Mrs Kim Crosskey

Pearson Park Care Home

Inspection report

65a Pearson Park
Hull
North Humberside
HU5 2TQ
Tel: 01482 440666
Website: N/A

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

We undertook this unannounced inspection on the 6 and 7 November 2014.

Pearson Park Care Home is situated within the boundary of the park and is close to local shops, amenities and bus routes into Hull city centre. The service can provide personal care to up to 24 people, some of whom may have dementia care needs. At the time of the inspection there were 17 people resident in the service. There was a mixture of single and shared bedrooms, a dining room, a sitting room and bathrooms on each floor.

The service has a registered manager who is also the registered provider. 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.

At the last inspection on 21 August 2014 we asked the registered provider to take action to make improvements to cleanliness and infection control, respecting and

Summary of findings

involving people who use services, assessing and monitoring the quality of service provision and records. We received an action plan which stated the registered provider would be compliant by 18 October 2014. We saw during our inspection that this action plan had been completed.

Some people who used the service were living with dementia which meant they may be unable to make important decisions for themselves. Staff had consulted with relatives about decisions and made them in their best interest. However, they had not involved other professionals and had not followed legal guidance about assessing people's capacity to make their own decisions. You can see what action we told the registered provider to take at the back of the full version of the report.

The induction that new members of staff received, could be more thorough so their skills in completing care tasks were checked out. We recommend that the registered manager/provider seek information from Skills for Care regarding the common induction standards (CIS). Skills for Care is an organisation recognised for promoting the skills and competence of staff in the care sector.

There were enough staff to provide care and support to people and we saw staff were recruited safely. Staff completed essential training and also completed more specific training in order for them to feel confident when supporting people.

Staff completed safeguarding training and carried out risk assessments which helped to protect people who used the service and safeguard them from abuse and potential harm.

People had their health needs met and had visits from professionals for advice and treatment. Staff administered medicines in a timely way so that people were not left waiting for their tablets.

Staff approach was seen as caring; they took time to speak to people, they respected privacy and dignity and they involved them in day to day decisions. We saw the care plans could be improved to include more personalised care and to show staff were flexible in their approach when people required specific support.

People told us they enjoyed their meals and, when required, we saw staff assisted people to eat and drink in a sensitive way.

The staff monitored the quality of the service and completed checks of the environment to ensure it remained safe and clean. People's views were sought in meetings and via questionnaires about the service. This helped to identify shortfalls so they could be addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to safeguard people from abuse and minimise the risk of harm. They completed safeguarding training, risk assessments and followed policies and procedures. A new bedrail risk assessment was to be used which would provide more detailed information about whether this was the best equipment to use for some people.

Staff were recruited safely and there were enough staff to meet people's needs.

The service was clean and tidy and improvements had been made in how infection was prevented and controlled.

Medicines were appropriately managed although some aspects of recording of medicines could be improved.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received training in the Mental Capacity Act 2005 and had a basic understanding of the legislation. However, best interest meetings had been held for people and important decisions made on their behalf without first assessing if they had the capacity to make their own decisions.

Staff received training suitable for their roles and received support and supervision from management. New staff required a more structured induction so that their competence could be assessed when they started to complete care tasks.

People who used the service received visits from a range of health and social care professionals. They enjoyed their meals and had their nutritional needs met.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity. Their privacy was maintained and they were involved in decisions about the service and the care they received.

Staff demonstrated an approach that was caring and attentive to people's needs; they provided explanations to care tasks when undertaking them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

Care provided met people's individual needs and staff made sure they passed on information verbally to each other. However, the care plans did not reflect all the care the staff provided. This meant there was the potential for care to be overlooked and new members of staff may not have full information about people's needs.

Care plans for two people who had specific early morning needs did not provide staff with a flexible approach to their care and support.

There were activities for people to participate in and more choices regarding meals.

There was a complaints procedure and people who used the service were able to raise concerns and complaints when required knowing they would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well led.

We saw there was an issue with how the service was registered. People with mental health needs were supported but this was not reflected in the registration of the service.

Refurbishment of parts of the service was underway but this was taking a long time to complete and had the potential to impact on people who used the service. This needed to be completed quickly so their home could get back to normal.

