Mr & Mrs Mohamedally

Brigstock House

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**

Summary of findings

Overall summary

This inspection took place on 7 and 11 December 2015 and was unannounced. At our last inspection in October 2013 the provider met the regulations we inspected.

Brigstock House is a care home registered for eight adults with a learning disability, autism or mental health needs. There were six people using the service at the time of our inspection. Two people used the service for short stay breaks from time to time.

There was a registered manager in place. 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 were not living in a well maintained environment because parts of the premises were in need of redecoration or repair.

There were adequate numbers of staff who had been safely recruited. Although staff were familiar with people's needs, they had not received regular training to keep their knowledge and practice up to date. We were also not assured that staff had the most up to date skills and expertise to support people's specific needs.

There were arrangements to monitor service provision and to check that people were well cared for and safe. However, the provider's systems were not always used effectively to develop the service and make improvements. We also found that incidents and accidents were not always reviewed or investigated to check that appropriate action had been taken and those which were reportable to CQC had not been shared. We were therefore not assured that important events which affect individuals' health, safety and welfare were being appropriately reported to us.

People using this service experienced responsive care and support that was person centred and appropriate to their needs. For some however, care records did not reflect the most recent information staff needed to support people in ways that suited them best and kept them safe.

Staff respected people's privacy and treated individuals with kindness and patience. Staff made sure people's dignity was upheld and their rights protected. The manager understood their responsibilities where people lacked capacity to consent or make decisions. Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made where required. Staff were knowledgeable about the risks of abuse and procedures for reporting any concerns.

Staff understood how to protect people from harm and provide safe care. Risks to people's health and safety were managed and the service encouraged people to take positive risks. Medicines were managed

appropriately and people had their medicines at the times they needed them.

People were supported to maintain good health and had access to healthcare services they required. The service had made timely referrals for health and social care support when they identified concerns in people's wellbeing. People were encouraged and supported to eat a nutritional diet that met their needs and recognised their choices.

People were able to take part in activities of their choice and were supported to maintain relationships with family and friends who were important to them.

There was an open and inclusive atmosphere in the service and the registered manager showed effective leadership. People, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard. Staff received regular supervision and spoke positively about how the manager worked with them.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the training provided to staff, the systems for monitoring the quality of service provision, notification of reportable events and record keeping. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

Some aspects of the service were not safe.

Parts of the premises were not sufficiently maintained or cleaned to ensure the comfort, safety and wellbeing of people using the service.

People told us that they felt safe and staff knew about their responsibility to protect people from harm and abuse. They were aware of any risks and what they needed to do to make sure people were safe.

Staffing levels were safe for the number of people in the home and the provider carried out appropriate recruitment checks to make sure staff were suitable for the role.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

People were supported by staff that had not received appropriate levels of training to carry out their role and provide effective care. Staff had not undertaken specific training to meet the assessed needs of the people who used the service.

Staff understood the importance of gaining consent to care and giving people choice. The provider acted in accordance with the Mental Capacity Act 2005 Code of Practice to help protect people's rights.

People had a choice about what they wanted to eat and drink. Their individual dietary needs and preferences were known and respected and they were protected from the risks of poor nutrition and dehydration.

People received the support and care they needed to maintain their health and wellbeing and had access to health care professionals when required.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected. Staff treated people with kindness and people and their relatives felt staff were caring.

Staff knew people's background, interests and personal preferences well. They understood the way people communicated and this helped them to understand people's individual needs.

People were supported to maintain relationships with those that were important to them.

Is the service responsive?

Good

The service was responsive.

People using the service had personalised support plans, which outlined their agreed care and support arrangements. The service was responsive to people's changing needs or circumstances.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback. People told us staff listened to any concerns they raised.

People were involved in activities they liked, both in the home and in the community.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The provider did not have effective systems in place to monitor the quality of the service or to guide improvement.

People's care and monitoring records were not consistently maintained to accurately reflect the care and support provided to people. Reportable notifications had not been shared where events had affected people's welfare.

There was a registered manager and people spoke positively about them and how the service was run. Staff felt supported and able to voice their opinions.

Brigstock House

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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we also reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 8 and 11 December 2015 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The first day of the inspection was unannounced and we informed the registered manager that we would return on a second day to complete our inspection.

We spoke with four people who used the service, the registered manager and three members of staff. Not all people were able to communicate verbally with us so we spent time observing their care and interactions with staff. During our first visit we also spoke on the telephone with four relatives of people living at Brigstock House.

