

Meridian Healthcare Limited

Roby House Care Centre

Inspection report

Tarbock Road
Huyton
Liverpool
Merseyside
L36 5XW

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21 March 2016

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03 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection, carried out on 21 March 2016.

Roby House Nursing Centre is registered to provide nursing care for up to 60 people. The service is located in the Huyton area of Liverpool, close to local shops and road links.

The service has a registered manager who was registered with the Care Quality Commission in October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the service was carried out in October 2013 and we found that the service was meeting all the regulations that were assessed.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People's health and safety was put at risk because parts of the environment were unhygienic and unsafe. There was a build-up of dirt, dust and food debris in a kitchenette and dining room on the first floor. Also furniture and carpets in a lounge on the first floor were heavily stained and there was a build-up of dust and dirt around window ledges and skirting boards. A sluice room and the medication room on the first floor were cluttered and unclean with dust and stains from spillages. Items of equipment stored in communal bathrooms posed a trip hazard to people because they obstructed their access to toilets and sinks. Staff removed the equipment after we raised our concerns with them.

Medication was not always managed safely. An unlocked trolley containing people's medication was left unsupervised on a corridor outside the dining room and medication administration records (MARs) were signed in advance of people receiving their medication. Medication details and instruction for use which had been handwritten onto MAR sheets were not signed by a second member of staff to check the accuracy of the record.

The condition of the environment and mealtime experiences undermined people's dignity. People were left sitting at dining tables for more than 30 minutes prior to their meal being served and during that time staff did not engage with people to inform them that their meal would be late and the reason why. People's leftover meals were disposed of in an undignified way and their living environment was not maintained to a satisfactory standard.

There were limited opportunities for people to engage in meaningful activities at the service. The activities

coordinator had been absent from work for some time and no interim arrangements had been made to replace them. Care staff felt they had little time to socialise with people because they were too busy with other tasks. People commented that they spent most of their time watching TV because there was little else for them to do.

The registered provider had implemented a quality assurance system with clear guidance about how to use it. However, the checks and audits which were carried out at the service failed to identify and risks to people's health and safety and improvements which were required to the service people received.

We have made a recommendation about staff supervision. Staff had not received formal supervision in line with the registered provider's staff supervision policy and procedure. This meant staff lacked the opportunity to take part in one to one discussions with their line manager about their work and training and development needs.

People who used the service were safeguarded from abuse and potential abuse because the registered provider had taken steps to minimise the risk of abuse. Staff had completed safeguarding training and they had access to information about how to prevent abuse and how to respond to an allegation of abuse. They recognised the different types and indicators of abuse and were confident about reporting any concerns they had.

Procedures were in place for responding to emergencies and staff were familiar with them and confident about following them through. A personal evacuation plan (PEEP) which was developed for each person who used the service provided staff with specific information about how to ensure people's safety during an evacuation of the service.

People were cared for and supported by the right amount of suitably qualified staff. The process for recruiting staff included a range of checks which were carried out to check applicants' suitability and character prior to them commencing work at the service.

Staff received the training they needed for their job. New staff completed an induction programme and all staff received on going training relevant to their role, responsibilities and the needs of the people they supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood what their responsibilities were for ensuring decisions were made in people's best interests. Staff were aware of the need to obtain people's consent prior to them providing any care and support.

Staff worked together as a team and with other professionals including GPs, McMillan Nurses and other specialist teams to help to provide the highest standard of care possible for people at end of life and their families. People were given the opportunity to express their wishes regarding their care at end of life and an appropriate care plan was put in place for this.

People were well supported to access a range of healthcare professionals as appropriate to their individual needs. People's health and wellbeing was monitored to ensure they remained healthy and well and staff quickly recognised any health concerns and sought appropriate advice.

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 ●

The service was not always safe.

The storage of equipment and the lack of cleanliness in parts of the service posed a risk to people's safety.

Medication was not always managed in a way that ensured people's safety.