Staff described the registered manager/provider as approachable and they said they were listened to; they told us meetings were held where they could make suggestions.

The registered manager/provider spoke about wanting to raise standards and improve quality, even though the change in practice put in place to achieve this had caused disagreement with some staff. There were processes in place to deal with these differing views.

Quality monitoring took place and consisted of audits and questionnaires. When issues were identified they were addressed.

Pearson Park 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 took place on 6 and 7 November 2014 and was unannounced.

The inspection was led by an adult social care inspector who was accompanied by an inspection manager on the first day and another inspector on the second day. An officer from the local safeguarding team also accompanied us, as there had been a concern raised that they wanted to check out.

Prior to the inspection we looked at the notifications we had received from the registered provider. These gave us information about how well the registered provider managed incidents that affected the welfare of people who used the service. We also spoke with the local safeguarding team and received information from the local authority contracts and commissioning team about their recent visit to the service.

During the inspection we observed how staff interacted with people who used the service. We completed a short observation for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service and four of their relatives. We spoke with the registered manager, the person responsible for quality monitoring and the deputy manager. We also spoke with a domestic worker and the cook who both completed additional shifts as care workers.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service. These included 17 medication administration records (MARs) and records of best interest meetings held by staff with relatives in order to make important decisions.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, the training record, the staff rota, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance of equipment records.

We completed a tour of the premises to check on cleanliness and hygiene.

Good

Is the service safe?

Our findings

People told us they felt safe living in Pearson Park Care Home. They said, "I feel very safe here; it's secure in the garden, I go out for a smoke, otherwise I don't go out. The door is locked so if I get confused I wouldn't wander out or anything", "Yes, I feel safe here, staff check on us and everyone is very nice", "Yes, I definitely feel safe here. Staff lock the building", "I do feel safe. There is no lock on my bedroom door – it doesn't work." This was mentioned to the registered manager/provider to ask maintenance personnel to address.

People who used the service told us staff were available to meet their needs. They said, "I press the buzzer if I need someone and they come fairly quickly" and "There are enough staff on."

People who used the service confirmed they received their medicines in a timely way. They said, "I don't usually take tablets but they check I am okay and don't need anything", "I always get my medicine on time at 8 am and 8 pm" and "I have five tablets each morning and my inhaler if I need it. I keep this with me and tell them when it's running down and they order me another one."

We followed up a warning notice that had been issued to the registered provider after the last inspection. The warning notice was for a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which refers to cleanliness and infection control. We found the registered provider had made significant improvements and was compliant with the warning notice. The service was clean and tidy; bed linen, pillows and some bedroom furniture had been replaced. One bedroom had been completely refurbished and the employment of a domestic worker meant cleaning schedules were adhered to.

The service had safeguarding policies and procedures and the registered manager/provider and deputy manager were aware of who to contact to refer issues of concern. Records highlighted staff had completed training with the local authority in how to safeguard vulnerable people from harm and abuse and in discussions staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms of abuse and how they would report this to the registered manager/provider and other agencies.

We saw risk assessments were completed to assist in keeping people safe from harm but also to enable them to have freedom of choice. The risk assessments covered a range of issues such as behaviour that could be challenging to the service or others, skin integrity, nutrition, moving and handling and the use of bedrails. The service had obtained a new bedrail risk assessment tool which was more comprehensive in assessing risk but this had not been used yet. The registered manager/provider assured us those people that used bedrails would be reassessed as soon as possible, using the new tool. Staff said, "We look at other risks for people such as leaving the building and going out to the shops and things. We have one resident who used to have black-outs and so we would ask him to let us know what time he would get back and check this. He also carries a phone with him" and "We support people to go out and take risks safely. We support the principle of 'least restrictive practice' and any restrictions in place are supported by best interest decisions."

