new extension had been built in 2015 comprising of 12 bedrooms and a reception area with tea and coffee making facilities. The premises were well maintained, we saw however, that some of the first floor windows had not been fitted with window restrictors to reduce the risk of any accidents or incidents. In addition, a comprehensive Legionella risk assessment had not been undertaken although water checks and tests had been carried out to monitor for Legionella bacteria.

We received mixed comments about whether there were sufficient staff on duty. There were two staff on night duty to look after 30 people. An assessment had not been carried out to ascertain whether night staffing levels were adequate to evacuate people safely in an emergency. We passed our concerns to the local authority's fire safety team.

Following our inspection, we wrote to the provider using our legal powers to request information about how they were going to ensure people's safety. The provider informed us that window restrictors had now been fitted to all windows and there were now three staff on duty at night. We will follow this up at out next inspection.

We found shortfalls in the management of controlled drugs (CD's). Not all CD's had been entered into the CD register in line with legal requirements.

We checked recruitment procedures at the service. Staff told us that the checks were carried out before they started work at the service. We found that documented risk assessments had not been completed if any concerns were found during these checks.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. We spoke with a local authority contracts safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who lived there such as dementia care training.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals." The manager had submitted DoLS applications to the local authority to authorise in line with legal requirements. She was strengthening the service's paperwork to ensure that it evidenced how the requirements of the MCA were met.

We observed that staff supported people with their dietary requirements. Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff. There was a part time activities coordinator employed to help meet the social needs of people.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings and surveys were carried out.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, staffing and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

There were shortfalls with the management of controlled drugs. There were insufficient staff deployed on night duty.

The home was clean and well maintained. However, window restrictors had not been fitted to all windows to prevent any accidents or incidents.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

Is the service effective?

Good

The service was effective.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived.

We saw that staff sought people's consent before providing care. Staff followed the principles of the MCA. The manager was strengthening the service's paperwork to ensure that it evidenced how the requirements of the MCA were met.

The cook and staff were knowledgeable about people's dietary needs. The environment was effective at meetings people's needs.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

We saw that staff knocked on people's doors and spoke with people in a respectful manner.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which detailed the individual care and support to be provided to people.

A part time activities coordinator was employed to help meet people's social needs.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings were held and surveys carried out.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

A quality assurance system was in place. We found however, that this was not always effective in identifying the concerns which we had highlighted. We identified some shortfalls with health and safety and the management of controlled drugs. We also found deficits regarding the maintenance of records relating to recruitment, the MCA and assessments relating to people's care and support.

Staff told us that morale was good and they enjoyed working at the home.

Holmside Residential Care Home

Detailed findings

Background to this inspection

The inspection took place on 11 and 12 May 2016 and was unannounced. This meant that the provider and staff did not know we would be visiting. The inspection was carried out by one inspector. We also sought advice from the CQC pharmacy team.

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.

We spoke with 12 people and three relatives. We also conferred with a reviewing officer from the local NHS trust; a challenging behaviour practitioner from the local mental health trust, a local authority safeguarding officer, a local authority contracts officer and a local authority fire safety officer.

We spoke with the registered manager; deputy manager; senior care worker, three care workers, activities coordinator, domestic and the cook. We also telephoned two night staff on the first day of our inspection so we could ascertain how care was delivered at night. We read three people's care records and two staff files to check details of their recruitment and training. We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The manager completed a provider information return (PIR) prior to our inspection. A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

People told us that staff supported them with their medicines. One person said, "They are good with medicines."

We checked the management of medicines and identified shortfalls with the management of controlled drugs (CDs). CD's are medicines which require stricter controls because they are liable to misuse. These controls include special storage requirements and the maintenance of a CD register to record all transactions. We found however, that one person's CD's had not been entered into the register. The senior care worker told us that these were not currently being administered and had been prescribed by the person's GP in case their condition deteriorated. The senior care worker said that these would be administered by the district nurse when required which is why they had not been recorded in the CD register. This omission however, meant that CD's were not being recorded in line with legal requirements. Following our inspection the manager told us that all controlled drugs were entered into the controlled drugs register.

Two staff were involved in the administration of CD's. A running balance of each CD was recorded in the register. We noted however, that a staff member had crossed out 15 stock balance entries for one person in the controlled drugs book. Following our inspection, the manager explained that the staff member had mistakenly overwritten stock balance entries in the CD register. We discussed with the manager that any errors should be recorded correctly following national best practice guidelines.

