

Eagle Care Homes Limited

Highfield Manor Care Home

Inspection report

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Heywood
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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Highfield Manor Care Home is a large detached house situated close to the centre of Heywood. The service is registered to provide accommodation and personal care for up to 38 people living with dementia. All bedrooms are single and have en-suite facilities. The home is close to public transport and local amenities. There is also ample car parking to the front of the home.

This was an unannounced inspection carried out on the 11 February 2015. At the time of our inspection there were 30 people living at the home.

The home had a manager who was registered with the Care Quality Commission. 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.

We last inspected the home in August 2014 due to information of concern we had received about the care people received. We found the provider was in breach of

Summary of findings

regulations we reviewed at that time. The provider sent us an action plan telling us what they intended to do make the improvements needed. During this inspection we checked to see if the relevant regulations were now met. Improvements in relation to consent and accurate records remain outstanding.

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

At this inspection we spent time observing care and support in communal areas, spoke to people, their visitors and staff, and looked at care and management records.

People had not been consulted or consented to their care and support, where able. Staff were not provided with clear information about how people were to be cared for, particularly where they had been deprived of their liberty so that people were protected against unsafe or inappropriate care.

People were supported by adequate numbers of staff who had been safely recruited. However they had not received training in the specific needs of people to help ensure they were safely and effectively supported.

Effective systems were not in place for the recording and handling of medicines so that people received them as prescribed ensuring their health and well-being was maintained.

People spoke positively about the care and support they received and felt able to discuss any concerns with the registered manager and staff. However suitable arrangements were not in place for the recording and reporting of complaints to show that people's concerns were taken seriously and acted upon.

We saw systems were not in place to monitor, review and assess the quality of service so that people were protected from the risks of unsafe or inappropriate care. CQC had also not been formally notified of any accidents or incidents involving people, as required by law, to show that people were protected from unsafe care and support.

People and their relatives told us that staff supported them in a kind and dignified manner. Opportunities to participate in activities in and outside the home were limited. **We have made a recommendation about the type of opportunities made available to people to promote their well-being and encourage their independence.**

People were offered adequate food and drink throughout the day. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe. All areas of the home were clean, well maintained and accessible; making it a safe environment for people to live and work in.

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. Suitable arrangements were not in place with regards to the safe management and administration of people's prescribed medicines.

Staff we spoke with knew how to keep people safe from abuse. Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

Sufficient numbers of staff were available to support people in a clean and hygienic environment so that they were kept safe.

Requires improvement



Is the service effective?

The service was not effective. People living at Highfield Manor were not always involved and consulted with on decisions about how their care and support would be provided. Systems where people were being deprived of the liberty needed improving so that people were protected.

People living in the home were supported by staff that had not received all necessary training to carry out their role.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed at nutritional risk.

Requires improvement



Is the service caring?

The service was caring. People told us that staff provided the care and support they needed. Staff were said to be kind, caring and respectful of people.

Relatives told us that staff considered people's privacy and dignity when offering support.

Individual care records were in place. These showed that people had access to relevant health care professionals so that their health and well-being was maintained.

Good



Is the service responsive?

The service was not always responsive. People's care records were not always accurate or up to date to clearly guide staff in the safe delivery of people's care.

We saw a choice of activities and outings were offered as part of people's daily routine. These could be enhanced so that more meaningful activities were provided to help promote their health and mental wellbeing.

Effective systems were not in place for reporting and responding to people's complaints and concerns.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led. The service had a manager who was registered with the Care Quality Commission (CQC).

The registered manager had not notified the CQC as required by legislation of any accidents or incidents, which occurred at the home.

We saw systems were not in place to monitor, review and assess the quality of service so that people were protected from the risks of unsafe or inappropriate care and support.

Requires improvement



Highfield Manor 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 was an unannounced inspection and took place on the 11 February 2015. The inspection team comprised of two adult social care inspectors 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 expert by experience who joined the inspection had experience of services that supported older people and provided care for people living with dementia.

During the inspection we spent time speaking with eleven people who used the service, however not all of them were able to tell us about their experiences. We also spoke with six visitors, five care staff as well as kitchen staff. We also spoke with the registered manager and area manager.

