

Domain Care Limited

Staley House Care Home

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?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected Staley House on 16 December 2015, our visit was unannounced.

The service was previously inspected on 26 August 2014 when no breaches of legal requirements were found.

Staley House is situated in the Stalybridge area of Tameside. The home provides care, support and accommodation for up to 27 people who require personal care without nursing. All rooms provide single accommodation. 12 of the rooms are en-suite. Bedrooms are located over 2 floors and the first floor is accessed using a passenger lift or staircase. There are two

communal bathrooms, six communal toilets and two lounges, one of which has a separate quiet area. The rear lounge overlooks the patio and large well kept, secure gardens with areas for people to sit outside. The building is situated in its own grounds and has off road parking.

At the time of our inspection 26 people were living at Staley House Care Home.

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

‘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.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

The laundry room in the basement was found to have shortfalls in ensuring the safe handling of items and improvements were needed to safeguard people from the risk of cross infection.

The provider did not have effective systems in place to identify the risks to people’s health, welfare and safety. A full building/ environmental audit would have highlighted potential environmental risks, as identified during this inspection.

People, relatives, and staff spoke highly of the service; one person’s relative told us, “They’ve brought mum on such a lot”.

Visiting professionals were also complimentary of the service and were confident that staff follow their guidance when providing care. One visiting professional told us, “Staff follow direction very well”. Staff we spoke with were aware how to safeguard people and were able to demonstrate their knowledge around safeguarding procedures and how to inform the relevant authorities if they suspected anyone was at risk from harm.

Safe and appropriate recruitment and selection practices had been used to ensure that suitable staff had been employed to care for vulnerable people.

Observations made showed us consent was always sought before care was provided, people were treated with respect and dignity by staff who were knowledgeable and competent in their role.

Documentation at the home showed us that people received appropriate input from other health care professionals, such as dentistry and podiatry, to ensure they received the care and support they needed. Additionally, people were supported to ensure they maintained a balanced diet and had their nutritional needs met.

People received good quality care from respectful and attentive staff. People looked well cared for in their appearance and people told us the staff were very kind and caring.

People told us that they were supported to make their own choices and people had been encouraged to personalise their own rooms.

Feedback was sought on a regular basis and the registered manager actively encouraged people and their relatives to have their say on how the service could be improved.

People and staff were complimentary about the qualities of the registered manager.

Personal care plan records showed that individual risks were identified, assessed, managed and reviewed to ensure any risks were minimised.

Staff were attentive and responded to people in a sensitive, kind and caring manner. We observed positive interactions, including laughing, singing and one person told a staff member that they loved them whilst they held one another’s hands.

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.

People told us they felt safe. Staff had received relevant training and demonstrated a good understanding of the types of abuse that people may be at risk from.

Individual risks to people's safety had been assessed, reviewed and managed and appropriate plans were in place.

Medicines were stored safely and records were kept for medicines received and disposed of. People received their medicines on time and were supported to take them safely.

There was a lack of systems in place in the laundry to manage the risk of potential infection and cross contamination.

Requires improvement



Is the service effective?

The service was not always effective.

Some staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), however further training was planned to ensure staff were fully aware of their duties and responsibilities in this area.

People were supported to maintain their health and independence and to access appropriate healthcare services, for example, GP, podiatry and dietician.

People were given choices at mealtimes and supported to maintain a balanced diet.

Requires improvement



Is the service caring?

The service was caring.

People were happy with the care they received and felt that staff were kind and caring.

People and their relatives were encouraged to make decisions about the care and support they wished to be provided.

Staff treated people with dignity, respect and privacy.

Good



Is the service responsive?

The service was responsive.

People felt cared for by staff who knew them well and responded to their individual preferences.

Good



Summary of findings

Care plans reviewed were person centred and up-to-date and included input from people and their relatives in how they wished to be cared for.

The home had a complaints policy and regularly sought the views of people and their relatives.

Is the service well-led?

The service was not always well-led.

People and staff were complimentary about the registered manager and described her as supportive and approachable.

The service was currently led by a manager who was registered with the Care Quality Commission (CQC) since April 2013.

Team meetings and policies and procedures were in place for the service. The registered manager had not ensured that staff had up to date training records in line with their policy.