We noticed that the keys to the CD cupboard were stored in a non- lockable plastic storage facility in the medicines room. We were concerned however, that this did not adequately safeguard CD's against the risk of any unauthorised access. Following our inspection the manager told us that controlled drugs keys were now stored securely in a locked cabinet in the medicines room.

We checked the management of other medicines. We saw that medicines waiting for disposal were stored on top of the work bench and not locked in a cupboard in line with national best practice guidelines.

The manager told us that she was working on strengthening the documentation regarding "when required" medicines. These are medicines which are administered on an as necessary basis such as pain relieving medicine. She told us that care plans were being put in place for these medicines to ensure staff were aware when these medicines should be administered. Following our inspection the manager told us that "when required" medicines care plans were now in place.

There was a safe system in place for other aspects of medicines management such as the ordering, receipt and disposal of medicines. We checked each person's medicines administration record and noted that these were completed accurately.

We spent time looking around the premises. People and relatives were complimentary about the building and equipment which was available. One person said, "I've got a small room but it's cosy." Other comments

included, "They have a bath that has a seat which lifts you in and out."

A new two storey 12 bedded extension and lobby had been built in 2015. We saw that all areas of the building were clean and well maintained and there were no offensive odours. We noticed however, that none of the first floor windows which we checked had been fitted with window restrictors. Serious injuries and fatalities have occurred when people have fallen from or through windows in health and social care premises. The manager told us that none of the new extension windows had been fitted with window restrictors. She said that this would be addressed immediately.

Checks and tests were carried out to ensure the safety of the building and equipment including gas and electrical tests. We noted however, that a comprehensive Legionella risk assessment had not been undertaken although water checks and tests had been carried out to monitor for Legionella bacteria.

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

Following our inspection, we wrote to the provider using our legal powers to request information about how they were going to ensure people's safety. The provider informed us that window restrictors had now been fitted to all windows and a Legionella risk assessment was going to be carried out. We will follow this up at out next inspection.

We checked staffing levels at the home. We received mixed comments about whether there were sufficient staff on duty. One relative said, "I think there is enough staff. There is always someone floating about." Three people said that more staff would be appreciated through the day and at night. Comments included, "They are a little thin on the ground," "There is not enough staff through the night, even through the day they could do with more because we can't get out and about as often as I would like" and "Two staff at night is not adequate." A relative said, "They need an extra staff member to support them through the day. I don't know about nights. It would help them because they are always fleeing around and an extra staff member would ensure they have time to sit with people."

There were three care workers, one senior care worker, the deputy manager and manager on duty through the day and two care workers at night. We saw that staff were busy and sometimes carried out their duties hurriedly. We did not observe however, any instances where people's needs were not met through the day and call bells were answered promptly.

We spoke with the manager about the feedback from people, relatives and our own observations about staffing. She told us that the speed of some staff was down to their nature and was not indicative of a lack of time.

We spoke with two night care workers who said that there were sufficient staff on duty through the night. We were concerned however, that there was no evidence to demonstrate that two staff could safely evacuate people to a place of safety in an emergency. We referred our concerns to the local authority's fire safety team. In addition, we had concerns that there were insufficient staff on night duty to meet people's needs in a timely manner, particularly during the busy periods such as going to bed and getting up in the morning.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Following our inspection, we spoke with and wrote to the provider using our legal powers to request

information about how they were going to ensure people's safety. The provider informed us that night time staffing levels had increased to three staff at night. In addition, they told us that there had been a misunderstanding regarding evacuation times and there were sufficient staff to evacuate people safely in an emergency since they had carried out evacuation drills to check evacuation times. We will follow this up at out next inspection.

Staff told us and records confirmed that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. We noted however, that risk assessments had not been completed if any concerns were highlighted during the recruitment checks. The manager told us that informal assessments were carried out, however these were not documented. Following our inspection, the manager told us that a risk assessment was now in place with regards to recruitment checks.

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff had completed safeguarding training and were knowledgeable about what action they would take if abuse was suspected. The manager told us that there were no ongoing safeguarding issues. We conferred with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

There were assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included falls, moving and handling, malnutrition and pressure ulcers. These had been reviewed and evaluated regularly.

We noted that accidents and incidents were recorded and analysed. This procedure helped to ascertain if there were any trends or themes so that action could be taken to help prevent or reduce the likelihood of any further incidents. No themes or trends had been identified.

Good

Is the service effective?

Our findings

People were complimentary about the effectiveness of staff. Comments included, "They're first class," "The staff are excellent," "The staff know what they are doing," "I couldn't have picked a better place. They are very very good" and "The staff in here I couldn't praise them enough." The reviewing officer told us, "Staff have never not known the answer [to my questions]."