There was a programme of refurbishment underway. The areas where building work was being carried out had been made inaccessible to people who used the service. Staff were fully aware of the risks this could pose to people who used the service. The garden at the rear of the property was used to store the building equipment and was cordoned off by a fence and gate. Attached to this area was a covered space for people who wished to smoke. We saw the cover leaked in one area and the registered manager/provider assured us this was to be addressed. The registered manager/provider told us there were future plans to build an extension at the rear of the property where the covered space was and to relocate an area for people who wished to smoke. Equipment used in the service, such as the lift, hoists, fire alarm, call bells, gas and electrical items were maintained and checked by competent people.

We observed staff were not rushed and routines during the day were calm and paced. Staff spoken with said, "Staffing levels are okay. There are three staff on during the day and two at night. We usually get cover for sickness; we ring round and staff will come in and cover and Kim (registered manager/provider) is very hands on" and "It's much better now we have a cleaner - she's fab; we have time to do activities with people in the afternoon."

Recruitment files showed us staff were employed only following the receipt of references and checks against the register which barred people from working with vulnerable

Good

Is the service safe?

adults. The registered manager/provider told us an interview took place to select staff but these were not recorded. The registered manager assured us future interviews for staff would be recorded, along with discussions about positive indicators on police checks. They said these would be held in their personnel file in order to improve the audit trail of employment decisions.

We looked at how medicines were managed and spoke with one of the senior care staff. Storage of medicines was adequate in a secured trolley, a medicines fridge in the dining room and a designated store cupboard near the registered manager/provider's office. This cupboard was not ideally situated and the floor was in need of a tidy up, which the member of staff assured us would be completed straight away. A designated medicines room would be a more appropriate place to store medicines and the registered manager/provider assured us this would be considered during the refurbishment plans. We saw there were some recording issues which were mentioned to the registered manager and staff to address. However, we observed good practice when staff administered medicines to people. One person preferred to have their tablets after their pudding and this was accommodated.

Requires Improvement

Is the service effective?

Our findings

People told us staff called their GP in a timely way and confirmed they saw chiropodists, opticians and dentists when required. They said, "If I'm poorly they will get the doctor in for me", "The staff know all about my health and the support I need", "I had an asthma check-up about a month ago and I have a flu jab yearly. Staff keep an eye on me" and "I saw an optician a year ago and got new glasses and saw the dentist for new teeth. Sometimes I see the chiropodist but sometimes I do them myself." Relatives said, "She had one small fall so they got the doctor in to see her and they let the family know" and "She has put on weight and her appetite has increased."

People who used the service told us they enjoyed the meals. They said, "I have my meals regularly because of my diabetes. There are lots of snacks and drinks during the day and you can always ask for more", "The meals are very nice, I can't fault anything here", "The food is really tasty. I like the roasts best. The cook asks what we want", "Lunch is different each day. Today I had an omelette and they came and gave me a second one" and "They get stuff in for me like vegetable pies and there is always plenty of fruit; sometimes I buy my own. Every morning they tell you what it is for dinner. I don't eat meat so they give me more vegetables or a jacket potato with beans."

People who used the service told us they could move about the service independently and we saw a range of equipment to assist them including a passenger lift for the upper floor. One person said, "The staff help to bathe me; there is a special seat to get me in and out."

We saw the registered manager/provider and staff had completed training in the Mental Capacity Act 2005. This legislation ensured that when people were assessed as lacking capacity to make their own decisions, safeguards were put in place. The records we checked showed meetings had been held with relatives and care staff for specific people to discuss important decisions made in their best interest. However, there were no assessments to determine if the person had capacity or not and local authority representatives had not been consulted. The assessments were important to establish if the person was able to make their own decisions and the involvement of care management staff would show wide consultation regarding the decision to be made. This meant there had been a breach of the relevant legal regulation (Regulation 18 (1) (a) (b) (2)) and the action we have asked the registered provider to take can be found at the back of this report.

We also saw one person, who was living with dementia, had a 'do not attempt cardiopulmonary resuscitation' form in place. However, as they did not have any relatives, the decision had been made with a doctor and care staff; an independent mental capacity advocate had not been involved. We discussed this with the local safeguarding team who advised they would liaise with a social worker to follow this up.

Staff were clear about how they obtained consent to the daily care they provided to people. They said, "We always ask people about their care, for every activity; it doesn't matter how small this is. We involve the family and relatives."

