

Radian Support Limited

Saxby

Inspection report

Upton
Aylesbury
Buckinghamshire
HP17 8UA
Tel: 01296 749969
Website: www.radian.co.uk

Date of inspection visit: 17 and 18 March 2015
Date of publication: 19/05/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on the 17 and 18 March 2015 and was unannounced. We previously inspected the service on the 10 October 2013. At that time the service was meeting the regulations inspected.

Saxby is a care home which provides accommodation and personal care for up to four people with learning and/or physical disabilities.

At the time of our inspection there were four people living in the home. There was a registered manager in post. 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.

People told us they felt safe. Relatives confirmed they felt their relatives were safe as staff supervision and support was provided for people. Systems were in place to safeguard people. However staff did not follow procedures to ensure changes in people were acted on, reported and medical advice sought where required to

Summary of findings

promote people's safety and well-being. Staff did not work in line with infection control guidance either to prevent cross infection. We made a recommendation for the provider to address this.

The home was not suitably maintained which meant areas of the home were in need of updating and refurbishment.

Systems were in place to ensure people had their medicines safely. We saw some gaps in administration of medicines and auditing needed to be increased to address this.

Risks to people, staff and visitors were identified and managed. Care plans were in place which provided guidance for staff on how people were to be supported. We saw people were supported appropriately.

Safe recruitment procedures were in operation. The home had a number of staff vacancies and relied on agency staff to cover the vacancies. They were attempting to recruit into the vacancies and had been successful in filling a number of posts. Staff were suitably trained and supervised although agency staff did not have an induction or training in key areas to ensure they were effective in meeting people's needs. We made a recommendation for the provider to address this. Staff recognised there had been issues within the staff team but felt these had been addressed and they had agreed a way forward. They were confident team work would improve.

Systems were in place to safeguard people who lacked capacity to make decisions on their care. People had access to health professionals and guidance from professionals were followed. People were not weighed in line with the frequency outlined in their records. We

made a recommendation for the provider to address this. Records were not available to evidence people had access to routine appointments such as dentists and opticians and this was addressed.

Staff were kind and caring. They had a good understanding of people's needs. They used people's means of communication to communicate with them and enable them to make choices and decisions. People were supported to be involved in activities and day to day life at the home. People told us "Staff were nice, they looked after them and took them out". Relatives told us they were happy with the care provided. One relative described the staff as "wonderful, thoughtful and considerate". They described Saxby as "a home from home".

The provider had systems in place to monitor the home and gain feedback from people who used the service and relatives. The monitoring was not always effective as it failed to pick up issues we found in relation to gaps in medication administration, staff practice such as accident/ incident reporting and infection control. Relatives were generally happy with the way the home was run and found the registered manager to be approachable and accessible. One relative raised a number of issues about the management of the home, the support provided to staff and the lack of opportunity for their relative to get out regularly. This was fed back to the provider with the permission of the relative for the provider to act on.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which from the 1 April 2015 is 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.

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?

The service was not always safe.

Staff failed to follow the correct procedures for reporting unexplained bruising and take immediate action to safeguard people who sustained unexplained bruising, body marks or changes in their health and well-being.

The home was not suitably maintained.

Infection control procedures were not always in line with current guidance.

Requires improvement



Is the service effective?

The service was not always effective.

Agency staff were not suitably inducted and did not have training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to safeguard people who did not have capacity to consent to their care and treatment.

People were not weighed as required which had the potential for any weight loss or gains to go unnoticed.

Staff were supervised and appraised in their roles.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind, caring and had a good understanding of people's needs.

People were supported and enabled to make choices in relation to their care for example meals and activities.

People's independence was promoted and aids were provided to assist

Good



Is the service responsive?

The service was responsive.

Care plans were in place which outlined how people's care was to be delivered.

People had access to day centres and activities.

Systems were in place to manage complaints.

Good



Is the service well-led?

The service was not always well-led.

The home was well managed and issues raised were addressed.

Requires improvement



Summary of findings

The provider had systems in place to enable them to monitor that the service was being effectively managed. However the monitoring failed to pick up the issues in relation to the issues found at this inspection. For example accident/incident reporting and effective management of unexplained bruising.