The registered manager carried out periodic safety/quality checks around most aspects of the service. A full service/building check and audit had not been completed for some time and a number of potential risks were found during the inspection.

Requires improvement



Staley House Care Home

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 16 December 2015 and was unannounced. The inspection was carried out by two inspectors.

Before we visited the home, we checked information we held about the service including contract monitoring reports from the local authority and notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events. No concerns had been reported to us from the local authority since the last inspection on 26 August 2014.

On this occasion, we had not received the provider information return (PIR) before the visit. 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. The provider had completed and returned the PIR, but this had not been received by the inspectors at the time of the visit.

We walked around the home and looked in all communal areas, bathrooms, the kitchen, store rooms, medication room and the laundry.

During the inspection we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the home and staff; including records which related to people's individual care and the administration of medication and 3 staff files to check training, supervision and safe recruitment practice.

As part of the inspection we observed how staff interacted and supported people at lunchtime and throughout the day in various areas of the home. We spoke to three people who use the service, the registered manager, deputy manager, the chef, three members of staff and relatives/professionals visiting the home at the time of our inspection. We used the Short Observational Framework for Inspection (SOFI), to observe care delivery. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at Staley House. One person told us “I feel safer here than I do at home” and another person told us “If I feel unwell, I know they would look after me and get the doctor”. Relatives also told us that they felt that their family member was safe; one relative told us “Mum gets looked after and gets her medication on time.”

Observations of care showed safe handling and support of people when assisting people to move around the home. Appropriate equipment was used when helping people to transfer safely from a lounge chair to a wheelchair. Training information given to us by the registered manager showed that all staff had received up-to-date training on the safe moving and handling of people.

Suitable arrangements were in place to help safeguard people from harm and potential abuse. There was a safeguarding adults policy and procedure in place and when asked, those staff spoken with were fully aware of this procedure demonstrating a good understanding of the subject and were able to tell us about the types of potential abuse and what steps to take to report any concerns. The training matrix produced by the registered manager, showed that all staff had previously received training in how to recognise the various types of abuse, although some staff were due to have refresher training on this subject.

Staff told us that they felt that people were safe in the home and one staff member told us “They all have their needs met and are well cared for” and another staff member told us “We have good training here and are supported by the manager”.

The three staff files we looked at during the inspection, showed us that safe and appropriate recruitment and selection practises were used to ensure that suitable staff were employed to care for vulnerable people. Staff files included evidence of interviews, photographic identification checks, application forms, health declarations and two references had been received. Each staff member had also had the relevant disclosure and barring service (DBS) pre-employment check. This meant that checks had been completed to reduce the risk of unsuitable staff being employed by the service.

There were systems in place to ensure appropriate and safe staffing levels within the service. The registered manager told us that they rarely used agency staff and this was supported by the staff rotas made available to us. During staff absence or times where more staff were needed, the existing staff provided this cover to give consistency of care and ensure the safety of the people who lived there. We observed that call bells were answered in a timely way and we saw that people who required attention were responded to promptly.

We examined records of accidents and incidents and saw that any incidents were clearly recorded and acted upon where required. We saw that incidents, where necessary were reported to the relevant authorities, such as the local authority safeguarding team and the Care Quality Commission. This meant that the registered manager took appropriate action with regards to people’s safety.

Personal care plan records showed that individual risks were identified, assessed, managed and reviewed to ensure any risks were minimised. We saw risk assessments for behaviour, pressure sores, falls and medication. The falls risk assessment had been used to identify individual people who were at risk of falling and appropriate plans were in place to manage the risk, including 48 hour monitoring charts completed by staff after a person experiences a fall. One person was identified as being at high risk of falls and the registered manager had regular involvement with the relevant medical professionals to ensure that plans were in place to reduce the risk and likelihood of harm. The care plans that we looked at included risk assessment input from other professionals, for example, we saw that district nurses, GPs, the speech and language therapy (SALT) team, podiatrists and dieticians had been involved in people’s care and the formulation of risk assessments. In another person’s care records, we saw that staff had included information provided by a tissue viability nurse addressing the person’s individual pressure care.