Procedures were in place for responding to emergencies and staff were confident in dealing with an emergency situation.

Is the service effective?

Good ●

The service was effective.

Staff lacked personal supervision in relation to their work and training and development needs.

Staff understood the rights of people who lacked capacity to make their own decisions.

People's health and wellbeing was effectively monitored and acted upon.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Some people's mealtime experience was undignified and lacked respect.

People's independence was encouraged and promoted.

End of life care was planned in a dignified way.

Is the service responsive?

Requires Improvement ●

The service was responsive.

People lacked opportunities to take part in activities at the service.

Staff listened to people and responded to their needs.

People had information about how to complain and they were confident about complaining.

Is the service well-led?

The service was not always well led.

The system in place for assessing, monitoring and improving the service was not always effective as it failed to identify risks and make improvements to the service people received.

There was an open door policy operated at the service which enabled people, their family members and staff to openly air their views and opinions.

Requires Improvement 

Roby House Care Centre

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 was carried out by two adult social care inspectors and it was unannounced. This means we did not give the registered provider prior knowledge of our inspection.

During the inspection we spoke with ten people who used the service and three family members. We spoke with the deputy manager, operations director and eight staff who held various roles including care staff, kitchen staff and domestic staff. We also spoke with external professionals who were visiting people at the service.

We looked at areas of the service including lounges and dining rooms, bedrooms, the kitchen and the laundry. At the time of the inspection there were 59 people using the service.

We looked at a range of documentation which included the care records for five people who used the service and five staff files. We also looked at other records relating to the management of the service including a sample of medication and administration records, audits and safety certificates for equipment and systems used at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Is the service safe?

Our findings

People told us they felt safe living at the service and that they would tell someone if they had any concerns about their safety. One person said, "Oh yes I feel safe alright" and another person said, "I don't worry about anything at all. I am very safe and secure here". Family members told us they had no concerns about their relative's safety.

Some parts of the service were unclean and unhygienic which increased the risk of the spread of infection. There was food debris embedded under and around the fridge, dishwasher, plinths and floor edges in the kitchenette on the first floor. A plinth in the kitchenette which was damaged fell away from the base of a kitchen cupboard and exposed further embedded food debris underneath. The dining area adjacent to the kitchenette was also unclean with a build-up of dust and food debris around the floor edges, skirting boards and on surfaces including window ledges and a display cabinet. Two bathrooms, a sluice room and the medication room on the first floor were cluttered and unclean with dust and stains from spillages.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, care was not provided to people using the service in a safe way because people were not protected against the risk of the spread of infections.

Medication was not always managed safely. Whilst carrying out the lunch time medication round, a member of staff left the open medication trolley unattended on a corridor whilst they entered the dining room to administer a person with their medication. A member of staff signed a person's medication administration record (MAR) before administering their medication. These practices were unsafe and not in line with national guidance which states that medicines should be safely stored and a record of medicines given should only be made when the person had taken their medicines.

MARs for some people listed items of medication and instructions for use which had been handwritten by a member of staff. However the entries had not been checked and subsequently signed by a second member of staff to check the accuracy of the record. This was unsafe practice and it was not in line with national guidance which states handwritten records should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service were not protected from the proper and safe management of medicines.

Some parts of the environment posed a risk to people's safety. Large items of equipment including stand aids, hoists and wheelchairs were stored in three communal bathrooms. The equipment obstructed access to toilets and sinks. There were also small items of electrical equipment including a projector, stored on the floor near to the inside of the doorway of a lounge. This meant people were at risk of trips and falls. We immediately raised this with staff and they moved the equipment out of the bathrooms and lounge therefore minimising the risk of falls and trips.