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. There were no DoLS authorisations for people in place at the time of the inspection. The registered manager and deputy manager had completed training on DoLS, although they needed an update on recent legislative changes to enable them to consider if any person who used the service required a DoLS.

Records confirmed people had access to a range of health care professionals for advice and treatment. These included GPs, dieticians, community nurses and community psychiatric nurses. A care plan for one person detailed they had diabetes and blood monitoring records were maintained which showed these were very stable. The district nurse was involved in their care and treatment.

We found people's nutritional needs were met. A member of staff told us, "We make appropriate referrals to the dietician if we are concerned about weight loss." They described instructions left by the dietician for one person and we observed these were carried out in practice. The menu was on display and reflected what was provided to people who used the service. There was a list of alternatives to the main menu on the notice board and one person told us they were provided with an omelette instead of either of the main choices.

Requires Improvement

Is the service effective?

We observed portion size was good, second helpings were offered and the cook checked to see if people had enough to eat. There was plenty of food prepared for the evening meal and we saw one person was provided with a hot choice in preference to soup and sandwiches. Another person was given a bowl of grapes and chopped strawberries. Drinks, biscuits and cakes were provided at intervals throughout the day. People enjoyed their meal and support was provided in a sensitive way when required and at a pace appropriate for their needs. We observed very positive support from the registered manager/provider and another member of staff when assisting a person to eat their meal. One member of staff required further guidance in this area which was mentioned to the registered manager/provider to address.

The training matrix identified the courses staff had completed. These included training the registered provider considered essential such as: fire safety, safeguarding, first aid, health and safety, infection control, medication, moving and handling and food hygiene. Some staff had completed additional training either through distance learning or courses provided by external agencies and the local authority. These included, dementia care, nutrition, preventing pressure sores, stroke awareness and mental health awareness. Staff confirmed they completed training and said they received sufficient for their role. For example, the cook told us part of a training course they attended covered textured meals for people with swallowing difficulties. Staff said, “The training programme is good. We are having more in house courses like infection control and moving and handling instead of travelling everywhere.”

The induction for new employees consisted of an orientation to the way the service was managed, specific training and shadowing more experienced staff. A member of staff said, “I had an induction to care as an extra member of staff; I shadowed staff and was told a bit about each service user.” We saw there was no process to cover the common induction standards (CIS) designed by Skills for Care, an organisation recognised for promoting the skills and competence of staff in the care sector. We discussed this with the registered manager/provider and they assured us they would seek information about CIS. This would help them to have a means of assessing competence during the induction of new staff.

Staff told us they were supported by the registered manager/provider and had supervision meetings. Records showed these meetings were not structured but occurred when required. Staff said, “Supervision is informal and ad-hoc and my appraisal was at the beginning of the year” and “The manager is lovely and supportive.”

We recommend that the registered manager/provider seek information from Skills for Care regarding the common induction standards (CIS) for new staff.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them well and respected their privacy and dignity. They said, "The staff are alright, very polite and I get on with all of them. They always knock on the door and don't just barge in," "Staff are very nice; they put me at my ease and support my worries when I get anxious. Yes, they always treat me with respect", "It's really comfortable here; you can have visitors whenever and I have my own room", "Staff have been wonderful, everyone is friendly and nice" and "Staff: they are perfect. They are good staff and will do anything to help you. They are friendly and kind; they check me at night, see if I need anything." One person who used the service said, "I help myself as much as I can; staff let me do it myself. I go a bit dizzy sometimes, but staff know and let me have a try."

People who used the service told us they attended meetings. They said, "I go to the resident's meetings. We have a chat about what things are like here, or if there is anything wrong but everything is good" and "Sometimes I go to the meetings and we talk about the home and meals and things."

Relatives said, "It's not the Ritz but the care has been fantastic – down to earth; it's homely and she feels at home here", "The staff are brilliant and we are on first name terms. They are respectful, I have never seen anything undignified and they welcome us with cups of tea. It's good that they don't have uniforms" and "I visit weekly but can come anytime; yes they keep me informed."

