

Ashwood Park Healthcare Ltd

Cumbria 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 13 and 14 July 2016 and was unannounced. At the previous inspection in September 2014, we found that the provider was meeting all the regulations inspected at that time.

Cumbria House is a large detached house in a residential area of the town of Folkestone, it is close to public transport but off street parking is limited and there are parking restrictions in the surrounding roads. It provides accommodation and personal care for up to 32 older people and there were 27 people in residence at the time of the inspection. The accommodation is provided over three floors with each person having their own room. People have access to a large communal lounge, dining room and a quiet room. There is a large accessible garden to the rear of the premises.

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

People and relatives told us that they were satisfied with the quality and delivery of care provided in the service and no concerns were raised.

Our inspection found that improvements were needed to the way in which medicines were managed to ensure this was in accordance with current best practice and guidance and ensured medicines were safely stored. Some risks that could impact on people's safety had not been assessed and the procedures for assessing and monitoring service quality needed further development to be more effective in identifying shortfalls.

The premises were well maintained. All areas viewed were visibly clean and cleaning staff told us about their cleaning schedules each day. Despite carpets being shampooed there remained an underlying odour in some areas of the ground floor but this had already been identified and arrangements for industrial carpet cleaning were in hand. People were provided with the equipment they needed to mobilise or bathe, and grab rails were visible in communal bathrooms and en-suites. All necessary equipment servicing, checks and tests were carried out. The registered manager also carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order.

Staff had received training in safeguarding adults and knew what action to take if there was any suspicion of abuse. They understood how to keep people safe in emergencies and what they needed to do in the event the service needed to be evacuated.

The majority of individual and environmental risks to people's safety were assessed and managed appropriately. There were systems in place to review accidents and incidents and make any relevant

improvements as a result.

People's needs and dependency had been assessed to make sure that there was enough staff on duty during the day and night to meet people's individual needs.

People's health needs were assessed and monitored. A health care professional said that the staff were good at seeking professional advice when it was needed. People were provided with a varied diet that reflected their personal likes and dislikes, and dietary needs.

New staff received an induction that included completion of the care certificate. All staff however experienced had completed the care certificate and were trained in areas necessary to their roles; additional training in some specific areas was provided where necessary to make sure that they had the right knowledge and skills to meet people's needs effectively.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent on a daily basis. A DoLS application had been authorised for one person who lived in the home to ensure that they were not deprived of their liberty unnecessarily.

Staff spoke kindly to people and treated them with respect. People were able to make decisions and choices for themselves about what they did, and where they ate their meals and with whom, people were encouraged where possible to maintain their independence seeking support when needed.

People's care, treatment and support needs were clearly identified in their plans of care and included people's choices and preferences. Staff knew people well and understood their likes and dislikes.

People were offered an appropriate range of activities and were consulted about changes to this at residents meetings. Relatives and friends were made welcome and people were supported to keep in contact with people who were important to them.

We have made two recommendations:

We recommend that the provider seek guidance from a competent source on the best system of measurement to use in fluid monitoring to aid consistency.

We recommend that the provider seeks advice from a reliable source to ensure that the personal evacuation plans in place and the frequency and recording of fire drills for care staff meet the requirements of current fire legislation.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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

Medicines were not always well managed. Some risks that may impact on people had not been assessed. Important servicing and checks were undertaken but we have recommended the provider reviews some fire procedures to ensure they meet fire legislation requirements.

The premises were clean and well maintained. There were enough staff to support people, and recruitment procedures ensured important checks were made of their suitability.

Staff knew how to protect people in the event of emergencies and understood how to recognise and respond to abuse to keep people safe.

Requires Improvement ●

Is the service effective?

The service was effective

People enjoyed the food they received and could make choices around this. People's health and wellbeing was monitored by staff and where necessary they were referred to health professionals we have recommended an improvement in the fluid intake measurement system used currently.

All staff received appropriate induction into their role, and training to help them provide people with the right support. There were opportunities for them to discuss their development and they felt listened to and supported.

The registered manager and staff supported people in line with the principles of the Mental Capacity Act, and sought peoples consent when they received support.

Good ●

Is the service caring?

The service was caring

People were treated with dignity, respect and kindness; they were able to bring personal possessions to make their rooms

Good ●

more homelike.