The staffing rota was developed a minimum of two weeks in advance and took account of the occupancy level and the needs of people who used the service. Rotas were made up of staff that had the right mix of skills, experience and knowledge to meet people's individual needs including senior and junior care staff and trained nurses. Rotas showed a consistent amount of care staff, nurses, kitchen and domestic staff on duty where required throughout the day and night. On our arrival to the service staff reported that they were under pressure and overworked because two staff had failed to turn into work, however the deputy manager had arranged cover and within the hour staffing levels were at a safe level.

People were protected against the risk of abuse. The registered provider had a safeguarding policy and procedure which was made available to staff along with those set out by the relevant local authorities. The procedures guided staff on the actions they were required to take for reporting concerns to the appropriate agencies. Staff told us they had received safeguarding training and records confirmed this. They understood what is meant by abuse and gave examples of the different types of abuse such as physical, verbal and neglect. Staff also gave examples of indicators of abuse which included people showing signs of withdrawal, loss of appetite and bruising. Staff were confident about reporting any concerns they had and senior staff knew their responsibilities for alerting the local safeguarding authorities about any allegations of abuse.

A record of allegations of abuse which had occurred at the service was kept. The records showed that senior staff had taken appropriate action by promptly informing the relevant authorities such as the local authority safeguarding team and the Care Quality Commission (CQC). There was also evidence of action taken to reduce further risks to people.

Staff were recruited in line with the registered provider's recruitment and selection procedure which was safe and thorough. Appropriate checks had been undertaken before new staff started work at the service. They had completed an application form, attended interview and provided photographic evidence of their identity. A Disclosure and Barring Service (DBS) check had been carried out and a minimum of two references were obtained in respect of new staff, including one from their most recent employer. A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This helped to make safer decisions about the recruitment of staff.

Procedures were in place and accessible to staff for responding to emergencies such as fire or medical emergencies. Each person had a personal emergency evacuation plan (PEEP) for staff to follow should they need to assist people out of the building in an emergency. PEEPs took account of people's individual needs such as any equipment they needed to help with their mobility and the amount of staff required to assist them to evacuate the building. Staff had completed training in first aid, fire safety and emergency procedures and they felt confident about dealing with an emergency should one arise.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through datix, a web based system which assisted the registered provider to identify any patterns or trends and plan for any additional measures which needed to be put in place to reduce the risk of further occurrences.

Is the service effective?

Our findings

People told us that they thought the staff were good at their jobs and that they communicated well with them. People's comments included, "I have no problems with any of them [staff] they all seem very good" and "I tell them if I am feeling unwell and they send a nurse to see me".

Staff told us they felt supported within their roles and that they felt at ease approaching the registered manager, deputy manager or the nurse in charge for advice and support regarding their work. However, staff had not received formal supervision in line with the registered provider's staff supervision policy and procedure. It stated all staff, should receive a minimum of six supervisions per year to include two formal and four group supervisions. The policy also stated that supervision is vital for all levels of workers and it described the purpose of the process. For example; supervision provides an opportunity for each employee to identify areas of personal performance which can be improved through the analysis of strengths and needs. Records and discussions held with staff showed they had attended at least two group meetings facilitated by the registered manager but some staff had not met formally on a one to one basis with their line manager for six months or more. Staff said they would benefit from more one to one supervisions with their line manager as they felt they lacked the opportunity to discuss on a personal level, their work and training and development needs.

We recommend that the service follow their procedure for ensuring staff receive an appropriate level of formal supervision.

People received care and support from staff with the right skills and knowledge. Staff told us they had completed an induction programme when they first started work at the service. They said their induction consisted of a range of training in mandatory topics such as safeguarding, fire awareness, basic first aid and manual handling. Staff told us that as part of their induction they were introduced to the registered provider's policies and procedures and provided with an orientation which enabled them to become familiar with the layout of the service and adjust to the surroundings. All staff entered into an agreement which required them to undertake training relevant to their roles and responsibilities. Training was planned throughout the year and included updates in mandatory topics and topics relevant to people's needs. Training was delivered in a number of different ways, including, touch training (e-learning) and classroom based training by an accredited training provider. Following each training session staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. The registered manager maintained an up to date record of training completed by all staff.

