

Stephen Oldale and Susan Leigh

Lockermarsh Residential Home

Inspection report

36 Ellison street
Thorne
Doncaster
South Yorkshire
DN8 5LH
Tel: 01405 740777
Website: None

Date of inspection visit: 3 December 2014
Date of publication: 27/02/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 3 December 2014 and was unannounced. The home was previously inspected in July 2014 when we found breaches of Regulations 9, 10, 12, 13 and 14 of the Health and Social Care Act 2008 (Regulated Activities) 2010. We found at our inspection in July 2014 that people's care and nutritional needs were not met, appropriate medication procedures were not followed, the home was not kept clean and the systems

for monitoring the quality of the service were not completed. Following that inspection the registered manager sent us an action plan to tell us what improvements they were going to make.

Lockermarsh Residential Home is a care home providing accommodation for older people who require personal

Summary of findings

care. It also accommodates people who have a diagnosis of dementia. It can accommodate up to 24 people over two floors. The floors are accessed by a passenger lift. The service is situated in Thorne north of Doncaster.

At the time of our inspection there were 19 people living in the home. Eighteen people were in the home and one person was in hospital. People and relatives we spoke with were generally happy with the service and praised the staff very highly.

The home has a registered manager. 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.

During this inspection we looked to see if improvements had been made since our last inspection in July 2014. We found most of the breaches were now being met. However, there were still some minor improvements required in Regulation 13, in relation to medication protocols for administering medication that was prescribed, as and when required, for example pain relief. We also identified that the registered manager had made significant improvements in regard to regulation 10 assessing and monitoring the quality of service provision. However they had not always identified risks. We found this did not have a negative impact on people using the service. The registered manager was aware that continued improvements were required and was committed to ensuring these were implemented.

We also identified two further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that people's care records did not always fully reflect the care they required although we saw these people received the care they required as staff knew them well. We also found that some staff did not understand the legal requirements of the Mental Capacity Act (2005) Code of Practice although we did see that training for staff was planned. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive people of, or restrict their liberty. For one person we observed that they may have been deprived of their liberty. This had not been considered by the registered manager however after our inspection we received confirmation that an application had been submitted to the supervisory body.

Although people's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well, we found some care records were not fully up to date. The registered manager told us they had identified that care records required further improvement and intended to implement new care files, which they told us would ensure people's needs were identified and that staff followed them.

The registered manager had implemented some new systems for monitoring people's needs but we found these were not fully completed by staff. The registered manager also told us more new monitoring systems were being implemented in January 2015.

The registered manager had commenced monitoring the quality of the service, and had identified there was improvement required. For example infection control had improved significantly since our last inspection.

There were effective systems in place to make sure people were kept safe. Staff had a good knowledge about safeguarding people from abuse and neglect, and up to date risk assessments were in place. Staff were recruited safely and all staff had completed an induction. Staff had received formal supervision although this was due again at the time of our visit. Staff had an up to date annual appraisal.

The registered manager told us they had received no formal complaints since our last inspection, but was aware of how to respond if required. People we spoke with did not raise any complaints or concerns about living at the home. Relatives we spoke with told us they were very happy with the care provided and had no concerns to raise.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Management of medicines had improved since our last inspection; however we found areas where improvement was still required. There were no written guidelines to help staff assess when each individual should be offered medicines that were prescribed as and when required. Controlled drug records were also not recorded accurately.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. Individual risks had been assessed and identified as part of the support and care planning process. However these were not always up to date.

There were enough skilled and experienced staff to meet people's care needs. We saw when people needed support or assistance in relation to personal care from staff there was always a member of staff available to give this support. However there were not always enough staff to provide social activities for people.

Requires Improvement



Is the service effective?

The service was not always effective.

Mental capacity assessments and best interest meetings did not always take place in line with the Mental Capacity Act 2005. We identified a person who may have been deprived of their liberty. This had not been considered by the registered manager.

People's nutritional needs were met. The food we saw was well presented and ensured a well-balanced diet for people living in the home. People told us they liked the food and we saw a choice was offered. However, the menus we saw were not always varied there was a lot of mince either in cottage pie, in pastry or mince and onions.

The environment was being improved to ensure best practice guidance was followed for people living with dementia.

Requires Improvement



Is the service caring?

The service was caring

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Relatives we spoke with told us the service was good, that staff were kind, considerate and respected people.

Good



Summary of findings

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

The service was not always responsive

People's health, care and support needs were assessed and reviewed. However, we found the support plans did not always reflect the person's changing needs, preferences or choices. We found staff were knowledgeable on people's needs however these were not always documented or up to date in their plans of care.

