Care Quality Commission

Firs Hall Care Home Limited

Firs Hall Care Home Limited

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection of Firs Hall was carried out over two days on the 19 and 20 January 2015. Our visit on the 19 January 2015 was unannounced.

Firs Hall is a large detached care home accommodating up to 31 older people who require assistance and support with personal care needs.

Accommodation comprises of 21 single rooms, 12 with en-suite toilets, and five double bedrooms, one with an en-suite toilet. Other facilities include two lounge/dining areas. There were 22 people living at the home at the time of our inspection.

The home is located on the Oldham/Manchester border and is accessible for local amenities and bus routes.

We last inspected Firs Hall in May 2013. At that inspection we found the service was meeting all the essential standards and regulations that we assessed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

During the inspection we observed care and support in the communal areas of the home, spoke with staff, visitors, visiting healthcare professionals and people living at Firs Hall. We also looked at care and management records.

The care records we viewed demonstrated to us that people's health was monitored and referrals were made to other health professionals as appropriate.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home and were happy living there. People told us that the food was nice and there was always a choice.

In addition we saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

During the inspection we saw that although staff were busy they were kind to people when attending to their needs.

Staff told us that they had to undertake all the laundry duties for the home and some of the evening meal preparations. Due to these added responsibilities they told us they felt they did not have enough time to spend with people.

Although refurbishments had taken place since our last inspection visit we found that some areas of the home and furnishings and fittings were tired and worn in appearance and required updating.

We found that the provider's quality assurance systems required improvement because the shortfalls we found with particular reference to the environment and medication recordings in relation to controlled drugs had not been identified through their audit processes. You can see what action we told the provider to take at the back of the full 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?

Requires Improvement

Some aspects of the service were not safe.

Safeguarding procedures and relevant policies were in place to support staff when dealing with any safeguarding matters and staff were able to accurately describe the actions they would take if they suspected abuse had taken place.

Records showed recruitment checks were carried out to help make sure only suitable staff were recruited to work with people who lived at the home.

There was a dilution of care staff hours available to people due to care staff undertaking laundry duties and some teatime cooking duties.

Some improvements were needed to some furnishings and fittings in the home and one part of the home including two bedrooms were cold during this inspection.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Staff had the knowledge and skills to support people who used the service and regular training meant they could update their skills.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialist, dieticians, dentist, chiropodist and the person's own general practitioner (GP).

Nutritional assessments had been carried out and people received meals they liked or preferred. Appropriate action had been taken when concerns had been raised about poor nutritional intake or weight loss.

Some improvements were needed to ensure the environment was appropriate for people with dementia related needs.

Is the service caring?

Good

The service was caring.

The service was caring. People told us they were treated with kindness and respect. This was confirmed by the positive interactions we observed between people who used the service and staff during our inspection.

We observed that people looked well cared for and were appropriately dressed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

Prior to people moving into the home the registered manager visited people to carry out an assessment of their needs. People were also given the opportunity to visit and meet the staff and spend some time with the people already living there before a decision was made.

Care plans and risk assessments were regularly reviewed and updated to ensure staff had the information they needed to meet peoples care needs.

We saw there was a complaints procedure in place which was also on display and was included in the statement of purpose which was given to people on admission to the home.

Staff told us that they did not have enough time to undertake activities with people or spend one to one time with them.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The service was led by a manager who was registered with the Care Quality Commission (CQC) and had been in post since May 2014.

The service did not have adequate quality monitoring systems in place. If robust systems had been in place the issues we identified during our inspection may have been identified and rectified sooner.

We saw the manager had good relationships with people living at Firs Hall , staff and visitors.

People were encouraged and supported to give feedback about the service being provided. We saw that meetings were held with staff, people who used the service and their relatives and an opportunity was given to complete a satisfaction survey questionnaire about the quality of service being provided.

Firs Hall Care Home Limited

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 the 19 and 20 January 2015. Our visit on the 19 January was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service which included safeguarding information and statutory notifications. In addition the provider completed 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.

