

# Mrs Barbara Karen Shillito and Mr Stephen Shillito

## Towneley House

### 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an inspection of Towneley House on 14 and 16 February 2017. The first day was unannounced.

Towneley House is registered to provide accommodation and personal care for up to 22 older people. It specialises in providing care for people living with a dementia. The home is situated in a residential area in Burnley near to Towneley Park. Accommodation is provided in 13 single bedrooms and three shared bedrooms, 13 of the bedrooms have an ensuite facility. Communal space is provided in two lounges, one dining room and a conservatory.

The service was managed by 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.

At our last comprehensive inspection on 8 and 9 October 2015, we found the provider was not meeting two regulations. We therefore asked the provider to make improvements to the maintenance of records and ensure statutory notifications were submitted to commission without delay. Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations.

During this inspection, we found there were continuing shortfalls in respect to record keeping and the provider had not notified the commission of three events in the home. We received the notifications following the inspection. We also found further shortfalls in the maintenance of one person's bedroom, the implementation of the Mental Capacity Act 2005 and the recruitment of new staff. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. Whilst some risks had been assessed and documented, we found the assessments had not always been updated in line with changing needs. Similarly, we found people's care plans had not always been kept up to date. This is important to ensure staff have accurate information about people's current needs.

People's medicines were managed appropriately and according to the records seen people received their medicines as prescribed by health care professionals.

Whilst there was a system in place to record accidents and incidents, we saw an analysis had not been carried out in order to identify any patterns and trends.

We saw the communal areas of the home had been decorated and maintained to satisfactory standard. However, we found one person's bedroom was in an unacceptable condition which compromised their

safety and right to dignity. This situation had not been identified by the provider. We also noted staff had not been instructed on how to close a window in another person's bedroom which had resulted in the person experiencing discomfort.

At the time of the inspection, there were sufficient staff on duty to meet people's needs, however, we found shortfalls in the recruitment of new staff and noted essential checks had not always been carried out.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. Since the last inspection, the registered manager had ensured all staff received regular supervision. All staff had the opportunity to attend meetings and provide feedback on the service. Staff spoken with told us they were well supported and had full confidence in the registered manager.

We found appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority. However, we noted there was no evidence to indicate people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005.

There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and the home had a warm, friendly atmosphere. There were no restrictions placed on visitors.

There were arrangements in place to manage complaints; however, we noted an analysis had not been carried out to highlight any trends and themes. This is important to inform future practice.

The manager was registered with the commission on 11 November 2016 and was aware the service required improvements. The registered manager used a number of ways to assess and monitor the quality of the service, which included feedback from people, their relatives and staff.

## 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 safe.

Not all areas of the building had been properly maintained. One person's bedroom was in a poor condition and one person experienced discomfort as staff were unaware of how to close a window.

People told us there were sufficient staff on duty, however, we noted appropriate checks were not always carried out before staff started working in the home.

Whilst systems were in place to assess and manage risks, not all risks had been identified. Some risk assessments had also not been updated in line with changing needs.

Staff had completed appropriate safeguarding training and knew what to do in the event of an alert.

There were arrangements in place to manage people's medicines safely.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

**Requires Improvement** ●

Whilst people were able to personalise their rooms, one bedroom was not maintained to satisfactory standard. This situation compromised the person's dignity.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy and independence.

### **Is the service responsive?**

The service was not consistently responsive.

Although people had care plan we found that the plans had not always been reviewed and updated in line with changing needs. This meant there was a failure to maintain accurate and up to date records of people's care.

People were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

**Requires Improvement** ●

### **Is the service well-led?**

The home was not consistently well led.

Whilst the provider had submitted some notifications, we found the commission had not been noted in a timely manner of three incidents in the home in line with the current regulations.

There were systems in place to assess and monitor the quality of the service, which included seeking feedback from people living in the home, their relatives and the staff.

**Requires Improvement** ●

# Towneley House

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 16 February 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector and a specialist advisor in the care of people living with dementia.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the provider, registered manager, the deputy manager, the cook, two care staff, eight people living in the home and two relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not verbally communicate with us. We also spoke with two healthcare professionals.

We spent time looking at a range of records including six people's care plans and other associated documentation, three staff recruitment files, staff training records, the staff rota, 12 medicines administration records, the controlled drugs register, accident and incident records, complaints records, meeting minutes, a sample of policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

All people spoken with told us they felt happy and safe in the home. One person said, "I feel very safe here, the staff are very good" and another person commented, "The staff are very kind, I don't have any problems." These comments were supported by relatives visiting the home. One relative told us, "The staff are second to none."