The atmosphere in the home was welcoming, visiting times were flexible and visitors were made welcome.

People were consulted about their care and end of life wishes and were provided with opportunities to comment about the service.

Is the service responsive?

Good ●

The service was responsive

People were supported to utilise their time how they wished and to maintain their own interests and hobbies. A range of activities for people to choose from was available.

People were given information on how to make a complaint in a format that met their communication needs.

People and their relatives were involved in their care planning. Changes in care and treatment was discussed with people.

Is the service well-led?

Requires Improvement ●

The service was well not consistently well led

Improvements were needed to the procedures for assessment and monitoring of service quality.

People relatives and staff found the manager approachable, they felt listened to and supported. Staff had opportunities to express their views through staff meetings. People and relatives were asked to comment on service quality and this informed service development.

The service analysed accidents and acted upon themes and trends to reduce occurrences. The Registered manager ensured the Care Quality Commission was kept informed of notifiable events.

Cumbria 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 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 over two days, on 13 July 2016 and was unannounced, we visited again on 14 July 2016 by arrangement to talk some more with people about their care and treatment experiences. The inspection was conducted by one inspector.

Prior to the inspection we asked 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. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

The majority of people were able to talk to us and tell us about their experience of living in the service. We spoke with 12 people at inspection and two relatives. We observed staff supporting people with snacks and daily activities and communicating with people throughout the day. We saw the communal areas of the home and six people's bedrooms. We spoke to the registered manager, deputy, and six staff including two domestic staff and four care staff, we also spoke with a visiting community nurse.

We spoke with people and observed how they interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We looked at people's care plans and risk assessments, medicine records, staff recruitment training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

After the inspection we contacted a further five relatives to ask for their views. We also contacted two health and social care professionals who have contact with the service.

Is the service safe?

Our findings

Relatives and other people important in people's lives spoke positively about the service and the quality of support people received. Relatives told us there were enough staff "It's busy but not frenetic, there are always plenty of staff around", another said "I feel very confident they will look after her", another said "I can come away and feel relaxed that she is looked after, Relatives and people commented positively about the cleanliness of the service "It's beautiful, clean, nothing is untidy". Relatives said how clean they thought the service was kept; one said "yes there can now and again be a slight odour bit I have seen them spraying and cleaning carpets".

People told us they felt safe living at the service because there were always staff available to support them and this and the attitudes of staff made them happy. A health professional said they had no concerns about the quality of care and support people received.

Our inspection found that improvement was needed to the way in which medicines were stored and managed. We found that the medicines room temperatures recorded between 27 June 2016 and the day of inspection 13 July 2016 exceeded the optimum temperature that medicines should be stored at of 25 degrees or less was exceeded on 11 occasions, this means that there was a risk that medicines could be less effective if affected by the temperature. Boxed oral medicines, bottled medicines and topical creams were not routinely dated upon opening to enable staff to keep track of when they had exceeded their expiry date upon opening. Medicines kept in the trolley for administration were not always kept secure because the keys were routinely left in the lock or on top of the trolley when the staff administering was away from the trolley, there was a risk that the trolley could be accessed and medicines removed or damaged. There was a small sink in the medicines room to encourage administering staff to wash their hands but there was an absence or liquid soap and paper towel to promote staff to wash their hands when in the medicines room.

Some medicines received mid cycle were not booked in signed and dated for appropriately on the MAR sheets. Some handwritten entries were signed for but not dated when they were changed or added to the MAR sheet. Some prescribing instructions on MAR sheets indicated that medicines which were usually 'as required' should be administered daily which was incorrect according to staff yet this had not been changed to as required on the sheet. The reasons for administering 'as required' medicines were not routinely recorded on the back of the MAR chart. The amount of warfarin received in for one person was undated when received and the quantity received. People were assessed as to whether they could administer some or all of their medicines but we found one person was self-administering a prescribed medicine without a risk assessment having been completed, the registered manager said this was an oversight. There were protocols in place for staff to administer as required medicines but these were not person centred and gave the reason for administration as 'pain relief', these would benefit from more detail about the signs that staff should look for and be aware of to inform the administration of these medicines to ensure this was undertaken in a consistent way. The failure to ensure that medicines are managed safely and in accordance with legislation and guidance is a breach of Regulation 12 (2) (g) of the Health & Social Care Act (HSCA) (Regulated Activities) (RA) Regulations 2014.