Before the inspection we also requested information from some health and social care professionals who visit the home on a regular basis. For example, we requested information from a speech and language therapist, doctors, the local authority safeguarding adult's team and commissioners, the community psychiatrist nurse and the supplying pharmacist.

During this inspection we spent two days in the home observing care and support being delivered to people in the communal areas. We were taken on a tour of the home, looked at three peoples care files and a range of records relating to how the service was managed; these included medication records, training records, quality assurance systems and policies and procedures.

Detailed findings

We spoke with seven people living at Firs Hall, three visiting relatives, four members of care staff, the registered manager, the nominated individual (who is a representative of the owner) for the home and two visiting professionals.

Requires Improvement

Is the service safe?

Our findings

The people living at Firs Hall who we spoke with told us they liked the staff and felt safe. Some comments included: "They [the staff] are nice here" and "The staff are brilliant." We spoke with two visiting healthcare professionals who both said they had never seen or heard anything of concern. Visitors who we asked also said they felt confident their relative was safe." One comment was "They do get very well looked after here."

The Provider had a whistle blowing policy, a safeguarding adult's policy and access to Oldham's Multi Agency policy in connection with safeguarding vulnerable adults.

Staff spoken with told us they had received safeguarding adults training which was confirmed by the information seen on the training matrix (record). Staff were aware of the policies and procedures in place and were able to tell us what they would do in the event of witnessing or suspecting that abuse had occurred. Staff told us they would feel confident to report any suspected abuse or concerns of poor practice by their colleagues.

We saw there were policies and procedures in place relating to staff recruitment. The registered manager told us that the staff turnover was low and the last permanent member of staff was recruited in 2012. There were no staff vacancies at the time of this inspection. We looked at three employee files that demonstrated pre-employment checks had been undertaken before staff began working at Firs Hall. These checks included a fully completed application form that included details of the person's education and previous employment history.Checks also included a full and satisfactory Disclosure and Barring Service (DBS) check or a Criminal Records Bureau (CRB). The DBS and CRB checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people from working with vulnerable groups.

Checks also included a minimum of two references, including one from the person's most recent or current employer. We saw photocopied documents of proof of identity and proof of address in two of the files we looked. Some information was missing from the third file we looked at. We received email confirmation following this inspection that the documents had been located for the third file. It was discussed with the registered manager that all photocopied documents should be signed and dated by the person taking the photocopy as proof of authenticity.

The registered manager told us that set interview questions were used and the responses given by the candidates were recorded although we did not see any evidence of this. Keeping a record of the interview questions and answers demonstrates that the registered manager ensures that the recruitment process is open, transparent and effective in selecting suitable people for the required role.

We looked at the medication administration in the home. Medication was stored in a locked trolley that was stored on the main ground floor corridor. Following a discussion with the registered manager about secure storage of medication we saw that during the second day of our inspection the trolley had been secured to the wall.

A Monitored Dosage System (MDS) medication system was in place. This is a system where the dispensing pharmacist places medication into separate compartments according to the time of day the medication is prescribed. Some medication is not included in this system and was dispensed in separate bottles or boxes. We carried out a table count for some boxed medication and it corresponded with the medication administration record (MAR). Medication was stored in locked trolley in a locked room. We saw that medication was checked on arrival at the home and unused medication was returned to the pharmacy for disposal. We saw that medication waiting to be returned to pharmacy was stored in a tamper proof container in line with the guidance from the National Institute for Health and Care Excellence (NICE). This was discussed with the registered manager who during the inspection ordered an appropriate container from the pharmacy.

We were told by staff and evidence seen on the training record indicated that staff designated to administer medication had received appropriate training and had access to relevant policies and procedures.

The temperatures of medicine refrigerators had not been recorded on a consistent basis. The registered manager stated that was because sometimes no medication was being stored in the fridge.

