

Independent Care Initiatives

Strathallen

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected Strathallen on 18 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Strathallen is a nine bedded care home providing care and support to adults with a learning disability. It is situated in the centre of Saltburn and is close to all local amenities. The home has a communal lounge and dining room and all bedrooms are single occupancy.

The service does not require a registered manager. The provider manages and works at the service on a day to day basis. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and staff had received safeguarding training. Staff were aware of the action to take if abuse was suspected.

Summary of findings

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety, however there were some gaps in the recording of water temperatures.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed.

We saw that staff had received supervision on a regular basis and that staff had received their annual appraisal for 2014.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Generally good systems were in place for the management of medicines; however some minor improvements could be made. At the time of the visit staff were not recording medicines coming into the home or when and why some medicines had been given.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed understanding, were patient and interacted well with people. When people became anxious staff provided reassurance.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports and that this information had been shared with local hospitals. This helped to ensure that people received care and treatment in a way that they wanted. People had health action plans, however some of these required updated to reflect current weight and healthcare appointments undertaken.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Support plans were developed with people who used the service and relatives to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People told us that they knew how to complain and felt confident that staff would respond and take action to support them. However the complaints procedure needed some changes to be made to ensure that people were clear of whom they were able to contact if they were unhappy.

Staff told us that the home had an open, inclusive and positive culture.

There were systems in place to monitor and improve the quality of the service provided. However improvements were needed in respect of auditing. Accidents and incidents were not monitored by the provider to ensure any trends were identified

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the back of the full version of this 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 safe, however some improvement was needed.

Staff were knowledgeable in recognising signs of potential abuse said that they would report any concerns regarding the safety of people to the provider.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Generally good systems were in place for the management of medicines; however some minor improvements could be made. At the time of the visit staff were not recording medicines coming into the home or when and why some medicines had been given.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. Hospital passports contained sufficient information on people who used the service to ensure that hospital staff would know about them and their health.

Good



Is the service caring?

This service was caring.

People were well cared for. We observed that staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and relatives were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how people wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

The provider had a system in place for responding to people's concerns and complaints. People told us that they knew how to complain and felt confident that staff would respond and take action to support them. However the complaints procedure needed some changes to ensure that people were clear to whom they should contact if they were unhappy.

Is the service well-led?

The service was well led, however improvements were needed.

Staff told us that the service had an open, inclusive and positive culture.

Staff meetings took place regularly and staff were encouraged to share their views.

There were systems in place to monitor and improve the quality of the service provided. However some improvements were needed in respect of auditing. Accidents and incidents were not monitored by the provider to ensure any trends were identified.

Requires Improvement



Strathallen

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.

We inspected Strathallen on 18 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask the provider to

complete 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.

During the inspection we spoke with five people who used the service. We spoke with the provider, deputy manager and day care co-ordinator. Before the inspection we contacted a representative from the local authority to find out their views of the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at tea time. We looked at two people's care records, two recruitment records, training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

We asked people who used the service about safety, they told us, “It feels safe.” Another person said, “All the staff make me feel safe.”

During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the provider would respond appropriately to any concerns. The provider said abuse and safeguarding was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case. Staff told us that they had received safeguarding training at induction and regularly thereafter. We were told that staff had last received safeguarding training in April 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in 2014. However, this did not include contact details of agencies who should be contacted if abuse was suspected. The provider told us that they would update the policy / procedure to include such contact details. One staff member we spoke with said, “I am confident that all staff would report any concerns no matter how small. We as senior staff wouldn’t hesitate in making an alert to the local authority.”

Staff told us they had undertaken recent refresher training in first aid. The day care co-ordinator told us that they were awaiting certification from this training. A staff member we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

The day care co-ordinator told us that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We were shown records of water temperatures which had been taken in December 2014, however we noted that there were some gaps in recording before this date. Temperatures were found to be in safe limits of 43 degrees Celsius. The

day care co-ordinator told us that regular checks of the fire alarm were carried out to ensure that it was in safe working order; however records of such checks could not be found for the inspection.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler and fire extinguishers. We saw that portable appliance testing (PAT) had taken place. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