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. However, this was not on display for people to access. We also found some complaints were inadequately recorded.

There were regular residents and relative meeting to ensure good communication and sharing of information. This gave opportunity for people and their relative's to raise any issues.

Requires Improvement



Is the service well-led?

The service was not always well-led.

There was a registered manager in post.

The manager had improved systems for monitoring quality and had implemented some new documentation at the time of our inspection and others were due to commence in January 2015. These would ensure systems were effective. However these new systems were not embedded into practice. We saw some staff had not always completed them properly. Staff told us they were due to have training on the new systems but this had not happened yet.

Regular staff meetings were held to ensure good communication of any changes or new systems; they also gave staff opportunity to raise any issues. Satisfaction surveys were used to obtain people's views on the service and the support they received.

Requires Improvement



Lockermarsh Residential 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 on 3 December 2014 and was unannounced. The inspection team was made up of an adult social care inspector and a pharmacy inspector.

As part of this inspection we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. This was because this inspection was bought forward due to the non-compliance at our last inspection. The PIR is the provider's own assessment of how they meet the five key questions and how they plan to improve their service.

We spoke with the local authority, commissioners, safeguarding teams and Doncaster Clinical Commissioning Group. The local authority officer told us they previously had concerns regarding the service. These were regarding medicine management, infection control and meeting people's needs. The officer told us they had seen considerable improvements particularly in medicine management and infection control.

We spent some time observing care in the dining room to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We looked at documents and records that related to people's care. We looked at three people's support plans. We spoke with six people who used the service and seven relatives.

During our inspection we also spoke with six members of care staff, the deputy manager and the manager. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

At our previous inspection in July 2014 the service was in breach of regulation 12 cleanliness and infection control and regulation 13 management of medicines. At this visit we found that infection control and the environment had greatly improved. We found the standards of cleanliness were maintained to a good standard throughout the home and areas of the home had been redecorated. This included bedrooms, dining room, corridors and the entrance area. The registered manager also told us further improvements were planned for the environment and they had an action plan in place to ensure the works continued. Management of medicines had greatly improved but there were still some areas that required further improvement.

People who used the service said they felt safe. One person said, "I like it here the staff are lovely." One relative told us, "They (my relative) are kept safe." Relatives told us they had no concerns about the way their family members were treated.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for 18 people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received and disposed of. The temperature of the medicine refrigerator was checked and recorded each day but minimum and maximum readings were not monitored. This meant that staff would be unaware of any large fluctuations in refrigerator temperature that might adversely affect the medicines inside.

The registered manager had reviewed and improved its system for managing medicines since our last inspection in July 2014. The use of medicines (excluding medicines that are controlled drugs) was audited fortnightly, and concerns identified were acted upon. We found that the audits were detailed and effective.

Our pharmacist inspector looked at the medicine records for all 18 people living at the home. With one exception, handwritten entries on medicine charts were signed by the registered manager. Records of whether people had

received their medicines were all complete. One person's medicine was out of stock and consequently not administered for the past three days. This person had not suffered harm as a consequence.

When we observed people being given their medicines we saw that one person did not receive a medicine at the time prescribed. This meant the medicine would be less effective. The pharmacist inspector also saw that three people prescribed a mild painkiller 'when required' were given this medicine routinely. There were no written guidelines (protocols) to help staff assess when each individual should be offered this medicine. This meant that people could receive medicines they did not need.

Controlled drugs (CDs) these are drugs which are liable to abuse and misuse and are controlled by misuse of drugs legislation were stored safely. However records in the CD register were incomplete and staff did not carry out and record regular stock checks. These omissions increased the risk of mishandling or misuse. We discussed this with the registered manager who agreed to address this immediately. They confirmed by telephone the following day that the CD records had been accurately recorded. Staff who completed the CD register had been spoken with, to explain the correct procedures to follow. The registered manager also told us that CD checks would be incorporated in the audits this ensured any shortfalls would be identified and rectified.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had safeguarding policies and procedures in place to guide practice. Staff we spoke with were knowledgeable on procedures to follow. Staff also knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

We looked at training records with regard to the protection of vulnerable adults and we found staff had received safeguarding of vulnerable adults training.

With regard to the number of staff on duty, most people who used the service and relatives we spoke with said there were sufficient staff on duty to meet people's care needs. The registered manager showed us the staff duty

Is the service safe?

rotas and explained how staff were allocated on each shift. Staffing levels were determined by dependency levels of people who used the service. We saw there was enough care staff to meet the needs of people.