We found appropriate arrangements were in place for the storage of controlled drugs (CD's) which included the use of

Requires Improvement

Is the service safe?

a controlled drugs register. We carried out a check of stock and found it corresponded with the register. However it was not clear from the register how often the stock of CD's were checked and there was an entry in the register that was confusing and it appeared that a controlled drug had gone missing. The manager investigated and it was concluded to be an error of the recording in the register. The CD had been recorded on the MAR sheet but not in the register. The manager said that she would address the recording error with the individual members of staff and would clearly record a daily CD check.

In the care files we looked at we saw risk assessments were carried out to ensure people's needs were identified and care and treatment was planned to meet those needs. We viewed care records which included risk assessments for areas such as skin integrity, nutrition and falls. We saw that if a risk had been identified, the care records contained information for staff on how to support people safely.

We saw that appropriate safety checks were carried out to ensure people were cared for in a safe environment. They told us, and we saw documentation which confirmed that regular checks carried out included the fire alarm system, means of escape, emergency lighting and water temperatures within the home.

We saw evidence that equipment was serviced on a regular basis which helped reduce unnecessary risk to people.

We looked at the staffing rotas and how the service was being staffed. We did this to make sure there was enough staff on duty to meet people's needs. We asked the registered manager if the number of staff hours available on each shift was set according to the assessed dependency levels of people. We were told that the provider instructed how many staff should be on duty on each shift. However following the inspection visit we were sent a completed dependency assessment tool and were informed that the tool was completed by the head office based on the assessed dependency of each person living at Firs Hall on quarterly basis during or more frequently if there appeared to be a concern with staffing levels.

The care staff we spoke with all told us they did not have the time to undertake all the duties expected of them which included the laundry and some cooking duties for the evening meal. We were told laundry staff were not employed and care staff had to undertake all the laundry duties as part of their paid care hours. We were also told the chef finished after the lunchtime meal and left prepared soup and sandwiches for the evening meal. Care staff were expected to warm the soup and cook food such as bacon sandwiches, egg or beans on toast or cheese on toast to supplement the pre-made sandwiches in addition to undertaking their caring duties. This sometimes meant that people were in one of the lounges unsupervised and people were at risk of falls. We looked at the recorded incidents of falls and saw there were a high number of falls recorded for December 2014 and the beginning of January 2015.

Staff also told us that due to pressures on their time they did not have time to spend with people particularly one to one time.

One member of care staff said "Sometimes people are persuaded to go downstairs because there are not enough staff to supervise people in their rooms." Other comments were; "There are not enough staff to meet people's needs particularly due to the laundry and cooking duties" and "When care staff are doing the laundry or evening cooking it only leaves two on the floor."

Due to the laundry and tea time cooking duties undertaken by staff on a daily basis this diluted the number of care staff hours available to people particularly if the home was fully occupied with 31 people.

We also saw on the staffing rota that the registered manager worked two days a week providing care hours which we were told reduced her management hours.

During this inspection we undertook a tour of the home including some bedrooms, communal toilets and bathrooms and spent some time in all communal areas of the home. We saw that the two hoists and the bath hoist were dirty. Once pointed out to the registered manager they were cleaned during the course of our inspection.

On the first day of our inspection the shower on the first floor of the home was not working. This only left one bath/shower room on the ground floor that was available for the 22 people currently accommodated to use. We were told on the second day of the inspection the shower had been fixed and was now fully operational.

Requires Improvement

Is the service safe?

We saw that a carpet strip on the first floor corridor was not properly fixed to the floor and on the ground floor corridor the carpet was coming away from the carpet strip both causing trip hazards. These were repaired during the second day of our inspection.

We saw in one bedroom there was no headboard and in another bedroom the headboard was not properly attached to the bed. In another bedroom the wallpaper was coming away from the wall and on the chest of drawers in another room there were dirty marks where stickers had been applied and then removed. All of these shortfalls were actioned during the second day of our inspection.

We saw that in two of the bedroom doors there were Yale keys in the locks. The registered manager said this was because sometimes the locks got stuck and the key was needed to unlock the doors. A visiting professional told us that that due to the faulty lock one person had been accidently locked in their bedroom. We spoke to the maintenance person on the second day of our inspection who said he would disable the Yale locks so that people would not be at risk of being locked in their bedrooms.