We observed positive interactions between the registered manager/provider and staff and people who used the service. One member of staff was observed comforting a person when their relative went home and another was very patient, chatting to people during lunch. Staff had good knowledge of people's needs and observations showed staff had developed positive relationships with them, engaged with them as they walked by, stopped to talk and provided reassurance when necessary. In discussions with staff, they demonstrated a caring approach and described how they assisted people to be independent and to make their own choices.

We saw staff provided information to people who used the service such as the menus on the white board in the corridor, daily visits by the cook to explain meal choices, messages from relatives and meetings held to update people and ask their views. We observed one of the people who used the service was shown the improvements that were underway in the dining area. This engaged them and provided an opportunity to be involved and to chat about progress. The minutes of the last meeting with people who used the service showed it was well attended. Areas discussed included the service in general, care issues, food and drink, cleanliness and hygiene, laundry and suggestions for activities. One person suggested prizes for bingo which we saw had been addressed.

There was information about advocacy services available in the home.

Most bedrooms were for single occupancy which afforded people privacy. There were some shared bedrooms and we saw these had privacy curtains to be used when required. Bedroom, bathroom and toilet doors had privacy locks. These helped to ensure privacy but they could be opened by staff in emergencies. In discussions with staff they described how they promoted privacy and dignity and we observed this in practice. They said, "Always provide personal care in private, treat people with respect and dignity, use their preferred name and listen to what they want to do." Staff were seen to knock on bedroom doors and promote confidentiality when they discussed sensitive issues. The atmosphere in the service was calm. When able, people walked about the service independently and chose where they wanted to sit during the day. Some people chose to spend time in their bedrooms, which was respected by staff.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us they would feel able to raise concerns and that these would be addressed. They said, "I have no concerns; I would speak to Kim (registered manager/provider) if there was a problem" and "I haven't had any problems or concerns; I would speak with the manager, she would sort things out."

People who used the service told us there were activities for them to participate in. They said, "I like singing; staff sometimes sing with us, and that's good", "I like doing word searches. We also do bingo, dominoes and a bit of exercise. We watch TV and I like reading. I smoke and sit outside in the shelter", "We do activities in the rest room, do bingo, ball games, singing and watch TV. I'm watching the football tonight in my room", "I go into the living room to listen to the karaoke and play bingo." A relative said, "I know they play bingo, karaoke and ball games."

Some people told us they liked to be independent and do as much as possible for themselves. We saw some people accessed local shops independently and others were supported by staff. They said, "I can make a cup of tea for myself if I want" and "Sometimes I've gone outside and done some sweeping, I like to keep active and do things. Sometimes I like to set the tables; it's good to keep busy." Some people who used the service told us they had seen their care plan and agreed to it. They said, "Yes, they have records about me; I've signed my care plans." One person told us they would like to do their own laundry. We spoke with the registered manager/provider about how they could support this person to maintain independent living skills and they assured us they would discuss this with them and provide opportunities if they wished.

We followed up a compliance action that had been issued to the registered provider after the last inspection. The compliance action was for a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which refers to respecting and involving people. We found the registered provider had made improvements and was compliant with the compliance action. People who used the service had more choices regarding meals and the registered manager/provider had reminded staff to ensure people had choices about the times of getting up in the morning.

People told us staff provided care that met their individual needs. In discussions with staff it was clear they knew people's individual needs and provided care to meet them. Some care plans were detailed and recorded people's likes, dislikes and preferences regarding activities, meals, bathing and clothing. They included individual details such as, "Likes to see approaching staff with smiley faces", "Try and vary puddings to include healthy options, preferably fresh fruit at least once daily", "Becomes upset if carers don't explain their actions" and "Doesn't like to be rushed with daily activities."

However, we saw some care plans did not include important information. For example, one person had assessments that highlighted they had fragile skin and was at risk of developing sore areas. We found there was no separate care plan for this assessed need and no recording of regular pressure relief. When we followed this up, we saw that care was delivered in practice to meet the need; the person had pressure relieving equipment in place, they had received treatment from a dietician, daily notes showed staff applied preventative creams to their skin, and the person had not developed any pressure sores. The staff also knew the signs that alerted them when the person wanted to rest on their bed to relieve pressure. However, with such high risk factors, regular monitoring and recording of repositioning would identify small changes that could be addressed quickly.