Staff communicated effectively to ensure they carried out their roles and responsibilities. Daily meetings were held during each shift change over and they enabled staff to pass on important information about people and their needs. For example, planned hospital appointments, changes in people's needs and any additional care and support they needed. The records also detailed any actions required and who was responsible for carrying them through. A written record of each meeting was maintained and included the name of the staff member who chaired it and other staff in attendance. A daily record for each person was also maintained by staff and included a summary of the care and support people received and their

progress. Daily records highlighted any significant observations in a person's physical or emotional health and wellbeing and any action taken in response to any concerns noted.

Staff communicated efficiently and effectively with other health and social care professionals who were involved in people's care and support. Staff contacted people's GPs to organise appointments including home visits and medication reviews. We met with a visiting GP during the inspection visit and they told us that the staff were very good at communicating relevant information about people's health needs and that they had always followed through their advice and instructions. Other healthcare professionals we met with during the inspection included a dentist, a social worker and a specialist nurse. They all reported good lines of communication and efficiency amongst the staff team to the benefit of people who used the service.

People's nutritional and hydration needs were assessed, identified and planned for. Nutritional assessments helped to determine whether a person was at risk of malnutrition and if they were what the level of risk was and how it should be managed. People at risk had a care plan detailing how their nutritional and hydration needs were to be met to help them maintain their health and wellbeing. For example, one person's care plan stated that they will often refuse meals, stating not hungry resulting in some weight loss. The person's care plan instructed staff to monitor the person's weight for signs of weight loss. Another person's care plan instructed staff to encourage their fluid intake and record it to for monitoring purposes. Charts were in place for people who required their food and fluid intake monitoring and they had been completed as required.

People's main meals were prepared by the chef in the main kitchen and transported into each of the two dining rooms by use of trolleys. Dining rooms had an open plan kitchenette which had facilities for storing and preparing drinks and snacks. The chef prepared meals in line with a four week rotating menu which had been developed based on people's nutritional needs and food preferences. There were two main meal choices and a selection of alternatives for people if they did not like the main choices on the menu. The kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. Kitchen staff held information about people's dietary needs such as if they required their food textured or low or high calorific foods.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

There were processes in place to protect the rights of people living at the service. Staff described their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to their day to day practice. Staff gave examples of practices that may be considered restrictive and they had access to policies and procedures to guide them if this was required. Relevant staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who used the service had been made to the relevant supervisory body and those that had been authorised were in place.

Is the service caring?

Our findings

People told us that the staff approached them in a gentle way and that they were caring, kind and polite. People's comments included, "They [staff] speak to me very nicely. Yes they always knock on my door before they come in", "They work really hard and do their best for you" and "I think they are very caring".

The meal time experience for some people was not involving and respectful. On the day of our inspection lunch was served 30 minutes later than usual. People were left sitting at dining tables for 30 minutes and staff made no attempt to socialise with people or offer them drinks despite drinks being available. Staff did not inform people that the meal would be late or provide a reason why. People became agitated and unsettled, one person left the table complaining. Staff spent little time engaging with people whilst they waited for their lunch and they did not engage with people as they served meals. Staff placed meals in front of people and walked away without seeking the person's satisfaction with the meal. Staff plated up meals without consulting with people about their preferences, for example whether or not they wanted gravy. Staff disposed of left over meals into a container in view of people during the mealtime. These practices did not promote people's involvement and were disrespectful.

Parts of the environment undermined people's dignity. The dining room and kitchenette on the first floor were dusty and stained in parts and the décor was tatty. For example, there was a build-up of dust on skirting boards and wallpaper was peeling off parts of the walls. The shelves on a wall unit in the corner of the dining room were stained and also very dusty. The carpet in the lounge on the first floor and arm chairs were heavily stained and worn in parts due to substantial wear and tear.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people were not treated with dignity and respect.