We found the recruitment procedures ensured the required employment checks were undertaken. The registered manager told us that staff did not commence work with people who used the service until references had been received and they had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of three staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files confirmed that the required checks had been carried out prior to commencement of employment at the service. We found all staff had completed an induction and staff had received formal supervision. Although this was due again at the time of our visit. Staff had an up to date annual appraisal.

Any accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked for to identify if any systems could be put in place to eliminate the risk. For example people who had sustained high levels of falls had been identified and appropriate referrals made.

Before our inspection, we asked the local authority commissioners for their opinion of the service. The local authority officer told us they previously had concerns regarding the service. These were regarding medicine management, infection control and meeting people's needs. The officer told us they had seen considerable improvements particularly in medicine management and infection control. They said they were continuing to monitor the service as some improvements were still required in records and documentation of peoples care needs. However, they said they were confident the manager would address this.

Is the service effective?

Our findings

At our last inspection July 2014 we found a breach of regulation 14 meeting nutritional needs. At this visit we found the service had met the requirements of the regulation. However there were still improvements that could be made in relation to meal times, which the registered manager was aware of and told us they intended to continue to improve the meal time experience for people.

The registered manager told us staff were scheduled to undertake Mental Capacity Act and Deprivation of Liberty Safeguards training. Four care staff who were not able to describe their understanding of the MCA confirmed to us they were booked to undertake this training. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves. It also ensures that any decisions are made in people's best interests.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so. As Lockermarsh Residential Home is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

The registered manager was aware of the new guidance regarding DoLS and was in the process of reviewing people who used the service to ensure any further DoLS application were required to be made. During our inspection we identified a person who was under continuous supervision and control to ensure they did not get out of the building. We saw this person at a certain time of the day put on their hat and coat and continually went to doors and tried to get out. We also saw documented in daily notes that on a number of occasions they had been found climbing over the wall, trying to get out of the gate and had on one occasion absconded. The registered manager or staff had not considered if this person's liberty was being restricted and if a DoLS application should be made. We discussed this with the registered manager who assured us this would be completed. After our inspection we received confirmation that an application had been submitted to the supervisory body.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Staff said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included moving and handling, infection control, fire safety, safeguarding of vulnerable adults and medicine management. The training record we saw showed staff were up to date with the mandatory training required by the provider. We saw evidence staff received one to one supervision meetings with their manager had taken place and all staff had an up to date, annual appraisal of their work performance.

During lunch. We observed people were asked their choice of meal; it was savoury mince pie, potatoes and vegetables or quiche and salad. People enjoyed the food. However, the service was very slow. Staff went to the kitchen to fetch the meal and brought one at a time into the dining room. This meant some people waited a while for their food when others had been served. We saw staff at the same time trying to offer assistance to people to eat their meal, which then meant less staff were serving the meals. People waited long periods between the main meal and the pudding. We saw some people did not wait for the pudding and left the table. The serving of the meal was task orientated and did not provide a pleasant experience. However, when staff sat with people to give assistance this was given with sensitivity and people were able to eat at their own pace with positive interactions from staff. We discussed the slowness of the meal service with the registered manager who agreed to review how meals were served to ensure all people's needs could be met.

When we looked at the menus displayed for people to read we saw this had not been followed on the day of our inspection. The meal recorded on the menu was not served. When we checked records this was the case on a number of days. This meant people did not always know what was for lunch. We also identified when we looked at the records that food was not always varied as there was a lot of mince either in cottage pie, in pastry or mince and onions. The registered manager agreed to review this with the cook's to ensure the planned menus were followed so that people have variety in the meals they ate.

There were no pictures displayed on the board for people to see which could make it difficult for people living with dementia to make a choice of what meal they preferred. We

Is the service effective?

also saw food was served on white plates. Best practice guidance, for example the 'EHE Environmental Assessment Tool' from Kings fund 2014, suggests that food and drinks should be presented on coloured plates so that it is appears more appealing to people living with dementia.

The registered manager had taken into consideration the environment for people living with dementia and had

commenced improvements to ensure it was conducive for people living with dementia. For example, the walls had been painted different colours to bedroom doors and bathrooms so people were able to differentiate between them.

Is the service caring?

Our findings

We observed positive interactions with people and staff talking and laughing. Every person who used the service and their relatives we spoke with praised the care staff and said that the staff were 'Very good'. One relative told us, "The staff work very hard and are always very helpful." Another said, "The staff fully understand my relatives needs and respond very quickly when they are poorly."