However this then meant people could not lock their door from the inside for privacy if they so wished.

On the 20 January we observed that one area of the home including two bedrooms felt cold and the radiators were cold to the touch. Following our inspection visit we received confirmation that a valve had been unblocked and the homes thermostat had been reset. The registered manager confirmed that she would continue to monitor the room temperatures.

During our inspection visit we saw that there no room or space for staff to use. Due to this staff were using part of one of the dining rooms as a place to store their personal belongings such as bags, coats and shoes. There was also a staff notice board in the dining room. This was discussed with the registered manager and the nominated individual that is was not appropriate to use the dining room for staff purposes.

We saw that since the last inspection some improvements had been made to the environment. For example we saw some areas of the home had been redecorated and new carpets had been laid. In addition we saw new lounge chairs had been purchased. Following our inspection visit we received confirmation of all the refurbishment that was undertaken during 2014. However we did see some shortfalls during this inspection. For example many of the arm chairs in people's bedrooms were worn and dirty in appearance. In one bedroom the curtains were hanging off the rail, in another bedroom the blinds were dirty and stained in appearance and the bedroom smelt strongly of urine. We saw in one bedroom that the top drawer on the chest of drawers was missing and the wardrobe door in another bedroom was loose. We saw much of the paintwork around door frames and skirting boards were worn in appearance as was some of the wallpaper on corridors.

Some of the corridor and stair carpets were worn and stained in appearance.

We saw there were systems in place for the registered manager to request maintenance work within the home but there was no system of recording when the maintenance work had been undertaken.

Requires Improvement

Is the service effective?

Our findings

The provider had suitable arrangements in place that supported people to receive good nutrition and hydration. We looked at people's care plans and found that they contained information on their dietary needs and the level of support they needed to make sure that they received a balanced diet.

We saw that people's weight was regularly checked and where appropriate we saw that records of people's diet and fluid intake had been recorded and referrals had been made to a general practitioner (GP) and dietician when required. However we did see gaps in some of the recording of people's dietary intake. The registered manager said she would address the shortfall with the individual members of staff.

During the inspection visit we observed the lunchtime meal being served where people were seen and heard to say they were enjoying the meal. We saw that the lunchtime meal looked appetising and portion sizes were ample. We saw that choices of meals were available for people to choose from an d people were asked if they would like any more food. People living at Firs Hall told us they liked the food. One person said "The food is very nice and the chef asks us each morning what we want to eat so we do get a choice." Another person told us "The food is very good here."

We saw staff assisting people to eat their meal in an unhurried and kind manner.

A visiting relative was complementary about the food and told us that the food always looked nice and was home cooked. They told us that they had eaten a meal with their relative that was very nice.

Care records we looked at showed referrals were made to relevant health care services to address any changes in people's needs; this included GPs, dietician, district nurses and speech and language therapists. One visiting professional told us that staff were knowledgeable about people's needs and were receptive to advice given.

The manager supplied us with the training record for all staff. This record indicated what training staff had participated in to date. We saw training included moving and handling, infection control, nutrition, health and safety, fire safety, safeguarding and Dementia care. We saw out of the 17 care staff employed 11 had successfully completed a National Vocational Qualification (NVQ) at Level two or three. In addition a further four care staff were enrolled to undertake level two or level three training.

Staff we spoke with told us they felt sufficient training was provided.

The registered manager told us that is was 2012 since a new member of staff had been recruited but all new members of staff completed an induction programme which was produced by the organisation and included shadowing experienced staff.

The manager told us that staff received regular supervision, an annual appraisal and regular team meetings. Records looked at and staff spoken with confirmed this.

The manager told us that there was a qualified first aider available on each shift and it was her intention to implement a system to easily identify who the first aider was on duty at any one time although all staff were first aide trained it was usually the senior in charge.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions.