Many of the staff group had worked at the service for a considerable period of time. This experience contributed to the efficiency and skill with which staff carried out their duties.

Staff said that there was sufficient training available. Comments included, "We are well trained. I have just done two training courses" and "They took me through all the levels [vocational training levels]." The manager provided us with information which demonstrated that staff had carried out training in safe working practices and to meet the specific needs of people who lived there such as dementia care. The provider carried out checks of the service. We noted at his last visit he had recorded, "All staff have regular training."

Staff told us and records confirmed, that they undertook induction training when they first started working at the home. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff informed us that they felt supported by the manager and deputy manager. Regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. The manager had submitted DoLS applications to the local authority to approve in line with legal requirements. The manager was working on strengthening the services paperwork with regards to the MCA so it was clear how staff were working within the principles of the MCA.

People told us that staff asked for their consent before carrying out any care or treatment. This was confirmed by our own observations. We saw staff asked people for their consent before delivering any care. We talked with staff who demonstrated they were aware of the importance of involving people in decisions

and listening to their views about what they wanted.

We checked how people's nutritional needs were met. People were complimentary about the meals. Comments included, "The food is excellent" and "It's all very delicious." We heard a member of the kitchen staff ask an individual, "Did you enjoy that?" "Lovely" was the reply.

We spoke with the cook who was knowledgeable about people's nutritional needs and preferences. He told us "[Name of person] loves salads and [name of person] likes soup. [Name of person] likes crab so we do fresh crab sandwiches. If there is anything people really enjoy we always try and accommodate their likes." He made homemade milk shakes and smoothies for those who required a fortified diet. Some people required a pureed diet. The cook explained that he always placed each pureed item of food separately on the plate to make the meal look more appetising and help people to distinguish what they were eating.

The cook told us and our own observations confirmed that there was an emphasis on home baking and locally sourced produce. We saw that he had baked a diabetic chocolate cake and normal chocolate cake; both of which looked equally delicious. He said, "We get our ideas for the menus from people and through the Committee meetings. We're putting gammon back on the menu." He also told us about the forthcoming cuisine nights. He said, "We are having a fish and chips night. It brings back seaside memories and people like to reminisce. We're also having a curry night and pie and peas evening." This meant that staff sought to ensure that meals were a sociable occasion.

People's nutritional needs and preferences were recorded in their care plans. We read that one person required a pureed diet and thickened fluids. Another care plan stated that the individual liked, "Plain food – no fancy food." The cook told us that they had received information about people's likes and dislikes and any special diets people required. This meant there was good communication between care and catering staff to support people's nutritional well-being.

We noted that people were supported to access healthcare services. One relative said, "They are straight onto things. She has had her eyes tested already." We read that people attended appointments with their GP, consultants, dietitian, speech and language therapist, dentists, opticians and podiatrists. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

People told us that the design and décor of the environment met their needs. Comments included, "I can't get over the decoration it's so posh" and "Everything is accessible. I'm in a wheelchair and I can get everywhere." One health and social care professional told us that the environment was not always conducive for people who displayed behaviour which challenged the service or had an advanced dementia condition. We spoke with the manager about this feedback. She told us that she would look into this issue.

The home had been fully refurbished in 2015. There were nostalgic pictures displayed along the corridors and in communal areas. Staff informed us that these pictures helped people reminisce and were a focal point for their conversation. The reception had a café style area with tea and coffee making facilities. One person said, "It's great, you can help yourself to drinks and biscuits whenever you want."

En-suite rooms had low level lighting which activated when there was movement in the room to help prevent trips and falls during night time hours. Bedrooms also had a plasma television and a direct dial telephone as well as a new call bell system. The home had a sensory room with lighting on the first floor. We read the provider's website which stated, "This provides a sensual and relaxing environment for those living with forms of dementia. This is a place they can reminisce and feel relaxed at times when they may feel a

little overwhelmed."

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. Comments from people included, "These lot [staff] are my friends," "The staff are all very nice, I love it here," "They are all so lovely." We looked at the minutes of a recent "Committee meeting" which was held for people who lived at the home. We noted that the minutes stated, "All [people] said staff were helpful and nice."

We spoke with a reviewing officer from the local NHS Trust. She told us, "They really deliver person centred care. They deliver care as if it was for their own mother [or father]," "They [staff] all seem very personable" and "The families are happy with the care. I really have a lot of praise for the home." A challenging behaviour clinician said, "They provide a very good quality of care."

Staff spoke enthusiastically about ensuring that people's needs were at the forefront of everything that they did. One staff member said, "It's so important to talk, I love talking to the residents it's just like having a conversation with a friend…We're just like a happy little family here."