The care workers we observed always asked the people if it was alright to assist with care needs before they did anything. For example, we saw staff ask people before they helped with their meal and we also observed staff knock on people's bedroom doors before entering. Staff also knew what they were doing to meet people's needs at a basic level; they understood the need to maintain personal hygiene and continence needs. We also saw staff treated people with respect and patience.

We saw that staff addressed people with kindness, and understood their needs well. During our observations we saw that most staff took the time to listen to people and try to understand their needs. For example, one person refused any food at lunchtime, staff told us they were

always like this and it took gentle encouragement to get them to eat their meal. We saw staff kept going back to this person giving encouragement in a way that they responded to, the person did then eat some of their meal.

Staff said staff knew people's needs and this was communicated to new staff. A new member of staff we spoke with was able to explain people needs and how to meet them; they said this was explained to them by an experienced member of staff.

We spoke with relatives who said, "The staff always let me know immediately if my relative has been unwell. The staff have to be very vigilant to pick up complications of my relative's illness, which they are always able to do. I cannot fault the care."

We asked the registered manager if the service had dignity champions to ensure people were respected and had their rights and wishes considered. They told us there were champions but more work was required and some training as they felt staff did not fully understand the role.

We saw people had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

Is the service responsive?

Our findings

At our previous inspection in July 2014 the service was in breach of regulation 9 care and welfare. At this visit we found people's needs were understood by staff and their needs were met. However we found a breach in regulation 20 records. People's documented care records did not reflect their current needs that were being delivered by staff.

Family members said they were welcome at the home at any time during the day or evening. One relative told us, "The staff are very good they always respond to my relative's needs, and have in the past called an ambulance when required and always let us know of any issues."

Another relative said, "They have made my relative feel very welcome when they came to live here and help them to understand why they have to live here for their safety, they seem very happy here. It is me that finds it difficult, but staff help me with that."

Relatives also told us there were not always enough activities or stimulation provided for people. Relatives said they, (the people) mostly watched television. We also found some people were cared for in bed and received very little stimulation apart from personal care, this meant they could be isolated. The staff we spoke with also told us there was lack of activities for people. One care worker told us they had asked to go on a course to help them understand appropriate activities for people living with dementia, but this had not been arranged. The registered manager had identified that more activities should be organised to ensure all people's social needs could be met they agreed they would discuss this with the registered provider.

We looked at three people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. However, these were out of date and did not always reflect people's changing needs. We also found care needs were often duplicated. For example, a plan for moving and handling and one for pressure relief which both detailed how to move the person safely. This made it difficult to follow and review. We saw care needs were reviewed but each entry stated, 'care need remains' and did not detail the changes in the person care. One person had lost weight each month from May to September 2014, this had not been identified in the review to ensure any

action required was taken to prevent further weight loss. This did not have an impact on the person as we saw food charts were in place and the person's intake was being monitored.

We also found one plan of care had not been fully completed for a person who was new to the service. The records we saw did not ensure people were protected against the risks of unsafe care as they did not include appropriate information in relation to care and treatment. For example, one person's continence care plan stated they asked when to go to the toilet. When we spoke with staff and looked at the daily records the person had deteriorated and was incontinent. This had not been updated in their care plan. This did not have an impact as the person's continence needs were met; it was the documentation that had not been updated to reflect the person's changed needs.

Care plans we looked at showed individual risks had been assessed and identified as part of the support and care planning process. However we saw these were not always up to date. The care delivered met the person's needs but the documentation did not reflect this. For example one person had been identified as at high risk of falls. We found this person had been provided a specialist chair to help prevent risk of falls while seated; this had not been documented in their plan of care.

We saw that when people were at risk, health care professional advice was obtained and the relevant referrals made. For example, we saw a referral to the speech and language therapist (SALT) had been made for one person. However this information was not documented in the person's care plan and it had not been updated following the referral with any advice received from the SALT. The staff we spoke with were aware of the advice given and what the person's needs were so was not having an impact on the person. This was not documented in the person's plan of care. However it could mean the person's needs may not be met as necessary instructions which should be in the care plan had not been completed.

We looked at people's care files to see if they were individualised and personalised. We found they did not always reflect people's choices, wishes or decisions and did not show involvement of the person. Staff were aware of people's wishes and choices, we also observed staff ask people their choices and supported them to make decisions. The documentation did reflect this.

Is the service responsive?