Records were suitably maintained.

Saxby

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 17 and 18 March 2015. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

We previously inspected the service on the 10 October 2013. At that time the service was meeting the regulations inspected.

Prior to the inspection we reviewed the previous inspection reports and other information we held about the service. We also contacted professionals involved with the service to obtain their views about the care provided.

Two people who used the service were unable to communicate verbally with us. We 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 talk with us.

We spoke with two people living at the home and five staff which included the registered manager. We spoke to the day centres people attended and with four relatives by telephone after the inspection. We received written feedback from a health professional involved with the home. We looked at a number of records relating to people's care and the running of the home. These included three care plans, medicine records for three people, three staff files, four agency staff details, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

Is the service safe?

Our findings

People told us they felt safe. One person commented “I would tell staff if I was worried about anything”. Relatives told us they felt confident their relatives were safe. One relative commented “I am happy to know “X” is always safe here and they never go out unsupervised”.

Staff said they had received training in safeguarding adults and demonstrated during discussion with us that they were aware of their responsibilities to safeguard people. We saw staff had received training in safeguarding and there was a written procedure to follow. Staff told us how they would respond to accident and incidents which was in line with the organisations procedure. However, we saw in people’s files staff were not following the procedure for reporting and recording accidents, incidents and unexplained bruises. In the three files viewed we saw body charts were completed. Two of those charts indicated people using the service had sustained bruising. The third one indicated the person had a pressure sore. An accident/incident report was not completed for the pressure sore and one incident of bruising. An accident/incident report was completed for the other incident of unexplained bruising. However investigations were not carried out in line with the organisations policy to establish the cause of the unexplained bruising and pressure sore.

The daily records made no reference to the pressure sore or unexplained bruising to ensure this information was communicated to all staff. It was recorded in the communication book but this was not followed up and addressed. We saw an entry in the communication book which instructed staff to apply cream to the pressure sore and get the person using the service to stand up every two hours. There was no indication this was followed and it had not been established if this was the right course of action to taken. During the inspection the registered manager checked and confirmed the person did not have a pressure sore. We observed one person had a sore on their ear and another person had what looked like bruising around their eye. There was no evidence this had been reported or medical advice sought. The registered manager confirmed after the inspection medical advice had been sought. However the lack of immediate action, proper reporting and investigation in relation to unexplained bruising, changes in people and body marks put people at risk of potential abuse.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to make suitable arrangements to ensure people were safeguarded against the risk of abuse.

We saw the flooring in communal areas of the home had been replaced. No other communal areas of the home had been refurbished or updated. We saw a kitchen cupboard had fallen off and was missing. Other kitchen cupboards were loose and hanging off and the trim on kitchen cupboard edges was peeling. The kitchen worktops were stained and worn. The tiles in the shower room were badly stained, the radiator was rusty, there was a damp patch on the ceiling and the shower room smelt damp. The flooring in the shower room and bathroom looked dirty and the laundry room flooring and walls were badly stained.

We were provided with a refurbishment plan which was not date specific and indicated refurbishment of the kitchen, laundry room and internal decoration was not due to commence until 2015/2016. The shower room and bathroom would not be updated until 2018 and 2023. After the inspection the provider confirmed this had been brought forward and the kitchen and laundry room would be refurbished by June 2015 and internal decorations would take place in 2015. People had been involved and we were told were responsible for paying to have their bedrooms decorated and updated. We saw some bedrooms had been decorated and others were due to get replacement furniture. We were told funding had been agreed to update the garden and this work was due to commence the end of March 2015.

The home had a contingency plan in place which provided guidance for staff in the event of an emergency at the home such as a flood, gas leak or power cut. Staff understood their responsibilities in relation to health and safety, fire safety and in promoting a safe environment for people. People’s care plans included personal emergency evacuation plans which ensured people were safely evacuated in the event of a fire. Environmental risk assessments were in place which addressed risks to people who used the service, staff and visitors. These were up to date, reviewed and action taken to reduce and minimise the risks identified, such as risks associated with lone working, moving and handling and medicines

Is the service safe?

administration. Health and safety checks took place monthly and fire safety checks, fire drills, legionella testing and the servicing of equipment were all up to date and safe to use. We saw the fire service had carried out an inspection of the home on the 15 January 2015. They had indicated the fire risk assessment was not sufficient. The registered manager said they were not sure what was required. The outstanding action had been added to the homes continuous improvement plan but had not been acted on or completed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person failed to ensure the home was adequately maintained, fit for purpose and safe.