We observed that medication was stored securely within the home and that the medicine store room temperature was checked. There were policies and procedures in place with regard to the management and administration of medication and there were separate medication administration record (MAR) sheets for both medication and topical creams for each person. The MAR documentation included individual sections for each

Is the service safe?

person including a photograph, allergy information and risk assessment, which included information on whether the person was able to take their own medication or required assistance. The MAR sheets were audited by the registered manager monthly to check for accuracy. Additionally, any changes to people's medication were discussed and documented in the daily handover meeting notes. This meant that there were extra safety checks in place around the safe handling of medications. We asked one relative if their family member received their medicines on time and they confirmed that they do.

During the walk around of the home, we identified number of potential safety issues. These included the storage of items in the first floor corridors, including some supplies left by a district nurse, for example, new and sealed catheter tubes. The registered manager asked a visiting district nurse to remove these during our inspection. We saw that other items, such as wheelchairs and hoists were also stored in these corridors, the registered manager told us that storage was a problem within the home. Items left in corridors are a potential trip hazard for people living in the home.

In one communal toilet upstairs, we found that the room had an unpleasant odour caused by soiled items left unattended in a laundry bag. We brought this to the attention of the registered manager, who had the bag removed immediately. Although contained in a laundry bag, soiled items left unattended are a potential cross infection risk for people use the service.

In the main corridor on the ground floor there was a bulb missing from the toilet light and a broken handle; we asked the registered manager to ensure no-one could access this room and this was secured immediately. One store room, where cleaning fluids were stored, was not fully secure and could potentially be accessible to people living in the home. This meant that people were at risk of coming into contact with potentially harmful substances.

We saw that safety checks, such as water temperature tests, were regularly carried out and general building maintenance contracts were up to date.

Fire safety tests were documented and the registered manager was working with Greater Manchester Fire Service to ensure adherence to fire regulations after a small, contained fire in the basement boiler room in November 2015 of which we were notified.

We looked in the laundry room accompanied by the registered manager, which is located in the cellar and accessed via a number keypad. There was no separate sluice room, however there was a special bag (Dissolvo Sac) that isolates and disinfects linen used by the staff specifically for soiled items. In the laundry room there were loose nails hanging from the low ceiling and the inspectors found metal shelving in the laundry to be sloping to one side; on further inspection the shelving was found to be unsafe as it was detached from the wall and unsupported. The inspectors requested that this was attended to so as to prevent an accident. The provider has duty to ensure a safe working environment and these problems pose a health and safety risk to staff members working in the laundry room.

The registered manager told us how the laundry system was managed and talked us through the procedure. Although there was a system in place to manage soiled and clean laundry, we identified a number of issues in the laundry room: The waste bin did not have a lid and contained soiled tissues and there was a soiled quilt left at the side of the washing machine. The paper towel, soap and disposable gloves dispenser were all empty. A lack of appropriate equipment to help maintain hand hygiene could place both people using the service and staff at risk of potential infection and cross contamination. This meant that staff were not ensuring the safety of the people in the home with regards to infection control and the risk of cross contamination.

This was a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The other areas in the home were clean and free from unpleasant odour.

Is the service effective?

Our findings

During our inspection we observed that staff sought consent from people before supporting them. We saw two members of staff respectfully asking a person if they would like to move to the dining room using the hoist, both staff members sought consent before any aspect of the task. One member of staff told us “If someone doesn’t want to do something, they don’t have to”.

During lunch we observed staff discreetly asking people if they would like assistance with their meal or if they would like their food cut up to make it more manageable. Staff regularly asked people if they needed any assistance and gave people choice, for example, one person needed help with their lunch and staff asked if they would like a larger spoon. However, we also observed one staff member assisting someone to eat their meal that was not always attentive, as they were having conversations with other people and not always alert to the needs of the person they were assisting.

Staff files reviewed contained recorded discussions with their line manager called supervisions. Supervisions were held every 3 months and staff felt that this was sufficient to help them carry out their roles. These supervisions were recorded by the registered manager and we reviewed a number of records. In these records we saw a set agenda that covered training needs, health and safety, concerns with people who use the services, concerns with staff, general problems and any changes that they needed to be aware of. Staff told us they felt supported by the staff team and management of the service. One staff member said they felt supported by the manager and had good training.