The registered manager had identified people at risk of poor nutritional intake and these people's nutrition was being monitored. There were food and fluid charts in place however these were not being completed properly. We found that the amounts were not being recorded and the total calorie intake each day was not recorded so could not be reviewed to determine if people were receiving adequate nutrition. The registered manager was aware of this and had arranged training for staff to be able to complete the charts correctly and for staff to understand how to review and determine if someone was at risk.

The registered manager acknowledged the plans needed work and had identified a new format. They said they had discussed this with the registered provider to implement the new system they had identified, which they said would ensure all people's needs were updated with clear instructions on how to meet people's needs. This would also include some training for staff to be able to complete the required documentation. This was to be implemented in January 2015.

The staff we spoke with told us the care plans were not easy to use and they contained information that was not always relevant and did not always have sufficient information. They told us they verbally communicated any changes to people's needs to ensure they were met. Staff had not yet been shown the new documentation to be introduced by the registered manager but welcomed changes, to make the plans easier to use and follow.

We looked at people's care plans and found these did not always evidence people were involved in making decisions about their care or that staff took account of their individual needs and preferences. We saw the life history and likes and dislikes were not always completed or

documented in people's plans of care. One relative we spoke with told us they visited every day but they had not been asked to get involved in their relative's care plan to give information to staff. When we spoke to the person they said they would like their relative to be involved. We found this person's care plan was not completed. Staff we spoke with were aware of people's likes and dislikes and we saw staff involve people in making decisions regarding their care, however these were not always documented in people's plans of care.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. However, this was not displayed for people to access. They also told us they had received no formal complaints since our last inspection. The registered manager had dealt with a number of minor concerns and relatives told us they had raised issues that had been dealt with, but no record had been kept of the concerns, or of any action taken and outcomes.

People who used the service and their visitors we spoke with all told us should a GP be required, a visit would be requested by staff. Relatives told us that if their family member had a fall or some other untoward occurrence, staff from the home telephoned them immediately.

There were regular relatives meetings, however the registered manager told us these were not always well attended, but still went ahead. Relatives we spoke with told us if they had any issues they would raise them immediately with staff or the manager. They said if they had done this, their concerns had always been dealt with.

Is the service well-led?

Our findings

At the time of our inspection the service had a Registered Manager who had been registered with the Care Quality Commission since 2007.

At our previous inspection in July 2014 we found a breach of regulation 10 assessing and monitoring the quality of service provision. At this visit there were systems in place to monitor and improve the quality of the service provided. The registered manager showed us daily, weekly and monthly audits which she had been introducing since our inspection in July 2014. The medication and infection control quality monitoring had been implemented. However others had not fully commenced as staff were being trained on how to complete them. The systems also then needed to be embedded into practice

Audits we saw included environment, infection control, medication and care plans. We found the infection control and environmental audit was well organised and covered all areas of the service. We found the standards of cleanliness had improved and the environment was being redecorated at the time of this visit. There was an environmental action plan that was being followed to ensure all the identified works were completed. We also found the medicines were audited on a regular basis, and concerns identified were acted upon. However some issues were identified by the pharmacy inspector that had not been picked up by the monitoring systems.

The care plan audit had identified the need to improve the plans of care and related documentation although this had not been started at our visit. The registered manager assured us this would be commenced in January 2015.

The registered manager also told that a health and safety visit by the local authority had identified that a number of checks were required. These included, gas safety, fire and hard wiring certificate. They told us these had been

arranged and we were given the dates of these checks. However the registered manager or registered provider had not identified that these were out of date prior to the health and safety visit.

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

The staff members we spoke with said communication with the registered manager and deputy manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. Observations of interactions between the registered manager, deputy manager and staff showed they were inclusive and positive.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. The registered manager told us these were due to be sent out at the time of our inspection. We saw they had been sent out the previous year and the responses had been very positive. People had praised the care staff and had said the care provided was good.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff we spoke with were also aware of whistleblowing procedures. They told us if they felt the managers were not responding appropriately to any allegations they would not hesitate to whistle blow to ensure people were protected. However staff also told us the managers listened to any concerns they raised and had always responded appropriately.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of these. They gave staff opportunity to raise any issues and provide an arena to share information. Staff said if they were unable to attend the meeting there was always minutes available so they could see what was discussed.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected from the risks of unsafe or inappropriate care and treatment as there was not up to date accurate records in respect of each service user in relation to care and treatment provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People did not receive care or treatment in accordance with their best interests. The Mental Capacity Act 2005 was not always followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected fully against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People were not always protected against the risk of inappropriate care and treatment as the provider had not identified risks relating to the health, welfare and safety of people who used the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.