On the first day of the inspection, one person told us that their bedroom window would not close properly and blew open during the night. As a consequence the person was cold in their room. We checked the window with the registered manager and found the window could not be firmly closed. A rubber wedge had been placed next to the door frame as a means of preventing the window from opening. We checked the maintenance records and noted the fault had been reported on 11 February 2017. On the second day of the inspection, the provider explained the staff were not operating the handle properly and the window catch was in working order. We checked the window and noted it was securely closed. However, the method to close the window had not been previously shown to staff and as a result the person had experienced discomfort.

We carried out a tour of the premises with the registered manager. We found one bedroom was in an unsatisfactory condition. The wallpaper had been pulled off the wall by the bed, the window was draughty, the top surface of the bedside cabinet was badly eroded and could not be properly cleaned, the handle was missing off the top drawer of the cabinet and two sharp screws protruding from drawer front, there was staining on the wall and the top of the radiator was contaminated with dust. The provider acknowledged the room needed improvement and made immediate arrangements for the person to move to alternative room so the necessary improvements could be made. We checked the maintenance repairs book and noted no reference had been made to the room. This meant there was a high probability that no action would have been taken without our intervention.

We noted a piece of wood had been fixed across the railings outside the front door in order to stabilise the structure. However, the wood was rough and presented a risk of splinters.

The provider had failed to properly maintain all areas of the premises. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the provider managed the recruitment and deployment of staff. We checked the files of three members of staff and spoke with one member of staff about their experience of the recruitment process. We noted all new recruits had completed an application form and attended the home for a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We saw notes were recorded to support a fair process. We also noted the provider sought two references and an enhanced criminal records check. However, whilst the registered manager stated that a reference had been sought from one staff member's previous employment in a social care setting, there was no evidence of the request on the staff member's file. We also noted one staff member had not provided a satisfactory explanation of the gap in their employment from

leaving education to commencing work in the home. We checked the recruitment and selection policy and procedure and noted this did not reflect the current regulations. This is important to ensure thorough checks are carried out before new staff start work in the home.

The provider had failed to operate an effective recruitment procedure and had not ensured all appropriate checks had been carried out. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a rota which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. The majority of people spoken with felt there were sufficient staff on duty. One person told us, "The staff are always here to help if I want it." We noted there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible in line with people's changing needs. Extra staff were also placed on duty to facilitate some activities and trips out of the home. In addition to the care staff, there were also ancillary staff including a cook and a cleaner.

We looked at six people's care files and considered how the provider managed risk. We saw individual risks had been assessed and recorded in people's care plans along with detailed risk reduction plans. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Other areas of risk included fire safety, infection prevention and control and the use of equipment. However, we noted there were some gaps. For instance, one person who enjoyed days out in the community was at risk of not returning to the service. Although the registered manager and staff had taken appropriate action, we found a risk assessment had not been carried out and there were no strategies in place for staff to follow in the event the person failed to return. This meant there was the potential for an inconsistent response. Following consultation with the person's social worker, the provider carried out a risk assessment and developed a procedure for staff to follow during the inspection.

We also found people's risk assessments were not always updated in line with changing needs, for instance one person's risk assessment had not been updated since August 2016 and another person's nutritional risk assessment had been completed incorrectly. The registered manager gave us assurances people's risk assessments would be revised and updated.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals as appropriate, for example to the falls team. We noted the number of accidents and incidents had been calculated, however, at the time of the inspection no analysis of the data had been carried out to determine any patterns or trends.

We saw there was a business continuity plan in place to respond to any emergencies that might arise and this was understood by staff. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We looked at how the service protected people from abuse and the risk of abuse. We found there was an appropriate policy and procedure in place which included the relevant contact details for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the management team would act on



their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff confirmed they had completed safeguarding training and records seen of staff training confirmed this.

People were satisfied with the way their medicines were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Staff had received training to administer peoples' medication safely. Competency assessments were carried out on annual basis. We saw completed competence assessments during the inspection.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. At the time of the inspection, there were no controlled medicines on the premises.

## Is the service effective?

### Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "I'm very happy, the staff are good to us all" and another person commented, "I get on with the staff. I like living here." Similarly a relative told us, "My [family member] has always been well cared for."

At our last inspection, we noted mental capacity issues were not routinely considered as part of the assessment and care planning process. The provider assured us this issue would be addressed. However, we found there had been limited progress made on this matter.

The Mental Capacity Act (MCA) 2005 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.

We found staff knowledge of the MCA was basic and they were unsure how the principles of the Act applied to their everyday practice. On looking at people's care files we found there was limited evidence to demonstrate the relevant requirements of the MCA were being met. People's capacity to consent to their care and treatment was not adequately assessed and recorded in their care plans and there were no assessments seen to demonstrate people's capacity to make specific decisions about their care and support. We also found that the provider did not have documentation in place to support people who were able to make decisions about their care. For example, one person's relative had signed a consent form; however, prior to this decision being made the person's own ability to be involved in such decisions had not been assessed.