We looked at four people's care records to see how their care was assessed and planned. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits and health and safety records. We also checked how medicines were managed and the records relating to this.

Requires Improvement

Is the service safe?

Our findings

We found that people were not provided with a well maintained environment because areas of the home required repair, refurbishment and cleaning. In one bedroom, we found the slatted base of the bed was broken and areas were dusty and unhoovered. In another person's room, there was a hole in the wall and two pieces of hardboard placed under the mattress. In another room there was no curtain or blind for the window. The television in the lounge was broken and staff told us this had been the case for over a month. The service did not have a maintenance plan to show how the premises were being kept in a good state of repair and where there were planned improvements.

There was an unpleasant odour in the ground floor bathroom and a broken light switch. In the first floor toilet, there were no paper towels or hand wash facilities for people or staff to use when supporting individuals with their personal care. Without appropriate hygiene facilities we were not assured that people using the service and staff were adequately protected from the risk of cross infection. Records of cleaning tasks were completed daily but these records were not comprehensive and did not include checks on people's bedrooms.

The above issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was appropriate documentation for servicing and maintenance in the premises. This included records of utilities contracts such as gas and electrical safety. Fire alarms and equipment were tested to ensure they were in working order. Fire evacuation drills were held regularly involving both people using the service and staff. We noted that people did not have personal emergency evacuation plans (PEEPs) which provide details about the help individuals would need to safely leave the building in the event of a fire. The manager was in the process of developing these as this had been identified at a recent local authority fire safety inspection.

People who were able to comment said they felt safe and happy at Brigstock House. Their comments included, "I like this house – nice place Brigstock House, I feel safe here. Staff help me if I need them to", "I feel fine, I ask a member of staff when I need help. Always staff here. They look after me and my things in my room. I like living here" and "I can keep my things in there (pointed to locked cupboard) so I know where they are and they are safe." Relatives also felt their family members were safe and happy. They also felt able to raise any concerns they may have had about safety, as they all knew the manager well. One relative told us, "Even when [person's name] is having difficult days, they manage it." Another relative said, "It's more like a big family – the manager is approachable and I could talk to him about things if I was worried about [person's] safety."

Staff understood their responsibilities in keeping people safe from harm and knew who to contact if they had concerns. Policies about safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. There were contact numbers displayed in the home that staff, people who used the service or visitors could use to

report any concerns regarding abuse. Staff had completed training on safeguarding although the manager acknowledged that this had not been updated for some time which meant they may not be aware of latest best practice. They agreed to contact the local authority to arrange refresher training.

Risks to people's health and welfare had been assessed and individual assessments were descriptive of the care they needed to lessen the risk of harm. Some examples of these included mobility and falls, going out in the local community, and supporting people who may behave in a way that presented risks to themselves or others. Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge others. The staff explained how they used distraction techniques such as one to one discussion or engaging a person in an activity. Information on how to manage situations and keep people safe was recorded in people's individual care plans.

There were enough staff to meet people's needs at the time of our inspection. Should the number of people using the service increase, the manager acknowledged that staffing levels would need to be reviewed. We observed that people received the attention and support they required throughout our visit. There were two care staff on duty throughout the day with one staff available at night on a sleep in. Staff confirmed the manager was available to provide support if required such as if there was an emergency during the night. Staffing rotas confirmed that these levels were maintained. Where individual needs directed, staff provided one to one support for people either at home or out in the community. For example, when one person had been unwell, the manager arranged for a waking night staff and we saw that staff were allocated to support one person at particular times of the day. This was confirmed by a relative who said, "The amount of staff is upped for [person's name] in the morning, as he needs more support then."

The staff records we checked showed the provider had followed safe recruitment practices which helped ensure that people were protected from unsafe care. Information held confirmed that the required pre-employment checks had been completed prior to staff working in the service. These included proof of identity, training experience and qualifications and full employment history. Criminal records checks and references were also undertaken to ensure staff were of good character and suitable for the role.

The arrangements for the management of people's medicines were safe. People received their medicines when they needed them and relatives also confirmed this was the case. One relative told us, "[name of person] does take medication – they have a good recording system, and it's also always looked at on his annual reports." Another relative said, "[name of person] is very dependent now – he's getting older, and his health needs more and more. They take good care to make sure his medication is monitored."