Staff were not aware if there was a nominated infection control lead or who that was. They said they were all responsible for infection control. The home had an infection control policy in place. There was an infection control audit and risk assessments in place. This was due to be reviewed and updated since February 2014. We saw different colour coded mops and cloths were used for cleaning different areas of the home and staff were aware of which colour related to which area. A cleaning task list was in place for staff. We saw the home was generally clean but noted an odour in one person's bedroom. We observed an agency staff member attended to dirty and soiled laundry. They failed to wear gloves and then proceeded to walk from the laundry room to the kitchen where they washed their hands. This presented a risk of contamination and cross infection.

Staff were responsible for administering people's medicines. They told us they were suitably trained and assessed to do that. We looked at competency assessment records and saw all staff involved in medicines administration had been trained and deemed competent to carry out the task and annual reassessments of practice took place. The provider had a medicines policy in place which provided guidance for staff on how medicines were to be managed. Each person had a medication risk assessment in place which outlined potential risks to them. Individual guidance was in place on the use of "as required" medicines and how they were to be administered. We looked at medication administration records for three people. We found gaps in administration records. We saw

for one person their medicine was not recorded as given as the person was on leave. We saw for the other person the medicine record was not signed but it was recorded in the person's daily record that the medicine had been administered. Systems were in place to record medicines received into the home and audits of medicines took place to monitor and promote safe medicines practices. The audits were twice a year and did not address gaps in administration of medicines as they occurred.

Staff spoken with were aware of key risks to people. People's care plans contained risk assessments. They were person centred and included management plans to reduce the risks to people. These included risks in relation to eating, swallowing, choking, going out, moving and handling, use of bed rails and seat belts. These were reviewed annually. This meant risks to people were identified and managed to promote people's safety and well-being. The home had environmental risk assessments in place. This identified and managed risks in relation to people, staff and visitors.

People told us staff were available to support them. One person commented "Staff are always here when I need them". Staff said staffing levels were suitable and maintained but agency staff were used to cover the vacancies which meant people did not have access to regular staff. Relatives felt the lack of permanent staff was an issue as this led to inconsistent care for people. One relative commented "People need to see familiar faces supporting them to enable them to trust those staff members who provide their personal care".

The registered manager confirmed two staff were required during day time shifts and the home had waking night staff. They had a nine hour night staff vacancy and a 33.5 hour vacancy which they had recruited into. They had a further 17 hour and 20 hour day time vacancy to be filled and the senior staff member was leaving at the end of the week that the inspection took place. This meant the home had five permanent staff members which included the two waking night staff to cover shifts. We were told the interviews for the senior position had taken place that week and they had successfully appointed into it. That role had changed in that the senior was employed for that service only as opposed to working across two homes. They were also going to be included on shift as well as having allocated administration days. The organisation had

Is the service safe?

made attempts to recruit into the vacancies and there was an on-going recruitment drive. The registered manager confirmed after the inspection the 20 hour vacancy had also been filled which would further address the shortfalls.

Staff told they had completed an application form, attended for interview and they were asked to provide documents to enable the required checks to take place. The provider had a policy in place which outlined the process to follow when recruiting staff. We looked at three

staff recruitment files and the information supplied by agencies for the three agency staff working at the home during the inspection. We saw the required checks were undertaken before staff commenced work at the home which safeguarded people.

We recommend that the service seek advice and guidance from a reputable source, about the management of infection control within the home.

Is the service effective?

Our findings

Staff confirmed they had completed an induction and worked alongside other staff in getting to know people and the support they required. We saw in the staff files viewed completed induction booklets which were signed off by the registered manager. Agency staff told us they had been shown around the home and introduced to people. They indicated an awareness of key risks and needs of people. However there was no record of an induction for agency staff to ensure all agency staff received an induction into the home, information on the people they supported and an awareness of key policies and procedures to enable them to do a safe and effective job.