Risks to people’s safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as health, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people’s behaviour that challenged. They told us of actions they took to minimise the identified risk. We spoke with staff who told us how they supported two people who used the service to access the local community. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The deputy manager said that the service did not have a fast turnover of staff and that only two staff had been recruited in the last two years. We looked at these staff files and saw that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with people and staff members, we found there was enough staff with the right experience to meet the needs of the people who used the service. At the time of the inspection there were eight

Is the service safe?

people who used the service. We saw duty rotas which confirmed that during the day there were between two to four staff on duty. On night duty there was one staff member who went to bed and slept when people who used the service were in bed. We were told by staff on duty that staffing levels varied depending on how many people were out at day services and how many people were at the service. We were told by staff that additional staffing was put in place when people went out.

The deputy manager told us that a person who used the service had recently been admitted to hospital. They said that the provider agreed to provide one to one hours for the person from morning to teatime to make sure that they were supported by a friendly and familiar face. The deputy manager said, "The provider is very good in terms of staffing. If we need extra staff on duty and we only have to ask and it is always agreed." From our observations we saw when people needed help that staff were visible and available to provide the help and support. This helped to ensure the safety and welfare of the person.

The deputy manager told us about the arrangements that were in place for obtaining medicines and checking these on receipt into the home. They told us how staff carried out visual checks to make sure that they received the appropriate medicines and the correct quantity, however they did not keep a formal record of the amount of all medicines received. This was pointed out to the provider who told us that they would ensure that staff kept a record of all medicines coming into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service.

We asked what information was available to support staff handling medicines to be given 'as required' PRN. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. However staff did not always keep a record of when and why PRN medicines were given. The provider told us that they would ensure that staff kept such a record.

We saw that one person was prescribed creams; however they did not have a topical medicines application record (TMAR). A TMAR gives guidance to staff on the application of creams. This was pointed out the deputy manager and provider who told us that they would obtain a TMAR and put in place.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. We found that room temperatures were not monitored daily to ensure that medicines were stored within the recommended temperature ranges. The provider said that they would ensure that room temperatures were taken and recorded with immediate effect.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people about the service they told us that they liked staff and were provided with quality care and support. One person said, “I like living here.” Another person said, “They help me when I need help to go out and to the doctors.”

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw certificates on two staff files to confirm that staff had received training in: safeguarding vulnerable adults, nutrition, infection control, medicines administration, mental capacity and deprivation of liberty safeguards. We were told that staff had recently undertaken fire training and were awaiting certification. The service did not have a training chart which detailed all staff who worked at the service, training that had been undertaken and training that was due. As such it was difficult to determine if training was up to date for all staff. This was pointed out to the deputy manager and provider.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place in June, July and August 2014. We saw that appraisals had been carried out for the two staff files that we looked at during the inspection. One staff member said, “I love working here. Management are very supportive and always at the other end of the phone.” Induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff.

Staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to make ‘best interest’ decisions. We saw that documentation was in place for one person who lacked capacity to make best interest decisions

in relation to their healthcare. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person’s care and support plan.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

A support worker told us that menus and food choices were discussed with all people who used the service. Everyone got together on a Friday night and chose the menu for the week ahead. We looked at two weeks of recent menus and saw that people were provided with a varied selection of meals. People who used the service were involved in both shopping and meal preparation. On the day of the inspection we saw one person who used the service peeled the potatoes for tea whilst another person kept on top of the washing up. One person who used the service said, “I cook on a Friday. We can choose what we want. I like to make a curry.”

We saw some of the tea time of people who used the service. We saw that portion sizes were good and that people enjoyed the food provided.

We saw that people were supplied with a plentiful supply of drinks. As soon people returned from day services they were provided with a hot drink.

We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people’s nutrition. Staff told us they closely monitored people and where necessary made referrals to the dietician or speech and language therapist. However, staff did not complete nutritional assessment documentation. A discussion took place with the manager and staff about the Malnutrition Universal Screening tool (MUST). The manager told us that staff at the service would undertake nutritional screening as a matter of priority.

Staff told us that dieticians had visited and supported people who used the service regularly. At the time of the inspection staff were supporting one person successfully with weight loss.

Is the service effective?