Staff were trained to administer medicines and their competency was assessed routinely to ensure they maintained good practice. The registered manager and deputy took responsibility for ordering, receiving in and disposing of medicines. Medicines that required safer storage were kept secure and a separate register used to record their administration. Medicines requiring colder storage were kept in a locked drugs fridge and temperatures for this were recorded daily. The presence of Oxygen in the building was clearly displayed in the event of a fire. Medicine Administration Records were completed well with appropriate use of codes. There was a good recording system in place for those people who needed to have transdermal patches applied to ensure that these were rotated to different sites each application. Cream charts were completed in people's rooms when they were supported with aspects of their personal care.

Regular checks of hot water outlets were undertaken. Records indicated that a number of bedrooms and communal bathroom water temperatures were consistently recorded higher than average; this was not recorded in environmental risk assessments or any actions shown to have been taken to reduce the risk of harm through scalding. There was a large accessible garden and people told us they occasionally went into the garden but an assessment of the garden to ensure there were no hazards or risks had not been conducted. The failure to ensure people's safety are breaches of Regulation 12 (2) (a) of the HSCA (RA) Regulations 2014.

Contingency plans in the event of other events that might stop the service were in place. An emergency plan was in place in the event of a fire and the fire policy was updated in February 2016, a fire risk assessment was completed in August 2015. Nightly half hour safety checks were made around the service by staff to ensure nothing had occurred that could place people at risk. Individualised evacuation plans had been developed, and these helped inform staff how to help people leave the building quickly and safely but we have highlighted the need for these to be expanded to make clear the method of evacuation used for one person in particular and also how night shifts impact on the evacuation plans for people who required support from more than one staff member. Staff participated in regular fire drills but records stated "all staff on duty attended" and did not make clear which staff had in fact attended; the provider could not therefore assure themselves that all staff had participated a minimum of twice annually.

We recommend that the provider seeks advice from a reliable source to ensure that the personal evacuation plans in place and the frequency and recording of fire drills for care staff meet the requirements of current fire legislation.

Checks and tests of fire equipment were undertaken regularly. Contractors checked that the alarm and emergency lighting system and fire equipment was in good working order. There was enough of the right equipment to help staff support people to mobilise and also to bathe safely, this was serviced regularly. All electrical, gas installations and electrical equipment was serviced by external contractors every year. A kitchen hygiene rating of five stars had been awarded to the service.

The premises were well maintained and provided people with a clean, comfortable homely environment to live in, relatives and people spoke positively about how clean the service was and one relative said they were aware of a slight odour on occasion but had often seen staff spraying and shampooing carpets, we had also noted an underlying odour in the area around the entrance hall and we brought to the attention of the deputy manager. We were informed that industrial carpet shampooing was being arranged and this is an area for improvement.

Repairs and upgrading were undertaken in a timely way by a maintenance person employed by the provider. Environmental risk assessments and health and safety checks were in place for most other areas to ensure people remained safe these included for example checks on window safety, the safety of wheelchair

users, lift safety, topical medicines management, stair safety and fire doors; regular reviews of these showed that where shortfalls were identified and actions taken to address them.

Risks people may be subject to from their own care or treatment needs were assessed; risk reduction measures were implemented and staff provided with guidance on how to support people safely. These were kept updated and reviewed to monitor how effective risk reduction measures were and to make changes if required to further reduce risk levels and keep the person safe.

People were protected from harm because staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager, the provider or to outside agencies where necessary.

At one time there had been a high level of accidents occurring within the service but the registered manager had sought to analyse the reasons for this and reduce the risk of harm occurring, accident levels were now significantly lower and these were analysed for emerging issues. When we spoke with two people they told us they had slid off their beds on several occasions without injury but they found the height of the bed a problem, the need for additional pressure care mattress support had heightened the bed in both cases, we drew this to the attention of the registered manager to see if this could be reviewed and possibly a different style of bed used and this is an area for improvement.

People, relatives and staff told us that there were always enough staff available to provide people with the support they needed. There had been a turnover of staff due to people leaving for personal reasons or career changes, recruitment was on-going but the rota confirmed staffing levels were maintained.