One person told us, "You can go to bed when you want. Staff wake us up early for breakfast, 7:30 - 8 each day. Sometimes we go back to sleep after our breakfast. I'm sure you could have it later but you feel like you are putting them out. They aren't bad about it or anything. I usually get up." We checked this out with the registered manager/provider. They told us two people were woken up early in the morning, as they had specific needs, and were at risk of developing pressure sores if they did not receive this care. This had been discussed with relatives and we saw there was reference to the support in people's care plans. In discussions with staff they gave a clear description of how they supported the two people but the directions in the care plans did not allow for a flexible approach regarding personal care and getting up or going back to bed following the support. New members of staff would need full written guidance to assist them in making decisions about the people's care and support.

Requires Improvement

Is the service responsive?

We saw the registered manager/provider had obtained new documentation for use when recording plans of care and each care file was to be updated. This would provide an opportunity for staff to assist in the further development of care plans to ensure their knowledge about people's needs was included in them.

There was a complaints policy and procedure and staff were aware of what to do if people raised concerns. They told us they tried to deal with any concerns straight away to prevent them from becoming complaints. There were no outstanding complaints at the time of the inspection and the registered manager/provider told us they received very few complaints. We saw people who used the service were asked if they had any concerns during meetings.

Requires Improvement

Is the service well-led?

Our findings

People told us they were consulted about the service. They said, "I did a questionnaire a few months ago on what you think about the care."

At the time of the inspection the service had a manager who had been registered with the Care Quality Commission since October 2010. The registered manager was also the registered provider.

We followed up two compliance actions that had been issued to the registered provider after the last inspection. The compliance actions were for breaches in Regulations 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These referred to assessing and monitoring the quality of service provision and records. We found the registered provider had made improvements and was compliant with both the compliance actions.

We saw some people who used the service had main needs associated with their mental health. When we checked the registration of the service, the provision of care and support to people with mental health needs was not included in the initial application for registration. This was discussed with the registered manager/provider to address via an application to change their registration so it reflects the different groups of people they provide support to.

We saw the service was undergoing a refurbishment. When areas were completed, we saw refurbishment was done to a high standard, for example as with a newly decorated and carpeted bedroom and two downstairs toilets. However, the refurbishment process was slow, which had the potential to impact on people who used the service. For example, the garden at the rear of the property had been cordoned off for the last two years and the dining room had been out of action since June 2014. The registered manager/provider had tried to minimise disruption by constructing a small patio area at the front of the building to enable people to sit outside in warmer weather and a temporary dining room had been arranged. The building work needs to be completed quickly to minimise disruption for people.

We spoke with the registered manager/provider about the culture of the organisation as prior to the inspection we had received information about staff being reluctant to raise concerns. The registered manager/provider said, "I try to ensure the culture is open, friendly and has a family feel" and "I want staff to grow with the service." They explained that since the last inspection they had put measures in place to raise standards in cleanliness, records and quality management. This had resulted in changes in practice for staff and had caused disagreement between some staff and management. The registered manager/provider had dealt with these issues via staff supervision, meetings and disciplinary action. There had been some staff changes as a result but recruitment had taken place to address this.

The three staff spoken with told us the registered manager/provider was approachable and they felt able to raise concerns. The minutes of meetings showed staff were kept informed and included in decisions. We saw the minutes reminded staff that they could raise concerns and they would be addressed.

Since the last inspection the quality monitoring system, using new documentation, had started. One person had been given overall responsibility for arranging and completing quality monitoring audits. Audits had been completed on medicines, the environment and cleanliness. Cleaning rotas were completed and checked to ensure the environment was clean and tidy. People who used the service, their relatives and staff had completed questionnaires. We saw that when issues were identified they were addressed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: People who used the service had not had mental capacity assessments to determine if they lacked capacity to make their own decisions. Best interest meetings were held and decisions were made on behalf of people about their care without this assessment having taken place. This meant the registered provider had not acted in accordance with the Mental Capacity Act 2005. Regulation 18 (1) (b) (2).