The deputy manager told us that all people who used the service were registered with a doctor. We saw records to confirm that people had visited or had received visits from the dentist, optician, podiatrist, dietician and their doctor. One person said, “I go on my own to get my prescription and I had my flu jab in November.” Another person said, “When I’m poorly I go to the doctors.” We saw that people had been supported to make decisions about the health checks and treatment options. People who used the service also supported each other. One person who used the service had been called for a mammogram which is an x-ray of the breast to try and identify breast cancer as part of early screening. Another person who used the service who had already had a mammogram spoke with this person to tell them about the procedure and what to expect. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning

disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports looked at contained information to ensure that care and treatment was provided in a way that the person would want it to be. We were told that this information had been shared with local hospitals. The deputy manager told us that when one person who used the service had been admitted to hospital this information was readily available for hospital staff. We were told that she and the person had only needed to confirm that the information was up to date. This helped to ensure that people received care and treatment in the way they wanted to.

People who used the service also had a health action plan, however some information such as recent weights and record of dentist and optician visits were not up to date. This was pointed out to the provider and staff at the time of the inspection who said that they would ask staff to update all health action plans.

Is the service caring?

Our findings

At the time of the inspection there were eight people who used the service. People who used the service described staff as, “Helpful” and “Nice” and “Really lovely.”

People and relatives were involved in making the decision to use the service. Prior to people coming to stay, people were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to move in. The visit also enabled staff to determine if they could meet the person’s needs and make sure that other people who used the service were happy for the person to live with them.

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support and developing the support plans.

During the inspection we sat in the communal lounge and dining room so that we could see both staff and people who used the service. When one person who used the service approached staff for a hug the staff member responded but ensured that professional boundaries were maintained. We saw that staff treated people with dignity and respect. The deputy manager told us that one person who used the service had recently had difficulty with eating as the result of an injury they had sustained. Initially to avoid embarrassment and ensure their dignity the person had eaten in the lounge area on their own (by choice).

Staff were attentive, showed understanding, were patient and interacted well with people. When people became anxious staff provided reassurance. When people returned from day services we saw that staff took time to ask them how they had spent their day. Staff showed a genuine interest and listened to people. One person who used the service had won the Christmas raffle at the day service.

They were keen to show us their prize which was a food hamper. They told us that they intended to share this prize with all staff and people who used the service. This showed that staff and people who used the service were caring.

The provider and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time. When people returned from day services some sat in the dining area, some went into the lounge and one person chose to go to their bedroom. The service was spacious and allowed people to spend time on their own if they wanted to. This helped to ensure that people received care and support in the way that they wanted to. One person who used the service said, “It’s nice living here.”

We contacted the local authority to seek their views their views on the service and care provided. They told us that they did not have any concerns in relation to the care and support provided. They told us how during a review of a person who used the service the provider had said that a person was ready to develop their skills to move onto independent living. The local authority made a comment that this was very positive.

Staff told us how they respected people’s privacy. They said that they were possible they encouraged people to be independent and make choices such as what they wanted to wear and activities they wanted to take part in. Staff told us how they reminded people who used the service to shut doors when they went to the toilet and helped people to choose appropriate clothing. This meant that the staff team was committed to delivering a service that had compassion and respect for people. The environment supported people’s privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. At the time of the inspection there were four people who had a key to their bedroom. All bedrooms were personalised.

Is the service responsive?

Our findings

Seven of the eight people who used the service attended day services and the one person who didn't, received support for social activities on a day to day basis. Staff and people who used the service told us that there was a plentiful supply of activities and outings. We were told how people took part in a theatre group, yoga, line dancing, sewing, keep fit, attended college, went to the pub, had meals out and went shopping. One person said, "I get to do anything I want. I go to college Monday to Thursday I am doing a course in cooking." Another person said, "I like to go to Saltburn with my sister."

Staff and people who used the service said they were looking forward to Christmas and that there was a plentiful supply of activities. Three people had been to a Christingle service. This is a church service held at Christmas time. People had also enjoyed a Christmas celebration in a local pub where they had eaten and listened to a band and danced to music. One person said, "I'm looking forward to Christmas and my Christmas dinner."