Our findings showed the provider had failed to act in accordance with the MCA 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

It was evident the registered manager was aware of when to make an application for a DoLS and informed us 13 applications had been submitted to the Local Authority for consideration. However, we saw no central register or record to indicate which people were subject to an application and when the applications had

been made.

At our last inspection, we recommended that the provider ensured staff received appropriate supervision. At this inspection, we found the improvements had been made. All staff spoken with confirmed they received regular one to one supervision meetings and we saw records of the supervisions during the inspection. The supervision provided opportunities for staff to discuss their performance and training needs. The registered manager explained she had plans in place to ensure all staff received an appraisal of their work performance. Appraisals are important to enable staff to receive feedback and set learning objectives.

Members of staff spoken with told us they had been provided with appropriate training. We looked at the staff training matrix and noted the majority of staff had completed training in safeguarding vulnerable adults, fire safety, moving and handling, emergency first aid, infection control, medicines administration and health safety. Staff had also completed specialist dementia training accredited with Sterling University. The variety of training offered meant that staff were provided information on the current legislation and good practice issues. Staff spoken with told us their training was useful and beneficial to support their role.

There were induction arrangements in place for new staff which included an initial orientation to the home, the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. All new staff completed a probationary period of three months. We saw a sample of completed initial induction records during the inspection.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People spoken with made complimentary comments about the food provided. One person told us, "The food is homemade and it's really good" and another person commented, "I get plenty to eat and the food is very nice." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits. We checked the food stocks during the inspection and noted there was a plentiful supply of fresh, frozen and tinned food available in the home.

Weekly menus were planned and rotated every four weeks. There was a good choice of food available throughout the day. We observed lunchtime on the first day of our inspection and noted people were given appropriate support and assistance to eat their food. The meal was well-presented and portions were ample. The tables in the dining areas were dressed with place settings, tablecloths and condiments. Staff engaged people in conversation and the atmosphere was cheerful and good humoured.

There were systems in place to communicate people's dietary needs and requirements with the catering staff. We spoke with the cook who demonstrated a commitment to providing people with good quality food in line with their preferences.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. However, we noted one person's risk assessment had not been updated in line with changing needs. The registered manager assured us the person's care plan and risk assessment would be updated as soon as possible.

People living in the home confirmed they had access to health professionals, such as the General Practitioner (GP), dentist, optician and the district nursing team whenever necessary. Records showed people were registered with a GP and received care and support from relevant professionals. We spoke with

two healthcare professionals during the inspection, who provided us with positive feedback about the service. One professional commented, "The staff are good at monitoring and picking up on people's healthcare needs and make timely referrals." The professional added, "The staff know people very well and are responsive to any advice given to them about people's care."

People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

## Is the service caring?

### Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "The staff are always very helpful" and another person commented, "The staff are patient and kind." Relatives were also complimentary about the approach taken by staff, for instance one relative said, "All the staff deserve ten out of ten. They are all excellent." We also received positive comments about the caring nature of staff from healthcare professionals. One healthcare professional told us, "All the staff are very welcoming and friendly."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We noted staff respected people's privacy and dignity in their social interactions. People told us they could spend time alone if they wished. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting. However, on a tour of the premises we found one person's bedroom was not decorated or maintained to a suitable standard. This situation compromised the person's dignity and had not been identified as a concern by the provider.

People were able to personalise their bedrooms with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. However, we noted not all bedroom doors had a name plate, this meant it may have been difficult for people living with dementia to orientate themselves round the building.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. Where staff provided one to one support they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

There was a 'keyworker' system in place. This system linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. People spoken with confirmed the staff listened to them and they felt the staff cared about them. Staff were observed to comfort and help people when they showed signs of distress. The staff spoken with knew people well and were aware of their needs and preferences.

We saw instances of people's independence being valued and upheld. Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to maintain and build their mobility. One person told us they enjoyed tidying up after meals. The person

said, "The staff like me to do things for myself, but they are always there to help if I need it."

People were encouraged to express their views by means of daily conversations, residents meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We saw minutes of the meetings during the inspection and noted a variety of topics were discussed including, meals, activities and trips out the home. People told us they enjoyed attending the meetings. One person said, "We often have meetings and I learn lots of things." People were provided with information in the form of a service user guide. This provided an overview of the services and facilities available in the home and the philosophy of care.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw messages of thanks from people or their families.

## Is the service responsive?

### Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "This is a good little place; if you need anything the staff have it for you" and another person told us, "All the staff are easy to talk to and do their best to help." Relatives felt that staff were approachable and had a good understanding of people's individual needs. One relative said, "You can always call at any time day or night and the staff will always help."

At our last inspection, we found the provider had failed to maintain an accurate, complete and contemporaneous record in respect of people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found there had been limited progress made to meet the regulation.