As some of the people living at Highfield Manor were not able to clearly tell us about their experiences, we used the Short Observational 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. We also looked at five people's care records, three staff recruitment files and training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning and safeguarding teams to seek their views about the service. We were not made aware of any further concerns about people's care and support. We also considered information we held about the service. This included the Provider Information Return (PIR), which was received prior to this inspection. 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.

Is the service safe?

Our findings

We looked at people's care and support to see if their needs were being met safely. We did this by speaking with people, talking with their visitors, looking at their care records, reviewing how medicines were managed and observing how staff interacted with people who used the service. People we spoke with told us, "I feel safe in here. If anybody causes me trouble I can sort them out" and "I've been here a long, long time. I feel safe here because there are always people around."

The relatives of four people told us that they felt their family member was safe living at Highfield Manor. One relative said, "[my relative] is safe here. The doors are locked and security coded so she can't get outside. I'm happy that her bedroom door is locked, she doesn't have a key and wouldn't know how to use one." Other comments included, "[my relative] has been here about 18 months. I only spend about half an hour here each day but I feel she is safe", "[my relative] is safe, some days she can do things like walking and some days she can't. I worried that she might fall, now her mobility is much less I think she is safer now" and "[my relative] is as safe as possible. She's had falls and the staff keep in touch with me about what is happening."

We looked at how people were supported with the management and administration of their medicines. Policies and procedures were in place to guide staff. On one person's records we saw that advice had been sought from the GP with regards to covert medicines. The team leader said that no one was currently receiving their medication covertly. We saw the home had a policy and procedure in place to guide staff on the administration of covert medication.

We saw a team leader giving out morning medication. We observed them with one person, spending time explaining what they had been given to take. The team leader was patient and made sure that the medicine had been taken. We were told that only team leaders were able to administer people's medication and that training was provided. One team leader we spoke with told us they had previously done a distance learning course, and more recently e-learning training. Records showed that only three of the 13 staff identified to give out medicines had updated their training in the last 12 months. Five of these staff were to complete training as part of their induction.

We looked at the medication administration records (MARs) for six people. We saw codes had been used where medicines had not been administered due to people being asleep or 'out of stock'. On one record there were unexplained gaps. Three people's records showed that some items were 'out of stock' and therefore not given. However on checking stocks we found items were available for two people. The MAR for another person had been wrongly completed with regard to the date medicines commenced and therefore the dates of administration were inaccurate. We asked if information was available to guide staff where people required PRN (when required) medicines, such as pain relief. We were told this was not available.

We found the provider did not have suitable arrangements in place with regards to the safe management and administration of people's prescribed medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the people we spoke with were aware they had been prescribed medicines by their GP. Two people told us, "I'm on a bucketful of pills. I've got diabetes, I take about 10 pills at least each day but they keep me going" and "I take the tablets the staff give me". One of the relatives we spoke with was confident their family member received the medicines they needed. They said, "[my relative] gets her medication at the right times and has regular visits from a doctor".

We saw clear policies and procedures were in place to guide staff on safeguarding adults. The registered manager told us they had completed a safeguarding training course with the local authority in 2013. This enabled them to facilitate training to the team. Two staff we spoke with said they had received training in safeguarding adults however this was some time ago and that they were probably due refresher training. One staff member was unable to recall if they had completed this training. Training records showed all staff had completed training, or were completing the course as part of the induction programme for new staff. All three staff we spoke with were aware of the different types of abuse and described the action they would take to keep people safe from harm. Staff said they were aware of outside agencies which they could contact if they needed to.

Is the service safe?

Three people we spoke with had no concerns about the levels of staff to support them. People told us, “I’m quite happy here. There are plenty of staff. We don’t wait a long time for things. There’s staff coming in and out all the time”, “I think there’s enough staff”, “So far it seems all right, there’s always enough staff coming and going.” One person said, “The staff are good with me, I like them all. The girls work very hard. They need some more people to help them”. Four of the relatives we spoke with said at times the home seemed understaffed and that staff were rushed. They told us, “Staff do walk round regularly but because of the layout and number of rooms it might be a problem supervising all areas” and “Staffing levels change, some days they have enough staff and others they seem pushed”, “I think there’s enough staff, it varies how many are on duty” and “Staffing is adequate, I’d like more staff. They have a high workload.”