On the day of the inspection there was one person who was not attending day service. This person was supported by staff to go out shopping. When people returned from day services we saw that people took part in other activities. We saw that one person sat and knitted, another looked at a paper and one other person went to the shops with staff to get the vegetables for tea. One person who used the service told us how they were looking forward to going to see the live motoring show Top Gear with another person who used the service.

Staff told us that the provider had just purchased a caravan so that people who used the service could enjoy holidays. Staff told us that three people who used the service had enjoyed a holiday in Primrose Valley and that they were to plan a number of other trips in 2015. One person said, "It's good living here because we get to go on holiday and if it's someone's birthday we get to go to the pub." This helped to ensure the wellbeing of people.

People's needs were assessed upon referral to establish if Strathallen was a suitable placement and able to meet the person's needs. Information was provided by the referring agency on the person's care and support needs. Before

moving in people visited the service during the day and stayed overnight. This enabled staff to produce an initial care and support plan as to how they were to support a person during their first few days.

A full care and support plan was then written with people describing how they wished to be supported. We found that care and support plans were reviewed and updated on a regular basis. Care and support plans looked at during the inspection were person centred and contained detailed information on how the person liked to be cared for and their needs.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff spoke of person centred planning (PCP). PCP provides a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect them. Staff were responsive to the needs of people who used the service. One person who used the service sustained an injury to their arm which limited their mobility. In order to make things easier for the person the provider changed their bedroom (with permission) from upstairs to the ground floor. This meant that the person did not have to struggle to get upstairs. They also provided them with a high backed chair with arms to assist the person in getting out of their chair. This meant that the provider and staff responded to the changing needs of people.

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which was not particularly easy read. The document was quite lengthy and in large print it did not contain any pictures to help people interpret the information. The procedure did not contain the name of the person who the complaint should be made to. The procedure referred people to the Care Quality Commission for independent review if they were not satisfied with the outcome of their complaint. We spoke with the provider about this and explained that we could not investigate individual concerns / complaints. However, we were interested in people's views about the service. The provider told us that the procedure would be amended

Is the service responsive?

During the inspection we spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the provider or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff.

Discussion with the provider confirmed that any concerns or complaints were taken seriously. The provider talked us through the two complaints they had received in the last 12 months and action they had taken to address the concerns raised.

Is the service well-led?

Our findings

The service does not require a registered manager. The provider manages and works at the service on a day to day basis. Staff we spoke with during the inspection spoke very highly of the provider. One staff member said, “He (the provider) is very approachable and very fair. I like working here and the residents are very well cared for. He is always on call and available if needed.”

The provider told us about their values which were communicated to staff. The provider told us how he worked with all staff to ensure that people who used the service were treated as individuals. The provider told us that he had an open door policy in which he encouraged staff to be open and share their views. Staff told us that the culture of the service was open, transparent and that they could make suggestions about change.

The staff we spoke with said they felt the provider was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records of staff meetings which had taken place in July, September and November 2014.

The provider showed us the accident record of people who used the service, however we found that the provider did not analyse the accidents to ensure that any trends were identified. We pointed this out to the provider who said that they would undertake regular analysis of accidents.

The day care co-ordinator told us of various audits and checks that were carried out on the environment to ensure health and safety. We saw checks for general tidiness, cleanliness, kitchen and care records. We saw that audits and checks had been undertaken, however improvements could be made. We saw that audits had been undertaken randomly. Records of these audits were confusing and disorganised. There were no set timescales for example monthly. Although health and safety was covered generally in some of the audits there were some areas that had been missed. It was felt that a health and safety audit could be of benefit to the service. The provider did not audit water temperature records to make sure that these had been undertaken regularly. It was felt that a health and safety audit would have picked up that staff had not recorded some water temperatures prior to December (as pointed out in the Safe section of this report) and a health and safety audit could have picked up that the fire alarm testing records were missing. We discussed the auditing with the day care co-ordinator and provider.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010

We saw that the provider and staff had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interest. We saw records of a meeting that had taken place in November 2014. People had spoken about meals, activities and what they would like to do over the Christmas period. We saw that people wanted to have a new year's eve party and that staff had arranged this.

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	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>People who use services and others were not protected against the risks associated with unsafe care because effective systems were not in place to ensure that regular auditing was undertaken</p>