Before anyone is admitted to a residential facility there should be an assessment of whether they have the capacity to consent to this, and the care and treatment they will receive. If they are deemed not to have the capacity to make this decision then the process of establishing "best interests" as defined by the act should be followed.

This was discussed with the registered manager and it was agreed that prior to people moving into Firs Hall these documents would be requested from the local authority or they would undertake their own assessments and have a best interests meeting.

The registered manager had undertaken training in MCA and DoLS and had an understanding of both.

Staff spoken confirmed that they had undertaken training in MCA and DoLS and some knowledge and understanding of both MCA and DoLS.

Requires Improvement

Is the service effective?

At the time of this inspection there were two people who were subject to a DoLS which had been requested by social services and appropriately applied for by the registered manager.

The registered manager told us that out of the 22 people currently living at Firs Hall just over half had a diagnosis of Dementia. The environment was not wholly conducive for people living with Dementia. There were no clear notices or signs on bathroom/toilet doors or on the lounge doors that would help aid orientation and independence. During the course of the inspection we saw one person in the corridor looking slightly distressed and clearly wanted to use the toilet facilities but could not find them. Staff did assist the person to the toilet.

We recommend that the service explores the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly'.

Good

Is the service caring?

Our findings

Everyone who we asked spoke positively about the attitude of the care staff. People living at Firs Hall told us they were happy with the care. Some of the comments received included: “The staff are brilliant,” “They [the staff] always help you if you need it,” “It’s all very nice here” and “I please myself, I can do what I want.”

Visiting relatives were also positive about the care provided. One person said “The care here overrides the physical appearance and the care here is much better than the last home [their relative] was in.” Other comments included: “I am happy with the care and [their relative] seems very happy,” “The staff seem kind and always make me welcome when I visit,” “They do get looked after well in here” and “It’s a nice atmosphere.”

People living in the home looked well cared for. We saw that people were clean, neat and appropriately dressed.

We saw people were able to freely move about the home and we saw staff respond to requests for help.

Our observations showed us people were offered choices and were treated with kindness. We saw that staff had a good understanding of people’s individual needs and personalities.

Staff told us that privacy and dignity was respected and choice was encouraged. We were told that there was a good staff team working at Firs Hall and due to the low turnover of staff they knew each other and the people living at the home very well and worked well together.

In the care plans we looked at we saw they contained information about people’s lives and individual preferences. We saw that efforts had been made to obtain personal information about the person so that care could be tailored to meet their individual needs and preferences.

In the care plans we looked at we saw a form titled ‘consent form.’ The form had been signed by the person living at Firs Hall to indicate they had been consulted and agreed to the content of their care plan. However we did see that some forms had been signed by the person’s relative on their behalf. This was discussed with the registered manager as the MCA states that families can never give consent to the care and treatment of a relative without statutory authority to do so.

People were provided with information about the home in the form of a Statement of Purpose and Service User’s Guide. These documents ensured people were aware of the services and facilities available in home.

We were told that information regarding independent advocacy services were available to people on request.

The registered manager told us that she and one of the senior care staff were currently undertaking the ‘six steps end of life care’ provided by Oldham council. They were in the process of implementing the advanced care plans for end of life and were cascading the information to all care staff so they were aware of the processes in place. We saw information on display in the main reception area to inform people living at Firs Hall and their visitors of the training being undertaken.

Requires Improvement

Is the service responsive?

Our findings

The registered manager told us that before a person moved into the home a pre-admission assessment of their needs would be undertaken to ensure the service could meet their needs. The registered manager said that where possible people were encouraged to spend some time at the home having lunch and meeting staff and other people living at the home before making a decision about moving in.

We looked at a sample of records relating to the identified care needs of people living at Firs Hall. The records included an assessment of people's needs and how those needs should be met. We saw that they had been regularly reviewed and updated where necessary. The care records included information about the person's preferences, likes, and dislikes. Staff who we spoke with had all been working at the home for several years and knew the people they were caring for very well. the service

The manager said she operated an open door policy and people were encouraged to raise complaints and/or concerns as soon as possible so they could be addressed immediately. We saw that the registered manager was visible in the home and people living at the home, visitors and visiting healthcare professionals freely entered the office to speak with the manager. The manager was seen to have good relationships with people.