We spent time visiting people in their rooms and talking with people in communal areas. Two people were cared for in bed due to their condition. A staff member came with us when we visited both people who were looked after in bed. We saw that they appeared comfortable and looked well-presented. The staff member spoke with them kindly and gently stroked one person's face to let them know she was there.

We saw positive interactions between staff and people throughout our visits to the service. We heard one person ask a member of staff, "Now where are we going to sit together? We'll not manage to sit on this seat [single armchair] together will we?" The staff member said, "No I don't think we'll both manage to squeeze on there, here would be better." Another person went up to a care worker and gave them a hug and a kiss. She told us, "They all get their kisses." The care worker agreed and said, "Every morning and every night." There was much laughter when one care worker pretended to be a "new resident" at the home and put her feet up. The person sitting beside her laughed and said, "She's a worky ticket that one! She's good though."

One person, who had a dementia related condition, became anxious at lunch time and wanted to pay for their meal. A staff member came over and placed her hand on her shoulder and said, "Don't worry, everything has been paid for," "Are you sure?" the person replied, "Yes, don't worry, just enjoy your meal" the staff member told the person. There was musical entertainment in the afternoon. One care worker said to an individual, "Are we having a dance? I saw your feet going." The person happily got up and the staff member said, "Are we doing the two-step? I'll follow you."

We noticed positive interactions, not only between care workers and people, but also other members of the staff team such as domestic and kitchen staff. One member of the domestic team said, "I love it here, you get such great conversations with people – they are great, I love talking to them." We saw him communicating with people throughout the day. We also observed the cook speaking with individuals. He talked with people about the new local leisure centre. At the end of his shift, he came to say good bye to everyone. He told us, "I think it's really good and important to talk to them. You get to know them and their likes."

We saw that staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We found that people's privacy was promoted by staff. We saw they knocked on people's bedroom doors before they entered. We observed care staff assisted people when required and care interventions were discreet when they needed to be.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. We read that one person used to have canaries and dogs and liked to read books on Northumberland. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

People and relatives told us that they were involved in their care and support. We saw that people had signed their care plans where they were able to indicate that they agreed with what was planned. One relative told us, "They always go through me. They always involve me and phone if there are any issues."

Good

Is the service responsive?

Our findings

People and relatives informed us that staff were responsive to people's needs. Comments included, "They are absolutely brilliant – the staff, they really are brilliant" and "If you get on the beeper [call bell] they are there for you straight away." Relatives were also complimentary about the service. One relative said, "It's the best move she has ever made. You couldn't get better staff anywhere." We spoke with a reviewing officer who told us, "I really have a lot of praise for the home." She also told us that staff contacted her if there were any concerns or issues.

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave staff specific information about how the people's needs were to be met and gave staff instructions about the frequency of interventions. There was an overview of people's needs which was located at the beginning of their care file. This was called "My support plan at a glance." We noted that important information about the person's likes, dislikes and specialist needs was recorded. We read one person's overview which stated, "[Name of person] becomes anxious outside of her routine. I like to do things in my own time." The overview also gave staff information about what time the individual liked to get up and go to bed. This information helped staff provide more responsive and person centred care and support. We noted that those people who were able, had signed their care plans to state that they agreed with the contents.

We found that people's care files were sometimes difficult to navigate due to the extensive information contained within the files. We discussed this with the manager who told us that she would look into this issue.

We checked how people's social needs were met. A part time activities coordinator was in post. She told us that she had just taken on this post and spoke enthusiastically about extending the role and undertaking training in this area. Most people told us that there was enough going on to occupy their attention. One person said, "They have entertainment on for you, it's good." Another said, "I used to go out on my scooter, but I'm a bit dubious now so the staff take me to the shops now." Two people told us that more activities would be appreciated. One person told us, "They are trying to get better entertainment. There's not always enough going on."

The activities coordinator told us that they worked closely with a local activities charity. The charity had organised a musical event at the home on the afternoon of our first visit to the home. There was a game of bingo organised on the afternoon of our second visit. A staff member said, "Come on [name of person] will you help shout out the numbers [for game of bingo]." Dominoes and armchair exercises had also been organised by the activities coordinator during our visits. We looked at other events and activities which had been carried out. These included a trip to a local history museum, karaoke, crafts, bingo, singing and a magic show.