All medicines were stored securely. We discussed the use of individual medicine cabinets for people with the manager. They acknowledged that this would enable a more person centred approach to managing medicines. The sample of records we checked showed that people received their medicines as prescribed and these were reviewed by relevant healthcare professionals as necessary. Protocols for as required medicines were in place to guide staff when these might be needed. An 'as required' medicine protocol describes the circumstances when a person can take a certain medicine so that it can be administered safely and consistently. One protocol gave limited details about why and when the medicine should be administered and included, "when service user becomes agitated." The manager agreed to update this with further information.

There was an up to date procedure for the safe management of medicines and all staff had completed training on safe handling of medicines. The manager also completed checks with staff on their practical competency to safely administer medicines. Records showed daily checks and monthly audits had been carried out to make sure medicines had been given and recorded correctly. This helped ensure there was

accountability for any errors and to check that people received their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

Although there was a stable staff team who knew people well, we were not assured that all staff had the necessary skills and competencies to meet people's needs and carry out their role. Staff files contained certificates to show what training had been completed and when. We were provided with an overall record or matrix of staff training. This showed gaps in the provision of training in areas the service had identified as mandatory. These included moving and handling, first aid, safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards. The lack of regular training meant that staff were not up to date with the most current practice and legislation.

We asked about specialist training, as the home provided a service for people with different needs including epilepsy, autism, mental health issues and behaviours that may challenge the services they required. The training matrix and certificates held in staff files showed that staff had not completed training to support these needs for some time. The home had accessed training through the local authority in the past and the manager agreed to revisit this. He also acknowledged that training for staff was in need of improvement. Although there were plans to address these shortfalls, we found that staff training and development had not been adequately managed. There was a risk that people may not receive effective care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had monthly supervision and yearly appraisals with the registered manager. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time. Supervision records were detailed and included discussions about people using the service and feedback from staff. One member of staff told us they felt supported by the manager and confident to discuss any concerns openly.

During our inspection staff always sought people's permission before carrying out any care or support. The staff were clear about respecting people's decisions to refuse and what action to take if they were concerned about the impact on a person's health or wellbeing. People's records showed that staff respected their decisions such as not wanting to take part in activities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. The manager had assessed people's mental capacity around decision making. One example included, "Does [name of person] understand why the front door should be locked and why they need to be accompanied when out in the community?" Outcomes were recorded to show where people could make decisions. The manager had assessed if people were being deprived of their liberty and submitted applications to the local authority. For example, it was recorded that one person was "under continuous supervision and control" as it was unsafe for them to access the community unaccompanied. Records confirmed that the application had resulted in a DoLS authorisation. The manager and staff understood their responsibilities around consent and mental capacity. For example they were aware that family and other professionals must be involved in a best interests meeting if a person was unable to make a decision or consent to care and treatment. Records supported what they told us.

People were happy with the food they received and made choices about their meals. Their comments included, "The food's nice – I like the chicken curry & rice, and apple crumble. There's plenty of food" and "I go shopping to get the food for the house. I can choose my meals – I like cottage pie and I can choose fruit – apples or bananas. I like fish and chips – I can go on my own to the chippy. They know me you see." Where people wanted to shop and prepare their own snacks or drinks they were supported to do so. This was confirmed by a person using the service who also told us they enjoyed being busy and helping in the kitchen. They said, "I do the shopping, like food shopping, go to Tesco. I do the vegetables too." Some people could not communicate their choices verbally and we asked the manager to consider making the menu format more accessible to people by using pictures or photos. They agreed to review this.

We observed a staff member support one person in the kitchen. They encouraged the person to remain as independent as possible, but also kept them safe around electricity, hot water and sharp utensils. Lunch was a sociable experience; the staff member engaged in conversation with people and gave support when required.

Care plans were in place to ensure staff were aware of people's dietary needs. One relative told us, "[name of person] needs to have everything liquidised down, due to [their] health needs – the staff do this." Records reflected that staff monitored how much people ate and drank and discussions showed staff were aware of people's individual needs including any associated risks. Staff were aware of keeping close observation on weight changes and what action to take. One person had involvement from a speech and language therapist (SALT). Recommendations had been made about the consistency of food and drink required and the support needed to ensure their nutritional needs were met.

People were supported to maintain good health and access the healthcare services they needed. One person confirmed this and told us, "We go with staff to the doctor or the dentist – my key worker helps, I have a key worker you see." A relative spoke favourably about how the staff supported their family member with a hospital appointment and commented, "Staff planned it all very well. They just seem to cope." Another relative said, "When [person's name] had to go to the hospital on a daily basis, they would always accompany us – they are very good, they really care."