People were protected against the risks of receiving support from unsuitable staff, because recruitment checks undertaken ensured staff selected were safe and had suitable qualities and experience to support people safely. Application and interview processes and documentation gathered about each applicant met the requirements of legislation. These processes helped the provider make safe recruitment decisions and helped prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

Relatives told us they felt informed and involved in decisions about their relatives health and wellbeing. One relative said that their parent had experienced a repeat health issue but medical investigations had failed to find a cause and they had been involved in a decision about future responses should this issue arise again. Relatives said they found staff to be effective and always responded to their queries or found someone who could. A relative told us "she sometimes knocks herself but this mainly happens in her room so they have put an alarm mat in place to alert them when she is up and moving around, but she seems to sleep much better since she came here".

A health professional told us that they had no concerns about the service that sought advice and interventions appropriately, their communication was good and their note and records well maintained. One person said "I see the chiropodist every six weeks and the nurse checks my blood and does my insulin every day". Another person told us that they received regular visits from the respiratory nurse.

The majority of people said they enjoyed the food and enjoyed the occasional barbecues that were held. Comments included "I like the breakfast cereal milk and prunes, you can always ask for something else", Several people said that whilst the food was not always to their liking, there were always opportunities to have something different.

Menus were developed from an understanding of peoples food likes and dislikes and they were consulted about these upon admission to the service. The menu was developed on a four week cycle and particular meals that people enjoyed were incorporated into the menus over this period. Some meals were popular with everyone and recur most weeks. Menus were on display but when asked people did not really understand what they were having for lunch but confirmed that they were asked for their choice from the menu and if they did not like what was offered an alternative that they preferred was always provided.

Specialist diets were catered for, for example a range of vegetarian meals had been purchased to give choice to a particular person who preferred this type of diet, some people had soft diets due to eating difficulties and the cook understood about the presentation of soft and pureed meals to ensure these looked appetising and were of nutritional value. People who were assessed as nutritionally at risk had food and fluid intake charts put in place on a short or long term basis to ensure staff had a good understanding of the amounts people were eating and drinking, these records were completed well but fluid intake records did not provide staff with a suggested minimum fluid intake limit, and was not recorded in mls which would help staff more easily calculate whether specific individuals were drinking enough, this is an area for improvement.

People's weights were monitored every month to ensure they maintained a healthy weight, and any significant loss of weight was reported to health professionals for guidance and advice regarding the possible cause or if further investigation was required.

Staff supported people with their health appointments where relatives were unavailable to take them.

People and their relatives felt staff responded quickly to any health concerns and sought appropriate medical attention based on individual needs; a visiting health professional confirmed this commenting that they had no concerns and that the Registered manager and staff were always proactive in alerting them to possible emerging health concerns.

We recommend that the provider seek guidance from a competent source on the best system of measurement to use in fluid monitoring to aid consistency.

Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. People we met had capacity and staff sought consent, from people in a variety of ways that best suited the person's ability to absorb and handle the information presented. Staff understood that when more complex decisions needed to be made that people might need help with relatives and representatives and staff would help make this decision with or for them in their best interest. People were not subject to restrictions but a Deprivations of Liberty Safeguards (DoLS) authorisation had been authorised for one person who had expressed they wanted to leave the service, and the DoLS was put in place to ensure they were protected in the least restricted way, and to keep them safe.

The staff training record showed that the majority of staff had completed all their essential mandatory training that included first aid, fire, safeguarding, moving and handling, infection control, food hygiene, domestic staff had also been include in the training programme. Additional specialist training had also been provided to staff to give them an understanding and awareness of other health issues that people living in the service may experience and need support with for example, Parkinson's Disease, Diabetes, Dementia, and the impact of a stroke.

Due to the turnover of staff many of the qualified staff had moved on and the service was therefore starting to build a new qualified team. Staff received an induction that included completion of the care certificate and period of shadowing where they were supernumerary to the rota, to give them time to orientate themselves to the environment and the household routines, and people's individual care and support needs.

New staff completed an induction that followed the nationally recognised Care Certificate standards, for this staff worked through individual standards and completed questions around each area, their responses were marked. New staff competency was assessed throughout a three month probationary period. Induction included shadowing other staff, and familiarising themselves with peoples care needs and routines and took a number of shifts before they joined the rota as a full time member of the team.