People were encouraged and supported to develop and maintain relationships with those who were important to them. We looked at the provider's website which stated, "At Holmside we are one big happy

family… Nothing is too much trouble for our team and we really do enjoy seeing our residents settle into their new lives with us, making new friends and enjoying all of the services and care we have to offer. We also encourage regular visits from families and friends and when a visit isn't possible, maintain contact by telephone as we find that this can have a really positive impact on the resident's state of mind and overall well-being." This was confirmed by people and relatives with whom we spoke. One relative said, "I can pop in whenever I like. I am always made to feel welcome."

There was a complaints procedure in place. None of the people and relatives with whom we spoke said they had any complaints or concerns. One person said, "There is nothing that could be improved." The provider carried out visits to the service. We noted at his last visit he had recorded, "No adverse comments." One recent complaint had been received. Records evidenced what action had been taken following receipt of the complaint.

Meetings and surveys were also carried out by the provider to obtain people's views. We read a response to the feedback which had been received in 2015. Action which had been taken with regards to the raised garden beds, activities and staffing levels was documented.

Requires Improvement

Is the service well-led?

Our findings

Holmside Residential Care Home was first established in 1989. There was a registered manager in post. She had worked at the service for 20 years. She was supported by a deputy manager, who had been at the home for 18 Years. People and relatives spoke positively about the management of the service. Comments included, "It's well run," "The manager is approachable" and "This is one of the better homes." A reviewing officer told us, "I never go in and there's a negative attitude. It's a very professional service."

One health and social care professional stated they had observed that the manager, deputy manager and senior care worker were often in the office. We too observed this throughout our visits to the home. We spoke with the manager about this feedback and our own observations. She told us that there was a lot of paperwork to complete and they were in the process of preparing for a quality monitoring visit.

Audits and checks were carried out on all aspects of the service. These included, "Quality of food and equipment," "MCA Act 2005 Audit tool," "Health and Safety" and "Medicines." We noted that some audit reviews stated, "Compliant" or "No change." We read the most recent health and safety and medicines audits and they stated "No change." We examined the "General care plan" audit which stated, "Compliant." The audit did not state which care plans had been checked. We considered that the quality assurance system was not always effective at highlighting the issues or concerns which we had identified. We had found certain shortfalls with health and safety such as a lack of window restrictors. In addition, an assessment of night time staffing levels to ensure that people could be evacuated safely had not been completed. We also identified deficits regarding the maintenance of records relating to recruitment and the MCA. In addition, there were some assessments in people's care files plans which had not been fully completed such as the, "Malnutrition Universal Screening Tool (MUST). There were other assessments which did not accurately or effectively monitor people's condition because they were too generic. For example, monthly fluid charts were completed for everyone at the home. These stated that people had consumed "1000 mls +" every day. There were two types of pressure ulcer risk assessments in use and undertaken annually. We noted that one assessment stated a person was at risk of pressure ulcers the other recorded that the individual was not at risk. This could be confusing to staff and there was a risk that inappropriate care maybe provided.

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

Following our inspection the manager told us, "We work together to ensure things are working effectively and any concerns from CQC or the local authority are put into place immediately." She also told us that fluid charts were now only being completed for those people who were assessed at being at risk of dehydration.

We noted that the provider visited the home and completed a written report of his visit. We read at their last visit they had recorded, "Maintained to high standards [environment]" and "All equipment well serviced." One member of staff told us, "The proprietor pops in; he always talks to the residents." The provider also carried out an annual audit to check the manager's competency to manage the service. No concerns were

highlighted and they had recorded, "All areas met – maintain safety and quality."

People were involved in the running of the service. "Committee meetings" were held to consult the views of people who lived at the home. Menus had been discussed at the last Committee meeting which was held in March 2016. The minutes stated, "Gammon to be introduced to the menu." Surveys were also carried out for people and their representatives. We viewed the 2015 survey. The feedback we looked at demonstrated that people were satisfied with the care and support they received. We read one comment which stated that the service had "much improved" one person's quality of life since they had moved into the home.

Meetings were carried out for staff. They told us that they could raise any issues and felt their views would be taken into account. Staff said morale was good at the home and they felt well supported by the manager. One member of staff said, "I love it here." Another said, "I wouldn't have been here so long if I didn't enjoy it. We're a good team."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all windows had not been fitted with restrictors to reduce the risk of accidents and incidents and a risk assessment had not been undertaken to assess this risk. Night time staffing levels had not been assessed to ensure that people could be evacuated safely in an emergency. The management of controlled drugs did not fully meet legal requirements. Regulation 12 (1)(2)(a)(b)(d)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system to assess and monitor risks relating to the health, safety and welfare of people and others was not fully in place. Records relating to people and the management of the service were not always accurate or effective. Regulation 17 (1)(2)(a)(b)(c)(d)(f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff deployed on night duty. Regulation 18 (1).