Care records reflected individuals' healthcare needs and people had seen other specialists where appropriate. There was information from health professionals on how to support people safely. This included guidelines for one person's ongoing health condition and assisting another person who had experienced changed mobility needs. There was correspondence which showed that the staff team worked closely with other healthcare professionals to ensure that people received the services they need. Records of all health care appointments were kept in people's files. These records detailed the reason for the visit or contact and details of any treatment required and advice given. People had personalised hospital passports

which were up to date. This contained information about how staff should communicate with the individual concerned along with medical and personal details. The document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs.

Good

Is the service caring?

Our findings

People told us that the staff treated them well and respected their choices and privacy. One person commented, "Staff are kind, I talk to [name of staff] if need anything. Staff help me." Another person said, "I can talk to them – I enjoy talking, and they will say, just take your time. That's nice."

Relatives similarly spoke positively about the conduct and attitude of staff. Their comments included, "The staff are kind and caring, the weekend staff and part time staff are very good too. They care about my [relative]" and "They do really seem to care about [name of person]. They are a small team of staff, and are genuinely fond of [my relative], and show a certain amount of love really. What more can you ask for?"

During our visit, we observed meaningful interactions, not only between staff and people, but also between the individuals themselves. When some people returned home after lunch, from their morning at the day centre, they received a warm welcome from staff, and there was friendly conversation. Some people we met were not able to tell us directly about their care experiences but we observed staff communicated effectively with individuals and responded promptly to their needs. Staff gave people time to make choices and do things at their own pace; individuals were relaxed in the company of staff.

People had opportunities to express their opinions, and to make choices about their day to day lives. A member of staff told us they held discussion meetings every week, when people could talk about activity plans, holiday choices and plan menus. A relative told us their family member was happy at Brigstock House and had chosen their room when the house first opened. They also said, "I'm very happy with it all too."

There was guidance about how people communicated and their ability to make decisions about their care and support. People's care needs, choices and preferences were recorded and written in a person centred way such as, "what I am able to do/ what I need help with" and "my likes and dislikes." The manager and staff demonstrated a good understanding of what was important to people and how they liked their care to be provided. Care records corresponded with what they told us and gave staff clear direction on how to support individuals' needs. One example outlined how it was important for a person to have space and to avoid a crowded environment. The care plan included, "Limit the number of people around [name of person] as lots of activity and noise may increase [their] anxiety."

Where individuals could not express their views verbally, staff gave examples of how they supported people who had no verbal communication to make choices. This included using pictures and showing one person food or drink items visually so the person could point out their preference. One support plan explained how staff should talk to a person if they showed signs of becoming tense and if they did not wish to talk, staff would support them to write down their concerns.

Staff wrote daily reports about people's care and support. We looked at a sample of these records which provided information about how the person had spent their day, their well-being and any other relevant events such as healthcare appointments.

Records confirmed that staff supported people to maintain relationships and social links with those that are close to them. These also showed that relatives and family representatives were invited to yearly review meetings and kept informed about any significant events. Through our discussions with staff and individuals, there was evidence that regular contact was facilitated with friends and family. A relative told us, "We ring every Monday, or he rings us." Relatives also said they were able to visit whenever they wished, and could always have a private place to chat if they wanted this.

The care records recognised people's individuality and showed how people liked things done, including details about preferred routines, interests, faith and culture. People were provided with cultural foods of their choice and supported to follow their chosen faith. Individuals' bedrooms were personalised with family photographs and other possessions that were meaningful to them or reflected their hobbies and interests.

During our inspection, people chose where they wished to spend their time. Those who could comment said staff respected their privacy. Staff understood the need to maintain people's privacy and uphold their dignity. Throughout our inspection, staff respected people's own personal space by knocking on doors and allowing them time alone if they requested it. There were posters in the dining room that recognised the importance of core values around dignity, and treating people with respect. We noted that some of the language used in the care records did not always uphold the individuality and dignity of people using the service. Examples included "absconding behaviour" and "toileting." The manager agreed to review these records.

Good

Is the service responsive?

Our findings

People and relatives we spoke with felt that the care provided was right for them. One relative gave an example where the service had responded due to deterioration in their family member's health needs. They told us, "The manager had a discussion with us and it was decided it would be better to move his bedroom downstairs."