People's choice and independence was acknowledged and promoted. People's level of independence and their preferences about how they exercised it was recorded in their care plan. For example, one person's care plan recorded that they liked to remain independent and it detailed the tasks that they were able to do and liked to carry out independently. The person's care plan stated that they liked to dress and undress and attend to their own personal hygiene. Another person's care plan recorded that they wear glasses for reading and staff were to make sure that they are in easy reach for reading and watching TV. People told us that staff respected their independence by allowing them to do whatever they could for themselves and we observed staff encouraging people to make choices such as where they spend their time. People had expressed their wishes regarding the gender of carer they preferred to provide personal care and discussions with people and staff showed this was respected.

People were invited to complete a personal profile and a document titled 'Remembering Together' Your life story. The documents gave people the opportunity to share information about their family make up, friendships, skills and interests and their background such as where they lived previously and where they had worked. These documents had not been completed for some people, however a member of staff told us that they were quite new and that they were working with people and their families to get them completed.

Visitors told us that they could visit anytime and that they were always made to feel welcome by staff who they described as warm and friendly. They told us there were no time restrictions placed on them when visiting their relative/friends and that they could spend time with their relative either in communal lounges or in the privacy of their rooms. A family member told us that they visited each day at lunchtime to assist their relative with lunch. They said there was one occasion when they were unable to make it and they requested that staff be especially patient when offering their relative lunch and they said they were satisfied that this happened.

The registered provider had accreditation for the Gold Standard Framework (GSF) to provide end of life care. It involved them working together as a team and with other professionals including GPs, McMillan Nurses and other specialist teams to help to provide the highest standard of care possible for people at the end of life and their families. People were given the opportunity to express their wishes regarding their care at the end of life and an appropriate care plan was put in place for this. The plans included advanced decisions to refuse treatment or appoint somebody to act on the persons behalf. People at the end of life had access to appropriate services including palliative care services.

Is the service responsive?

Our findings

People told us that they would benefit from more activities at the service. They said staff did their best to respond quickly to their requests for assistance. People's comments included, "I sometimes get bored of watching the television, but there's little else to do" and "They come when you need them".

There were limited opportunities for people to take part in activities at the service. There was no information on display informing people about organised activities which were on offer at the service. Staff told us that the activities coordinator had been absent from work for some time and that no alternative arrangements had been made to cover their absence. Minutes taken from a residents meeting showed people had commented about the lack of activities at the service and had requested more interaction and activities such as entertainment and armchair exercises. Throughout our inspection most people who used the service were sat in their rooms or lounge either asleep or watching TV and they were not offered any alternative stimulation. Staff were busy carrying out care tasks and spent little time engaging with people. One person told us "I spend most of my time watching TV because there's not much going on here" and another person told us, "I do get fed up at times. I just take myself off to my room and watch my tele". The lack of stimulation for people meant they were at risk of isolation.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people the needs of people who use the service were not planned for.

People's needs were assessed, identified and planned for. Prior to using the service each person underwent an assessment of their needs carried out by a suitably qualified member of staff. Assessments were also obtained from other health and social care professionals involved in people's care, including social workers and specialist nurses. Copies of the assessments and a care plan which had been developed for their assessed needs were held in people's individual care file. Care plans covered things such as eating and drinking, mobility, sleeping, personal care, mobility and communication and they incorporated any known risks and how they were to be managed. Each care plan identified the area of need, the preferred outcome and the support staff were required to provide to achieve the outcome. Care plans were reviewed each month or sooner if a person's needs changed. We saw examples of when people's care plans had been updated following a change in their needs.

People told us that staff generally responded quickly to their calls for assistance. One person said, "They come as quick as they can and sometimes if they are busy they will say are you ok for a minute and they always come back". Another person said, "They are very busy most of the time but they never ignore you if you need help". During our inspection visit we noted that call bells were answered quickly and people's verbal request for assistance were always acknowledged by staff.