We looked at six people's care files and found all people had an individual care plan which was underpinned by a series of risk assessments. The care plans were set out as a grid with a list of people's needs in the first column and how people wished their care to be delivered in the second column. However, we noted the plans had not always been updated in line with people's changing needs. For instance, one person required assistance to move using a hoist, but their care plan stated they were able to walk independently. We also noted the person's nutritional risk assessment was not reflective of their current needs. We further noted two people's care files had no information about their personal backgrounds or life experiences.

The provider had failed to ensure an accurate and complete record of people's care and treatment. This meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered people's needs. However, we noted consideration had not been given to the person's mental capacity to make decisions about their care and treatment. The registered manager told us people had been involved wherever possible in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate.

Daily reports provided evidence to show people had received care and support. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required aspects of their care monitoring, for example, personal hygiene, falls and behaviour. The provider had systems in place to alert staff to people's changing needs which included a handover of information at the start of each shift.

People had access to a range of activities and told us there were things to do to occupy their time. Throughout the inspection we saw staff were engaging in conversation with people living in the home and their relatives. The deputy manager had been designated the role of activities coordinator. On the second day of the inspection we observed a group of people enjoyed a word game, which stimulated people's

memories and a good level of discussion. Other activities arranged inside the home and included dominoes; sing a longs, film shows, arts and craft and light exercises. The home had minibuses and extra staff were placed on duty to support people to take part in the trips. Recent outings included trips to Hollingworth Lake, Blackpool and Fleetwood.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff, the registered manager or the provider if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints were managed and investigated. The purpose of the policy was to ensure all complaints were handled fairly, consistently and wherever possible resolved to the complainant's satisfaction. A complaints procedure was displayed in each bedroom and the hallway. The procedure informed people how they could make a complaint and to whom they should address their concerns.

We looked at the complaints records and noted six complaints had been received during the last 12 months. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. However, we noted there was no analysis carried out of the complaints issues in order to identify any patterns or trends.



## Is the service well-led?

### Our findings

People, their relatives and staff spoken with during the inspection made positive comments about the leadership and management of the home. A person told us, "The manager is fantastic, very approachable and I can talk to her about anything" and a member of staff commented, "The manager is always available and I wouldn't think twice to ask her if I had a query."

At our last inspection, we found the provider had not submitted statutory notifications in line with the current legal requirements. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider sent us an action plan which set out the actions they intended to take to meet the regulation. During this inspection, we found that whilst the provider had liaised with the local authority's safeguarding team and had submitted some notifications, the commission had not been notified of all incidents which had occurred in the home.

This showed there was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider submitted the notifications during the inspection and provided assurances that systems had been put into place to prevent a reoccurrence.

Since the last inspection, a new manager had been appointed and was registered with the commission in November 2016. The registered manager was aware of the challenges involved in improving the service and told us she was fully committed to making the necessary improvements. The registered manager explained she had introduced a task allocation system for staff and devised an overview of people's needs as a quick reference guide for staff. The registered manager also explained she had plans in place to implement the principles of the Mental Capacity Act 2005 to the assessment and care planning process, improve people's care plans and develop the staff training. Prior to the inspection, the provider sent us a detailed PIR (Provider Information Return) which set out further planned improvements for the service.

The registered manager was visible and active within the home. She regularly worked alongside staff and had a detailed knowledge of people's needs, preferences and backgrounds. She was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in her company and it was clear she had built a rapport with them. For example, we noted she responded quickly and appropriately to provide calm reassurance for a person who was experiencing distress. The registered manager operated an 'open door' policy which meant people and members of staff were welcome to go into the office to speak with her at any time. Staff told us they felt confident in the management of the home. The staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. The registered manager was supported in her role by the provider who visited and worked in the home on a regular basis.

We saw evidence to demonstrate staff were invited to regular meetings. The meetings gave the staff the opportunity to meet with the registered manager and their roles and the operation of the home. Staff

spoken with confirmed they were able to add items to the agenda.

People and their relatives were regularly asked for their views on the service. We saw residents' meetings had been held once a month. People and their relatives were also given the opportunity to complete an annual satisfaction questionnaire. The questionnaires were last distributed to people living in the home in September 2016. We saw the collated results and returned questionnaires during the inspection and noted people had expressed satisfaction with the service.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems to manage medicines, staff supervision and training, infection control and checks on the fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. We saw completed audits during the inspection and noted action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. However, we found there was no analysis of accidents, incidents and complaints in order to identify any patterns or trends.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to act in accordance with the MCA 2005. Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to properly maintain all areas of the premises. Regulation 15 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure an accurate and complete record of people's care and treatment. Regulation 17 (2) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to operate an effective recruitment procedure and had not ensured all appropriate checks had been carried out. Regulation 19 (2) (3)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the commission of all notifiable incidents without delay. Regulation 18 (1) (2)

**The enforcement action we took:**

We issued a fixed penalty notice.