One of the people living at Brigstock House had been keen to learn to drive, and was supported to investigate this. The same person had expressed an interest in a local college course, and the manager told us that he would take the person to have a look around, and meet the staff there. This showed that staff listened to people, and supported them to realise their future plans wherever possible.

People had lived at the home for many years. Their needs assessments provided relevant social and healthcare information and where appropriate, included information from social services that had been reviewed each year. These assessments considered all aspects of the person's life, including their strengths, hobbies, social needs, preferences, health and personal care needs and areas of independence.

People's care records provided social and personal information, which enabled staff to deliver person centred care. The plans were individualised and relevant to the person. For example we saw there was information regarding the importance for a person to access the community if they felt anxious and guidelines on how staff could support them effectively.

Staff shared examples of ways they responded to people's needs. One staff described how they supported a person who had changed mobility needs and what support another person needed to manage their health condition. We found that adjustments were made to people's care and support when necessary. Following a recent review one person was prescribed different medicines which resulted in a positive impact on their wellbeing.

Records confirmed that there were ongoing reviews of people's care needs and staff had updated them accordingly to meet individual changing needs and circumstances. Annual meetings involved the individual, relatives or other professionals involved in people's care. Additional six monthly reviews were arranged and keyworker staff met with people every month to discuss their care and support. All aspects of the person's health and social care needs were discussed at the review meetings which followed a person centred approach. One relative told us, "They involve me in review meetings too, and how they should be run – sometimes if there's too much paperwork, it can upset [name of person], so the manager and I, we decided to try to make it shorter, so it would still involve [person's name]." This showed the service was working in partnership with the family and also with external agencies to respond to people's needs.

People had a wide choice of activities that met their needs and choices. This included the opportunity to attend the provider's local day centre five days a week. People also said they enjoyed regular holidays. Their comments included, "We went to Disneyland ... Disneyland Paris – saw the parade, Mickey Mouse", "I do reading and writing, and the discussion group. I like cooking, and I've been on holiday to Butlins in the

minibus. It was good", "I like walking, I don't like being cooped up so I go out. I do puzzles; art, cycling and we go out in the minibus for outings. We went to Blackpool – saw all the lights. I liked Blackpool, but when we went to Paris, I did like it but it was quite long in the minibus" and "I do cooking and pottery – I can buy the things I need from the shops."

There was information about activities on display in the dining area. Each person had an activity planner which outlined their interests, hobbies and day to day routines. Care plans recorded what was important to people and how staff should support them with their activities in the home and local community. Staff had recorded what people did each day. These records supported what people had told us about their activities.

People were encouraged to share their views and experiences of the service by taking part in meetings and through daily discussions with staff. Meetings were held to plan the weekly menu and people were asked about the things that they would like to do such as social trips and activities. One person told us, "At the meeting we sit round – I'd say a complaint then, or tell a member of staff."

People told us they would speak to their keyworker staff or the manager if they wanted to complain about anything and were confident they would listen. One person said, "I have a key worker, and a social worker, but they seem to have left again [the social worker] – they all listen and I can talk to them. And my [relative], I can talk to him too." Another person said, "I never complain at all – it's my house, it's fine."

Family members and staff were all aware of the complaints policy and felt confident about raising any issues. One relative said that they had not felt the need to complain, but would be comfortable doing so. They said, "I don't remember ever having to raise a complaint, but I would be fine doing this. I know they would listen." Other comments from relatives included, "We don't have any concerns, but we'd just ring [the manager] if we did" and "I feel confident any complaints would be well managed."

There was a complaints procedure printed in easy read format and displayed where people using the service could see it. Records showed that the service had received no complaints in the last twelve months.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service which included records of monthly visits made by an external auditor. These visits were to monitor, check and review the service in line with the fundamental standards and regulations. Areas included looking at people's care plans, staff files, cleaning and hygiene, the environment and health and safety. Where improvements had been identified action points were recorded for each month and followed up at the next visit. However, we found they included recurrent themes and evidence that actions had not been addressed. In the latest November 2015 report, action to replace the television in the lounge and arrange for electrical testing was highlighted as outstanding from the previous visit.

The manager and staff undertook audits but some records showed there were inconsistencies in monitoring the service quality and the registered provider acting on any identified shortfalls. There was no action plan in place that would highlight any strengths and weaknesses in the service as well as planned improvements. It was also unclear how the provider developed the service based upon the views of people using the service, their relatives and other stakeholders involved with the home.