Staff monitored people's health and wellbeing in accordance to their needs and they completed monitoring charts at the required intervals. We saw an example of where one person required their skin to be monitored due to a pressure sore. The person's care plan stated that they required an air pressure relieving mattress and regular repositioning for pressure relief. We visited the person in their room and saw that their records

showed they had been repositioned at the required intervals and that they had the right pressure relieving equipment in place. We saw other examples of where a fluid intake chart was in place and had been completed for people who were at risk of dehydration. Charts were checked several times a day to ensure people had received the required intervention. Staff knew the importance of completing charts at the required intervals and they knew the signs and symptoms which would indicate deterioration in a person's health or wellbeing. For example one member of staff told us that they would inform a senior member of staff if a person's food or fluid intake reduced and another member of staff said they would report any unusual changes to a person's skin condition.

People were provided with a copy of the registered provider's complaints procedure which described the process for making a complaint and the response people could expect if they made a complaint. A copy of the procedure was also displayed in the main entrance and it was summarised in a brochure about the service, copies of which were also on display at the main entrance for visitors to take away. People told us they had no reason to complain but they were confident about complaining if they needed to. A complaints log was kept with a record of complaints made, how and when complaints were investigated and the outcome.

Is the service well-led?

Our findings

People and their family members told us they were familiar with the management structure at the service. People knew that the registered manager had overall responsibility of the service and that there was a deputy manager and senior care staff that were in charge when the registered manager was absent. People told us that they had no worries about speaking with any of the management team should they need to. People's comments included, "The manager can be found in the office at the front if I need her I can go there" and "There's always someone in charge to give you help if you need it".

There was a clear management structure at the service which people who used the service and staff were familiar with. The registered manager had overall responsibility for the day to day management of the service and they had the support of a deputy manager and trained nurses. The registered manager reported directly to an assistant operations director from whom they also received on going support and supervision.

The registered manager was absent from work at the time of our inspection visit, however a registered manager from another service operated by the registered provider and an operations director assisted with the inspection.

There was a system in place for assessing and monitoring the quality of the service, however it failed to identify risks and make improvements to the service people received. The registered provider had implemented a quality assurance framework which consisted of a combination of practical tools and documentation with guidance for checking and improving the service people received. The frequency of checks and audits varied depending on the activity required, for example walk arounds were required twice daily to check on things such as care practices and the environment. Monthly audits were required on infection control, care plans and medication. Some audits were ineffective as they failed to identify the lack of cleanliness, poor quality furnishings and the unsafe storage of equipment in parts of the service, which posed a risk to people's health and safety. The audits also failed to identify a lack of activities for people who used the service and a lack of appropriate formal supervision for staff.

The registered provider produced a survey as a way of obtaining feedback from people and their family members about the service. The surveys invited people to rate and comment on aspects of the service including staff, the environment, food and activities. However no surveys had been given out to people for over 18 months and the results of the last one could not be found. This limited the opportunity for people and their family members to comment on the service and put forward ideas for improvement.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

Staff described an open door policy at the service and said they would not hesitate to seek advice and support from any member of the management team. Staff were familiar with the registered provider's whistleblowing policy and they said they had no worries about raising any concerns they had with either the

registered manager or deputy manager. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on regular basis and updated when there were any changes in legislation or best practice. Any updates or new information which impacted on the service delivery was shared with managers and staff in a timely way through meetings and newsletters. This included changes to policies and procedures, legislation and good working practices. Staff had been informed about the Care Quality Commission's new way of inspecting and the changes made to the associated legislation. The registered provider had an annual development plan and they shared information from this with us as part of their submission of the Provider Information Return (PIR).

The registered provider had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The needs of people who use the service were not planned for.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	People were not treated with dignity and respect.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Care was not provided to people using the service in a safe way because people were not protected against the risk of the spread of infections. People using the service were not protected from the proper and safe management of medicines.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.
Treatment of disease, disorder or injury	