Relatives told us they thought the regular staff were well trained and competent in their roles. They felt agency staff did not always appear trained but this could be because they did not know the people they supported. One relative commented “Agency staff needed training up”. Staff told us they felt suitably trained to do their job and that regular training and updates were provided. We looked at the training records and saw staff had training in subjects the provider considered to be mandatory for the service. We saw updates in training were booked where required. The provider had a policy and procedure on learning and development. This outlined how the organisation would support staff to obtain the required skills to do the job expected of them to ensure they were suitably trained. We saw for agency staff a list was provided of what training they had obtained. We saw agency staff were not trained in the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS set out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We saw one agency staff member was trained in infection control but failed to follow safe practice to prevent cross contamination. The home currently had a high use of agency staff therefore the provider has a responsibility to ensure they were suitably inducted, trained and skilled to do the job required to promote people’s safety.

Staff told us they felt supported and received regular supervisions and appraisals. They acknowledged there had been difficulties in the team. They felt issues had been addressed and as a result team work had improved and they were moving forward. A relative told us they did not

feel staff were suitably supported and valued. They said they had fed this back to the organisation but felt the organisation had not listened and nothing had changed. They commented “Staff are “X’s” family, I need to know they are supported and happy as this impacts on “X’s care”. This was feedback to the provider to follow up and address. All staff had a named supervisor and records were maintained which showed staff received formal supervisions every three to four months. Staff had an annual appraisal of their performance and new staff had three and six monthly reviews of their performance. The provider had a supervision charter which outlined supervision should take place at least every three months to ensure staff were suitably supported to do their job.

A professional involved with the home told us that their recommendations are acted on and that referrals to the Community Learning Disability Team were made promptly. We saw people had access to health professionals and a local GP service. Guidance from professionals such as speech and language therapist were incorporated into people’s care plans. Staff were aware of the guidance and worked to them. Accurate records were not maintained of routine appointments with dentists, opticians and podiatrist. Therefore we were not able to see if people were having check-ups at the frequency recommended at the previous appointment. For example we saw in one person’s file they had a dental check-up in April 2014 and they were due to have a follow up in six months. It was not recorded if they had attended or not. On day two of the inspection the registered manager had introduced a form to record routine appointments to enable them to audit that routine health appointments were taking place.

People told us they were happy with the meals provided. One person commented “The meals are tasty”. Relatives raised no issues with the meals. However one relative commented “there was a time where there didn’t seem to be much fresh vegetables but I raised it with the registered manager and it was addressed”. People’s records indicated frequency of being weighed. We saw in two of the three files viewed this was not happening. This had the potential for changes in people’s weight to not be picked up in a timely manner. People’s care plans outlined the support they required with their meals. Staff were able to tell us how people were to be supported at mealtimes and we observed staff supported people in line with the guidance.

Is the service effective?

Staff were responsible for cooking the meals. We viewed the menu and saw people were offered a varied menu and the meals eaten were recorded. We saw people were offered and supported with drinks throughout the day.

Permanent staff were trained and demonstrated an understanding of their responsibilities on the actions to take if a person was unable to consent and lacked capacity. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The provider had a policy on the Mental Capacity Assessment procedure to support staff in their practice. We were told people living at the home had different levels of capacity and people's care plans outlined how people were to be supported to make decisions.

Permanent staff had been trained in Deprivation of Liberty Safeguards (DoLS). They indicated a good understanding of

the legislation which enabled them to provide effective care to people. DoLS is a framework to ensure that people in care homes are looked after in a way that does not unlawfully restrict their freedom. At the time of our inspection DoLS applications had been submitted to the Local Authority to enable staff to continue to restrict people in a safe way and in their best interest.

It is recommended the provider ensures all agency staff have the required training for their role and that they are suitably inducted and skilled to support people with their needs.

It is recommended the provider improves systems to ensure people are weighed at the frequency outlined on their plan of care

Is the service caring?