Staff received support to understand their roles and responsibilities through face to face discussion (supervision) and talks with the registered manager every three months. Supervision was documented and staff said they were able to raise issues they wanted to talk about, they felt the registered manager was good at supporting their personal development and they felt well supported and listened to.

Is the service caring?

Our findings

People told us that staff were kind and they liked living at Cumbria House. People were seen to be relaxed and comfortable about approaching staff with requests for support, for example deciding they wanted a haircut and requesting they be booked in with the hairdresser. People felt able to use their time how they wanted and moved freely about the home choosing where they wanted to spend their time and with whom and where they wanted to eat their meals. Comments included "You can do what you like here as long as you respect other people, I can do what I want, I can go where I want get and go to bed when I want, they are all so good they don't push on you to do things"

People said about staff "The girls are lovely", another said "They're friends they help you if you need it you can have a good laugh with them". Others said "they never make you feel like you are putting them out if you call them", "I have not met an unpleasant one", "Staff respond well to the buzzer".

There was a notice board in the main lounge that provided people with information to orientate them to the day, date season, weather and year. There were files in the entrance hall about the activities on offer, and what the service offered.

We observed that people were in relaxed moods, some sat companionably chatting with their neighbour, or watched the television, or observed the activity being provided with others who were actively participating in for example an exercise session.

People were happy to share information about how they came to be in the service and their previous lives. They were happy to talk about their experience of care at Cumbria House which they were satisfied with; people commented that they felt safe and comfortable there and that their needs and wishes were met in keeping with their own preferences.

We observed that staff took time to listen and interact with them and talked with and about people in a caring and meaningful way. People said that they were consulted about their care and support needs and felt able to make decisions around this with support from staff.

People had their own space and could be private when they wished; they all respected each other's privacy. People's bedrooms had been personalised to reflect their individual tastes and preferences and were full of possessions, photographs and important memorabilia.

People and relatives told us about visiting arrangements and relatives said they were made to feel welcome. Some people said they often went out with their relatives when they came. Most people had relatives or representatives who advocated on their behalf and the PIR told us that four people were subject to the Court of Protection; 12 people had relatives or representatives with active lasting power of attorney powers to help make decisions on their behalf. At the time of inspection there was no one in need of end of life support but peoples records showed that end of life discussions had been held with them to determine their last wishes, all staff had been provided training around care of people at the end of their lives. The PIR told

us that nine people had active Do Not Resuscitate (DNAR) authorisations in place and they and their relatives had been consulted about making this decision.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about.

People were encouraged to remain as independent as they could with a number still undertaking some if not all aspects of their daily personal care routine with the exception of support around bathing and showering.

Is the service responsive?

Our findings

Relatives told us they were involved in discussions about their relatives care; they thought there were a good range of activities for people if they chose to participate.

Another relative speaking about admission and care quality said " I came to have a look around first, since coming here she has come on in leaps and bounds she is socialising, joining in activities, and eating better, watching her singing and clapping her hands was a joy, I have no doubt we made the right choice for her". "I have never felt unable to say anything to staff if there was something I was unhappy with" I feel confident of raising a complaint if I needed to", another said "I have raised an issue before now but they resolve it quickly".

People told us "They are good people; I would tell them if I was unhappy with anything".

People knew about the activities on offer but not everyone wanted to participate, some people said they preferred their own company and doing things they wanted to do in their own room. People who spent much of their time in the main lounge talked about the activities they did during the day which they said they enjoyed, and we observed people taking part in an exercise class which people clearly enjoyed even those who did not participate enjoyed watching others do so. There was a varied activity schedule of external entertainers who visited in addition to in house activities facilitated by staff.

Relatives we spoke with said that they had spent time looking around other homes before they chose Cumbria House for their relative. People referred were assessed prior to admission by the registered manager and or deputy to ensure needs could be met. Information was gathered from the person and their relatives and representatives about their needs and preferences prior to a decision being made about admission, people had opportunities to visit before moving but people spoken with most said their relatives had done this for them.