On our request, the registered manager produced a printed training matrix detailing all staff members and indicating the training each member of staff had received. Most staff had received relevant training considered as mandatory by the provider, such as, safeguarding, moving and handling, infection control, food hygiene, first aid and fire safety. The registered manager had identified that there were gaps in the training matrix, which highlighted that some staff training was not up to date. This had been identified prior to our inspection and a number of training sessions arranged in January 2016 for staff to attend. We saw evidence in email confirmations that this training had been booked. Some staff had received additional, specialised

training and/or national vocational training in health and social care to enhance their skills. The registered manager and deputy manager had both acquired high level qualifications in management and leadership.

People were supported to maintain their health and well-being. Staff supported people in their routine health appointments, such as, the dentist and podiatry. Staley House had good contacts with the local surgery and related health teams, such as district nurses. This showed us that systems and relationships were in place to ensure that people could access the healthcare services they needed. Where people’s needs had changed we saw evidence that the home had made appropriate referrals to health and social care professionals for advice and support, this was evidenced in health professional contact sheets found in people’s care plans.

One mental health practitioner, who had been visiting the home for 12 years, told us “lots of staff are very good and they follow our guidance.” Another visiting health professional told us that staff followed their direction very well and were quick to get in contact if they had any concerns.

The registered manager told us of support they were currently providing to one person to see their GP with the intent to gain a dietician referral. One relative told us that their mother has a long term health condition and since being in Staley House the registered manager has organised for the speech and language therapy (SALT) team and the long-term conditions team to be involved in their care. The relative told us that she believes that this has resulted in her mother’s health improving so much that she has only had one hospital admission in 12 months. This meant that staff were vigilant with people’s needs and were quick to respond when professional input was required.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation is in place to ensure people’s rights are protected. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

The registered manager told us that they had made DoLS applications and we saw that the relevant paperwork had been submitted to seek authorisations. At the time of our visit authorisations had been granted for five people.

When we spoke to some staff members they were unable to demonstrate an understanding of the legal processes and implications of capacity and consent issues. However, we saw that when staff were supporting people, for instance, with meals or with personal care, the staff were respectful and always asked for consent. Training records produced by the registered manager showed us that not all staff employed had received training on Mental Capacity and DoLS. The registered manager told us that she had organised further training in MCA and DoLS to be held in January 2016 to ensure that all staff are aware of their responsibilities and duties when providing care.

When looking at people's care records, we viewed one person's file that identified additional support with nutritional intake was required. We saw a malnutrition universal screening tool (MUST) had been used to record this person's nutritional status. This person was also weighed weekly and this had been analysed by staff for any significant weight changes. This meant that staff could address any concerns identified in these regular checks and take the appropriate action, for example, referral to a nutritionist.

Staff told us they have regular team meetings to discuss changes in individuals and we saw that daily handover notes discussed each person, including their current health and mood. This showed that staff were knowledgeable about the people they cared for each day.

The chef told us the service had a seasonal four week menu. People were given a choice of food each day and if they did not want either choice, alternatives could be made. We observed the chef kneeling down at eye level talking to people in the lounge discussing what he was making in the kitchen that day.

During observations it was clear that the chef was very knowledgeable around the likes and dislikes of all the people that he spoke to and there were clear established relationships evident with laughing and joking around someone's dislike of a particular food item.

The chef told us he regularly asked people what food they liked and if there was anything they wanted to try, for example, the chef had recently had feedback that people would like to try tripe. The chef sourced this and it was offered on the menu. The chef also told us how one person really enjoyed bacon but they found this difficult to swallow, so he supported them to try spam, which is softer, and they were able to eat this comfortably.

This showed us that options for food were available and people could request specialist dishes if they wanted. People and their relatives gave us positive feedback about the quality of the food and the choice on offer. One person told us that food and mealtimes were a good experience and another resident told us "the food is very good."

Within the ground floor of the home, attention had been paid to helping to make the environment conducive to people who live with dementia. There were several pictures pertaining to local landmarks and beauty spots and signage was in place to indicate the type of room was behind the door. Doors had been painted different colours to allow people with dementia to differentiate between doors and walls. Photographs of the person had been put on the front of the doors of their individual bedroom to assist people to locate their own bedroom within the home. One person, who was on end of life care, had a discreet butterfly symbol on their door as an indicator for staff to act appropriately when entering the room and providing care. This meant that care had been taken to ensure the home catered for the differing needs of the people who lived at the home and was responsive to those specific needs.