Our findings

People told us they were happy with their care. One person commented "The staff are all nice, they look after me and take me out". Another person commented "I like it here, the staff are all very kind". Relatives told us they were very happy with the care provided. One relative commented "The staff are wonderful, they are thoughtful and considerate and my relative is very happy there"

A health professional involved with the home told us Saxby feels like a home and not a clinical setting. They said it is client centred in that all staff appear to know the people they support really well, especially given the large communication barriers that are present for some people. The staff appear to understand the communication needs of those people and how best to support them. They are then able to explain these needs to health professionals visiting Saxby. People appear happy and relaxed during visits from professionals.

The day centres people attended told us staff seemed very caring. They gave an example where a person was confused about an appointment and was supported by staff from the home to go home early.

We observed staff supporting people with meals and drinks. We saw they were patient, gentle and talked with people whilst supporting them. Staff demonstrated they had a good understanding of people's communication needs. We observed they used the person's required mode of communication to enable them to understand people's needs. People were visibly responsive to staff intervention and seemed happy and content. We observed one person was assisted with their lunch. As the person finished their meal they stood up and a towel that was on their knees fell to the floor. The staff member assisting picked up the towel and proceeded to clean the person's hand and face with it.

This practice did not promote the person's well-being and dignity. This was fed back to the registered manager who addressed it immediately with the staff member. On day two of the inspection, wipes were provided to enable staff to support people to clean their hands and face after meals.

People who were able to communicate with us told us they could choose when to go to bed and get up. They confirmed they were involved in choosing meals and chose activities and holidays. People were supported to make choices and decisions in relation to their day to day care. People's care plans included communication guidance and we saw people being supported to make a choice of lunch. We saw in people's care plans they were given the opportunity to choose their keyworker which is a named staff member who supports people. Resident meetings took place and minutes of the meetings were developed in a user friendly format which enabled people to be able to access them. We heard people being given the opportunity to go out or stay at home.

People's independence was promoted. We saw aids were provided to promote independence with meals and mobility. We were told they were looking into getting a computer for one person to improve their means of communication. We saw evidence to support their research and rationale for this. People who were able to were supported with cleaning their bedrooms and laundry.

At the time of the inspection no advocates were involved. Advocates are independent and can help a person express their needs and wishes, and can weigh up and take decisions about the options available to people. The registered manager told us how they had got an advocate involved in supporting a person who used the service in a decision regarding their placement at the home. This had a positive outcome for the person.

Is the service responsive?

Our findings

Relatives told us they felt staff were responsive to people's needs. One relative said "Staff know when something is wrong and seek advice". They confirmed they could visit at any time and other relatives told us staff takes their relative to visit them. They said they were always made to feel welcome and the home is a home from home. Staff from the day centre told us people appeared well looked after and staff seemed very attentive and responsive to people's needs.

Care plans were detailed and informative. They were person centred and provided guidance to staff as to how people were to be supported. Staff were aware of people's needs and how they were to be supported. We observed care been provided in line with people's care plans. We observed staff were responsive to people throughout the inspection and provided support and reassurance to a person who appeared distressed. We saw two out of the three care plans viewed were up to date and reviewed. The other care plan was overdue for review. The registered manager had already identified this and it was on their list of things to do. People had annual reviews which families confirmed they were invited to. Relatives confirmed they were kept informed of any concerns, accidents or issues concerning their relatives and felt confident and reassured immediate action was taken to promote people's health and well-being. One relative gave an example where staff had picked up their relative was unwell. They supported them to seek medical advice, have investigations and commenced treatment, which the relative stated "Saved their life".

Three people attended day centres. All four people went to the gateway club. We saw people had access to activities

such as lunch out drives and shopping. One person was involved in gardening and another person went swimming with their family. All people were supported to have visits from their family or staff supported them to visit family. We saw the local radio station had done a show from the home and people living there were actively involved in the airing of the show. One relative told us they did not feel their relative was getting a life. They commented "X likes to go out but there was no enthusiasm to get out and do things and there was an over reliance on the relative to do things with "X". The registered manager recognised the range of activities on offer had become limited but told us this was due to people not having sufficient money to support activities. They told us a bowling trip was planned and they were looking on going on a trip to Southend.