We therefore found that governance systems needed improving to ensure that people's needs were being met and that the service was operating effectively. The provider had also not identified the shortfalls we found during this inspection. For example, staff training was out of date and needed updating; however this had not been actioned.

Some people's records were not always up to date to enable staff to meet their needs effectively. In one person's file, we found conflicting information had been recorded about the management of the person's behaviour. There were gaps on another person's monthly weight chart and no record about the action taken. Another person's file contained guidelines that had not been reviewed since 2010. We found other historical information kept in people's files and the manager acknowledged that staff could read information that was no longer relevant or accurate. They also agreed that people's care records needed checking more frequently.

Accidents and incidents were recorded although the detail within the individual reports varied and did not always provide relevant information about actions taken. For example, we were not always able to see where an investigation had taken place or where a review of a person's care had occurred as a result. Not all the reports had been reviewed by the manager. This would have identified any triggers, patterns or trends so people's risk assessments and the care provided to them could be amended and reviewed accordingly. The manager agreed to review all accident and incident reports to check appropriate action had been taken. We also discussed the use of body map charts to record any injuries people sustained.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. This is

so we can track and monitor whether the service has made the correct choices when dealing with events that could have put people at risk from harm. We found that one person had a DoLS authorisation in place that CQC had not been informed about. We discussed these statutory notifications with the registered manager as it is a requirement that these incidents are reported. The failure to notify CQC of important events which affect people's health, safety and welfare was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had worked in the service since 2011 and demonstrated knowledge and understanding of people's needs. People told us they felt involved in how the service was run and that their views were respected. Throughout our visit, people were comfortable talking to staff and the manager who all took time to answer their individual requests for advice or support. One person told us, "[name of manager] is nearly always here – I can talk to him, I can tell him things." Another person commented, "Staff have good ideas – about my puzzles." Relatives also spoke positively about the way the home was managed. One relative said, "Yes, I would say that the care and leadership is of a high quality – the manager has a very hands on approach." Another relative told us, "Staff planned it all very well (when person went to hospital). They just seem to cope."

People using the service and relatives were provided with quality assurance surveys every year. Findings from the 2015 surveys showed that people were satisfied with the care and support they received. Six out of six relatives had completed questionnaires and gave positive responses. For example, all agreed that staff were 'always' polite and courteous and that the home was 'always' clean and tidy. The relatives also confirmed that they felt involved in people's care and that they received a newsletter about the home.

Comments made by the staff showed that the manager led the team effectively and kept them well informed about the service and any developments. Staff told us they could voice their opinion freely and felt they were listened to. They said the manager was very approachable and involved in the day to day running of the home. Examples included, "[name of manager] is very supportive, and one of the best managers I've ever worked with. They gave us a questionnaire recently to get our feedback" and "I have worked here just about a year now – it is a good place to work, and a nice small team. We work together well and have good handovers from shifts. Everyone is very kind." New staff were given a feedback questionnaire after they started working in the home. One example included, "I was made to feel at ease and very comfortable." Staff were aware of the whistleblowing procedure. One staff member told us they felt fully supported by the manager and by the organisation as a whole. They said, "I know if there was anything I see that is not right, I need to report immediately to [registered manager]. I know about reporting on."

The registered manager ensured his own personal knowledge and skills were up to date. He had attended learning events and kept up to date with best practice. This included attendance at forums and training courses run by the local authority. We saw that policies had been reviewed in line with updated legislation around mental capacity and best practice for medicines management. There were monthly meetings for staff to share their views and keep updated about people's individual needs and matters that affected the service. We looked at some staff meeting minutes which were clear and focused on people's needs and the day-to-day running of the home. Staff also shared information through a communication book and shift handovers.

The manager was open and honest during the inspection and acknowledged he did not have all the procedures or monitoring systems in place to ensure that people were well cared for and safe. During our inspection, they were cooperative and welcomed any advice or guidance we gave. They recognised that further work was needed to meet the fundamental standards of quality and safety.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents People cannot be confident that important events which affect their health, safety and welfare will be appropriately reported to us.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Appropriate standards of cleanliness and hygiene were not being maintained in the premises. Regulation 15(1)(a) The registered person had not ensured that the premises were properly maintained. Regulation 15 (1)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided to people. Systems were not used effectively to evaluate and improve practice. Regulation 17(1)&(2)(a)&(f) Records of care and treatment provided to people were not consistently accurate or complete. Regulation 17 (2)(c).

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

People did not receive care and support from staff that were appropriately trained to effectively carry out their role. Regulation 18 (2)(a)