Is the service caring?

Our findings

People at the home told us that staff were kind and caring and that they were treated with dignity and had their privacy respected and this was reflected in our observations. People told us that they felt supported and were happy with the care they received at Staley House. One person told us “The staff are smashing; very nice, kind and caring. The manager and staff listen and are approachable”. Another person told us “staff are very kind...they don’t boss me”. One person’s relative told us “The staff look after mum just like I did at home. Staff and management are approachable, they’re more like friends”. One visiting professional told us “The service is close to perfect, if I could, I would be happy to place people here”.

We observed throughout the visit that staff talked kindly to people, sang Christmas carols and helped one person complete a crossword. It was clear through observations that there were established, positive relationships between staff and the people who lived at the home. Staff used people’s chosen names and knelt down to eye level when chatting or asking if the person would like to carry out a particular task. We observed people and staff talking about their history, family, the weather, interests and past employment.

Staff were attentive and responded to people in a sensitive, kind and caring manner. We observed positive interactions, including laughing, singing and one person told a staff member that they loved them whilst they held one another’s hands.

We observed that people were given choice at all times during our visit. Staff requested consent when asking people if they would like to move to another room or go and have their hair done with the visiting hairdresser. People told us that they were given choice and one person told us “I go to bed and get up when I like. I can have a shower whenever I prefer to – I like to have one at night”. People looked well cared for in their appearance, clothes were smart and clean and people told us that they chose what to wear each day. This showed that people were treated with dignity and respect and given control over their care and support.

We asked staff if they would refer families to the service if they could. One member of staff told us that they wouldn’t have them anywhere else and another staff member told us, “Yes, I would recommend to my family”. This meant that staff felt confident that the care and support given to people who lived at the home was of a high standard.

Is the service responsive?

Our findings

People told us they were given choice and supported in the way they wished. One person told us that they knew that if they rang the call bell, that staff would come quickly. During this inspection we observed several instances of people being given choice and asking their preferences around day-to-day tasks, for example, at lunch people were asked if they would like to wear an apron to protect their clothes, where they would like to sit, whether they would like a big or small spoon. We observed one person, who received pressure care, asked by a staff member if they would like to take a walk and with a little encouragement the staff member supported the person to walk up and down the corridor to aid circulation in someone at risk from pressure wounds. This showed us that staff knew the person's health care needs and responded appropriately when care was needed.

People's care plans contained personal information and a photograph of the person, they were detailed and described people's individual needs and preferences. One care record we reviewed contained details around their likes and dislikes and their preferred routine when arising. We saw clear evidence of people and their relative's input into care plans and they had been signed by individuals. We found care records were reviewed regularly and saw evidence when a person's needs had changed that this was reflected in their care plans. This showed us that people's plans of care were up to date and reflected people's current needs, preferences and how they would like to be supported.

During the inspection, we saw that people's rooms were personalised and one relative wanted to show us their Mum's room. This person told us they had "made her room home-from-home" and they had been encouraged to completely personalise their room and had redecorated it completely with their choice of wallpaper, pictures and personal bedding. The relative told us "They have brought mum on such a lot and if we have any issues it gets sorted out. They know her like I know her".

Staley House had a daily activities programme in place for the people, for example, armchair aerobics. The programme was clearly shown on a large display on the ground floor corridor. Activities were within the home and the registered manager told us that it was difficult to

arrange activities outside of the home as they did not have access to transport. One staff member told us that they thought the activities were good and another staff member said they were "brilliant".

There was a complaints policy and procedure displayed on the wall in reception. A copy was also provided in the Staley House Information Pack, given to people when they come to live at the home.

This procedure outlines how to make a complaint to the home and also gives information on the local authority and the Care Quality Commission. The registered manager showed us the complaints investigation folder of individual and detailed responses given to any complaints received. There had been five complaints in 2015. We reviewed documents showing that each complaint received investigation, conclusion and remedy and if necessary, an action plan was put in place. This meant that any issues were responded to seriously by the home and acted on promptly to improve the quality of care.