People said they would tell staff if they had any worries. Relatives confirmed they would talk to staff if they had any complaints or concerns. Relatives could not recall making a formal complaint but said issues or concerns raised had been acted on and dealt with to their satisfaction. One relative told us that issues raised with the organisation had not been listened to or acted on. We fed this back to the provider who confirmed the action taken and agreed to make contact with the relative to discuss their concerns further. The provider had a complaints procedure in place which outlined how complaints were to be managed and timescales for investigating and responding to complainants. We looked at the complaints log. We saw complaints were recorded, investigated and acted on. Complaints were logged and reported each month on a monthly reporting form and this enabled trends to be picked up and addressed. The home had two complaints recorded in 2014 which were investigated and resolved.

Is the service well-led?

Our findings

People told us the registered manager was available to talk to them and they listen to what they have to say. Relatives told us the manager was available, helpful, accessible and they felt able to raise issues with her. One relative gave an example where they were worried about their relative and the registered manager came in on their day off to talk to them. This provided them with the explanations and reassurance they required and took their worries away. The registered manager is registered to manage two locations. One relative told us that one manager managing two homes did not work. In their experience they found the registered manager was not available, approachable and was not hands on in people's care. During our inspection we saw people who used the service regularly approached the registered manager for support and this was provided. We saw the registered manager observed staff working with people and intervened in providing guidance where this was required.

A health professional involved with the home told us they found the registered manager to be very organised, proactive and understands the people they support very well. They said they seek to improve the service at Saxby for example developing a sensory garden for the people living at the home.

The day centres people attended told us they had a good working relationship with the staff and registered manager. They commented "Communication is good and they handover key information on people".

Staff felt the home was generally well managed. Staff were positive about the recruitment of a senior staff member supporting them on shifts. Some staff felt able to talk the registered manager whilst others said they did not feel they could go the registered manager. Staff felt they were not always listened to but felt this had recently improved. They told us the registered manager had organised team discussions to discuss issues within the team. They felt this had improved staff morale and staff worked better together. We saw team meetings took place and records of discussions and actions agreed were recorded. The registered manager was clear of the homes values and was keen to develop a permanent staff team to provide consistent care for people. They knew what aspects of the service required improvement and was motivated and committed to doing that.

The provider had a quality monitoring policy in place. This outlined their responsibility to monitor services and how they would do that. It indicated four compliance audits and four quality audits took place over the year. We saw during 2014 two compliance audits and one quality audit had taken place. The audits were thorough and informative. The registered manager was responsible for carrying out audits of people's medicines, finances and care plans. They also carried out night visits to ensure staff worked in line with expectations and that night staff were awake. We saw the infection control audit was overdue for review.

The provider carried out a further three monthly monitoring visit of the service. Reports of the visits were available. We saw these were comprehensive and thorough which enabled the provider to satisfy themselves that the service was being effectively managed. The actions from all of the audits were transferred onto the service's continuous improvement plan. This was monitored by the provider and actions were signed off when completed. However we saw the auditing systems failed to pick up issues we found in relation to the environment, unexplained bruising, gaps in medication records, people not being weighed, agency staff not having the required training and induction. This meant the monitoring was not always effective in promoting people's health, safety and welfare.

The provider facilitated an annual carer's conference which relatives were invited to. This was an opportunity for them to give feedback on the service. We saw relatives were invited to a meeting at the home in May 2014 to discuss ideas for the development of the garden. Relatives were sent a newsletter at Christmas to update them on changes within the service and inform them of future plans for the service. One relative was actively involved in the gardening and encouraged people who used the service to be involved too. Relatives told us they were sent questionnaires annually and this was their opportunity to comment on the service provided. One relative told us they were not kept updated on changes within the service and felt the organisation did not listen and act on their feedback. This was feedback to the provider to address.

We saw people's records, staff records and other records viewed were secure, well maintained and kept up to date. We saw the rota was not accurate as it was not reflective of the staff on duty. This was because it did not outline what days the registered manager worked at this home and the

Is the service well-led?

other home they managed. The provider confirmed they were aware of this and they were looking at ways of trying to improve it to ensure the rota was continuously kept updated with the registered manager's whereabouts.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This was because the provider failed to make suitable arrangements to ensure people were safeguarded against the risk of abuse.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>This was a breach of Regulation 15 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This was because the registered person failed to ensure the home was adequately maintained, fit for purpose and safe.</p>