One comment from a visiting professional was "The manager is excellent and family feedback is good."

The registered manager said that 'resident/relative meetings' were held on a regular basis. The last meeting was in November 2014 and the next meeting was being planned for February 2015. We were told following the meeting minutes were displayed for people to read that were unable to attend. The registered manager said that the meetings were not always well attended but that may be because she regularly spoke with people living at the home and their visitors.

There was information in the Service User Guide, the Statement of Purpose (SOP) and in the main entrance of the home to inform people of how to make a complaint.

We looked at the records of complaints which included the outcome of the complaint investigation.

The registered manager and the staff we spoke with told us that the activities were provided by an activity coordinator from 13.30 until 15.00 four days a week although this was unclear as the SOP stated three afternoons a week. We were told and saw from the records kept the activities provided included baking, bingo, foot spa, indoor games such and dominos and carpet skittles. We were told that parties were held to celebrate peoples birthdays and significant dates such as Halloween and Christmas. Care staff told us that if they had time they would do sing-alongs and dancing with people but this was limited due the demands on their time. One person living at Firs Hall said that she enjoyed having her hair done by the hairdresser that came into the home every week and she enjoyed the fortnightly visit by the priest when she received Holy Communion.

Staff spoken with said "We do try but we don't have enough staff to do a lot of activities with people." Other comments were; "People are not at risk and needs are met but there is no one to one time," "Care staff don't really have time to do activities," and "There is not of lot of going out."

Requires Improvement

Is the service well-led?

Our findings

The home had a manager who was registered with the Care Quality Commission (CQC).

During the inspection we saw the registered manager was actively involved in the day to day running of the home. This was demonstrated by how many people came in and out of the office throughout the day, and clearly felt comfortable to do so.

From our observations and conversations with the registered manager it was clear she knew the needs of the people who lived at Firs Hall and had good relationships with people.

We saw systems were in place to monitor and review the service provided. These included the registered manager undertaking audits of medication administration, people's weight, hospital admission, accidents/incidents, safeguarding referrals and staff training.

The registered manager said that she wrote and reviewed all the care plans on a monthly basis. Due to this it was the nominated individual that undertook the monthly audits of people's care plans.

In addition to the audits and checks carried out by the registered manager we were told that the nominated individual undertook quarterly audits and if any shortfalls were identified an action plan would be developed and given to the registered manager for implementation. However none of the shortfalls identified during this inspection in relation to the lack of entry in the CD book or the absence of a tamper proof container for storing medication waiting to be returned to pharmacy had been identified during the audits undertaken by the registered manager or the nominated individual.

The registered manager told us that they had an open door policy and carried out a 'walk around' each day to speak with people and assess the environment, equipment and staff interactions. However none of the shortfalls identified during this inspection relating to the environment had been identified by the registered manager or the nominated individual. For example the issues of the carpet trip hazards, the cold radiators, the dirty hoists and the stained and worn bedroom arm chairs.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In an attempt to obtain people's views of the service being delivered we saw that in November 2014 people living at Firs Hall, relatives and visiting professionals were sent 'quality surveys'. The registered manager said she was in the process of analysing the results and it was her intention to produce a short report based on the results. We were told that one comment received from a person living at the home had already been actioned. That was to increase the baking groups.

The manager said that staff opinions were discussed through regular supervision, annual appraisal, team meetings and she operated an open door policy so staff could speak with her at any time. Also the nominated individual had given out questionnaires on one of their visits to the home.

We asked to see the policies and procedures for the home. We were told that the head office had recently purchased policies and procedures from an external company. The registered manager said she was in the process of reviewing all of them and personalising them to Firs Hall. There was a policy and procedure folder that was available for staff to access. Staff spoken with were aware of this folder and how to access it.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not effectively assess and monitor the quality of the services provided.

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.