The registered manager showed us a compliments folder. Here, we viewed a large number of thank you cards and letters from people and relatives expressing their gratitude and acknowledgement of the care given by staff. People had written "nothing is too much trouble" and "thank you for your kind help and assistance" and "we have got back the aunt we had thanks to your efforts".

People and their relatives told us that they felt listened to and had their opinions and preferences taken into account. One visiting professional told us "communication in the service is good, if I did have to complain I am sure it would be dealt with quickly". One relative told us that if they had any concerns, they know that they could talk to staff about it.

We observed during our inspection that people were regularly asked what they would like and given choice through day-to-day tasks. Additionally, displayed on the wall on the ground floor corridor, were details of the next "Residents' Chat" meeting. The registered manager explained to us that all people who lived at the home and their relatives are invited to an informal chat once per month to discuss what they would like to do within the home and how they would like to do it. The registered manager told us that they used to hold a formal meeting, but people said they would prefer to just have a chat sat

Is the service responsive?

together in the lounge. This meant that the home was listening to the people who lived there and being responsive to their needs and wishes in providing a personalised experience.

The atmosphere throughout the home was positive. There was a large notice board on the ground floor corridor of the home displaying people's birthdays to be celebrated that

month. We observed a lot of friendly exchanges between people and the staff. Staff greeted people politely as they entered a room and we observed staff react and support someone who was confused appropriately. This showed us that staff showed concern for people's wellbeing in a caring and meaningful way.

Is the service well-led?

Our findings

The home had a manager in post that had been registered with the Care Quality Commission (CQC) since April 2013 at this location.

Since this time they have developed a good understanding of the home and knew staff and the people who live at Staley House very well. The registered manager was knowledgeable around people's current care needs and was very visible around the home. Staff felt supported by the registered manager and that people were looked after well at the home, staff turnover was low and many staff had been employed by the home for a number of years. This shows that staff are motivated and management provide good leadership to the team. It was clear during our observations that there were positive, established relationships between management, staff and people who lived at the home.

A range of regular meetings were organised and led by the registered manager, these included seniors' meetings, night staff meetings and general staff meetings. We were able to view the recorded minutes of these meetings during our inspection and staff confirmed that these meetings were regular and any changes to the service were discussed alongside individual people and their care needs. This showed us that information about people and the service was regularly passed on to all staff to ensure that care delivery was up to date.

The inspection was carried out with the registered manager. The provider was on site during the inspection, however, had left at the time of the inspection feedback.

Checks we reviewed included; weekly health and safety surveys, hot and cold water temperature checks and monthly medication audits by the registered manager. We spoke with the registered manager about a full service check. They told us that they had identified this need and was in the process of addressing this with the implementation of a new audit tool for them to use, but this had not yet been completed. The last full service check was completed in December 2013. The registered manager

agreed a full service check should have been completed. We also found the service did not have a building or environment check. We noted when we walked around the building areas of improvement as previously identified earlier in this report. A robust environmental audit would have identified these areas and prevented the potential for future incidents. Additionally, effective monitoring of staff training needs would have ensured all training is routinely up to date. This meant that the provider did not operate effective systems to monitor the safety, quality and risk of services to people within the home. The registered manager told us that they had identified environmental areas that required improvement and had fed these back to the service provider.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Records showed us that the registered manager recorded and investigated incidents that occurred in the home and had taken appropriate action where required. This meant that any risks were mitigated and risks to people had been addressed. The registered manager had regularly notified us of any incidents or events which is a requirement of their registration with us. This meant that risks to people were minimised by the effective systems that were in place.

It was evident that the registered manager valued highly the feedback from people and their relatives about their views and experiences of living at Staley House. Satisfaction surveys were completed every six months and the results were put together into a report that showed what people thought of the service. We saw instances where the registered manager had implemented any agreed recommendations and responded directly to people's views where the survey responses had not been anonymised. This meant that people had been given the opportunity to raise any concerns or provide suggestions on improving their home and the registered manager had embraced and respectfully acknowledged their input. We could see that, where possible, the registered manager had implemented suggestions made during the survey.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not adequately protected against the risks associated with not preventing and controlling the spread of infections.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have sufficient and effective systems in place to regularly assess and monitor the quality of service that people received. Environmental audits and staff training overview.