Care plans were personalised and looked at what people needed and wanted in the way of support to live their daily lives. They addressed the individual support people needed around maintaining their personal care this was called ' My life so far' which gave a background social history 'The things I am able to do' which detailed what people could do for themselves and where they needed help from staff. There was a general physical and health plan of the support they needed to keep well, a range of risk assessment in regard to pressure care, falls, mobility and moving and handling were also in place to guide staff support. A daily report was completed for each person by staff which recorded their mood and wellbeing during the day and night. Key workers (these are staff whose role is to understand the needs and personality of the person they are allocated to a greater degree than other staff and to ensure they have everything they need); completed a monthly report about the people they were allocated with the involvement of individuals concerned; these monthly reports informed the registered managers and were used to update and review care plans.

The complaints procedure was displayed prominently and detailed how people could make their complaint, we noted that the ombudsman's details had been left off the complaint procedure for people to

refer unresolved complaints to. The registered manager agreed to make this change immediately. Relatives told us they found the registered manager, deputy and other staff very approachable and that they felt very confident and comfortable with raising concerns if they had them. People also said they felt able to raise concerns with staff if they had them. There was a complaints log and the provider information return (PIR) informed us that no complaints had been received in the last 12 months, and that 10 compliments in regard to service quality and care had been received from satisfied relatives.

People had opportunities in their discussions with key workers, residents meetings or in surveys to express any concerns they might have, which the registered manager would be made aware of. A review of survey analysis and resident meeting minutes showed no particular issues of concern arising.

Is the service well-led?

Our findings

Relatives, staff and professionals told us that communication was good between staff and between staff and relatives and professionals. A relative told us that they were asked for their views and had recently completed quality forms about the service.

The registered manager had been in post a long time and this had provided people and staff with continuity. She had a good grasp of what was happening in the service and made a number of informal checks but these were not recorded. The providers were a visible presence in the service and visited twice weekly. At these times they toured the building, gave direct supervision to the registered manager and discussed on going developments and operational issues and the people living in the service.

This hands on and visible approach by the provider and registered manager ensured they monitored the service closely but there was limited recording of their informal visits and the checks they made. There were some audits in respect of cleaning, health and safety and medicines but these were not always effective for example we found a number of shortfalls with medicine and risk management. The current quality assurance process was under developed and needed further review to provide the necessary assurance that all reasonable steps had been taken to provide a, safe, effective, and well led service. This is a breach of Regulation 17 (1) (2) (a-b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings were held and staff said they felt supported and listened to. Staff told us there was an open door policy by the registered manager and deputy manager who were both very approachable. Staff felt confident that they could raise issues at any time and that confidentiality would be maintained. Staff spoke positively about team work and good communication, they had access to a communication book which they read particularly if they had been away for a few days, otherwise there was a comprehensive handover from the senior of each shift to the new shift coming on duty to make them aware of any issues in relation to specific people and any health concerns or changes in the support they received, or changes to practice or procedure they needed to be aware of.

The atmosphere within the service on the days of our inspection was relaxed, open and inclusive. Staff were seen to work in accordance to people's routines and support needs.

The views of people and their relatives were sought through surveys every year and through resident meetings and feedback via key worker meetings where they could discuss anything they wanted to and where staff would ask them about their care and support and whether they were happy with the current arrangements. Relatives said that they were asked to comment about the service regularly and their feedback was analysed and the results of analysis displayed for people to see and ask questions about.

Information about individual people was clear, person specific and readily available. Guidance was in place to direct staff where needed. The language used within records reflected a positive and professional attitude towards the people supported.

Staff had access to policies and procedures, which were contained within a folder and was held in the service, these were reviewed regularly to ensure staff were made aware of any changes in practice, or guidance and they were reminded to read them.

The registered manager ensured that the Care Quality Commission was notified appropriately of events that occurred in the service.

There was good evidence that the registered manager had taken and continued to take action to analyse accidents occurring in the service and to understand and learn from these and reduce the risk of similar issues arising as a consequence the levels of accidents within the service had reduced dramatically making people safer.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure that environmental risks were assessed, appropriately and measures implemented to reduce risk. 12 (2) (a) There was a failure to manage medicines safely. 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place for the effective assessment and monitoring of service quality needed expansion and improvement to identify and address shortfalls within the service. 17 (1) (2) (a-b)