We asked staff about staffing arrangements within the home. Staff said, “We get the time to sit with people. Staffing levels have improved and morale is better”, “We don’t use agency staff, cover things ourselves”, “Sometimes we have an additional person on shift from 8am until 1pm. Seems to be too many on shift sometimes but on other days the 8-1 is necessary, and “I feel there are enough staff on, a senior plus three care staff is plenty.” An examination of staff rotas confirmed what we had been told. The registered manager and area manager told us that they regularly discussed and reviewed staffing levels to make sure sufficient numbers of staff were available to meet people’s needs safely. Throughout the day we observed staff and people who used the service in each of the communal areas on the ground floor.

The registered manager and area manager acknowledge during our inspection in August 2014 that additional recruitment was needed to fill vacancies across the service. Since then there had been five new care staff appointed. We looked at the recruitment files for three new staff. Information held confirmed that the required pre-employment checks had been undertaken prior to confirming staff were suitable to work with older people.

The care records we looked at showed that risks to people’s health and well-being had been identified, assessed and planned for. These assessments help to reduce or eliminate the risk of. One staff member told us they would inform the team leader if they had any concerns about anyone. They said the registered manager completed risk assessments and risks were communicated to staff ‘by word of mouth’.

During this inspection looked around the home including some bedrooms, communal toilets and bathrooms and spent some time in all communal areas of the home. We found the environment was well maintained and saw documentation which indicated that regular checks were carried out to the fire alarm system, means of escape, emergency lighting and water temperatures. This ensured people were kept safe in a suitably maintained environment. The provider employed maintenance staff that carried out any work required. During the inspection we saw them carrying out a deep clean of several carpets within the home and checks to fire doors.

Prior to our inspection we had been made aware by the local authority infection control team that an inspection had been completed in April 2014 in relation to hygiene standards and systems to minimise the risks of cross infection. The service was assessed as 50% compliant. When a reassessment was carried out in October 2014, improvements had been made and the home was rated as 83% compliant. The registered manager told us that a further monitoring by the team was to be carried out in March 2015. They were confident all outstanding areas of improvement had been addressed.

We spent time looking around the home. On entering we found there was no malodour. Hand washing facilities were provided in all areas where personal care was provided. Sufficient personal protective clothing (PPE), such as aprons and gloves were available. Suitable arrangements were in place for the disposal and management of soiled waste and laundry. This helped to minimise the risks of cross infection. We saw that relevant policies and procedures were in place to guide staff and training records showed that 13 of the 29 staff had received further training in infection control procedures in 2014.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor how care homes operate the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us that three people were subject to a DoLS authorisation. We found one of the authorisations had been wrongly dated by the supervisory body (local authority) and had therefore expired. We brought this to the manager's attention, who was unaware of the error. The registered manager contacted the supervisory body during the inspection to request an amended record.

The registered manager said they were aware of a recent court ruling, which needed to be taken into account when considering if an application to deprive a person of their liberty was required. The registered manager said they had spoken with the supervisory body and were awaiting further guidance as to whether further applications needed to be made.

A review of the authorisations showed that people required additional support to keep them safe, such as, hourly observations, additional supervision at meal times, the use of distraction techniques and 'dangerous' items were to be stored away. We looked at people's care records to see if this information had been incorporated into their care plan. We found there were no plans in place to reflect the authorisation and direct staff on how people were to be cared for safely.

We looked at staff training records. These showed only four staff had completed training in MCA and DoLS. One staff member we spoke with confirmed they had done the training and were aware of the principles of MCA and DoLS. They told us, "DoLS, keeps people safe" and "We have to keep an eye on [person living at the home] all the time. We always like to know where they are."

On people's care records we saw statements had been made about their inability to consent to areas of care and support they needed. However capacity assessments had not been completed to show how this decision had been reached. On one file the person's relative had signed a consent form regarding locked doors. Again there was no assessment of the person to show they were able to make this decision themselves. This shortfall was also identified at our last inspection in August 2014.

We found the provider had not obtained valid consent, acting in accordance with people's wishes. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were supported to develop the knowledge and skills needed to carry out their role. We looked at training records and spoke with five staff and the registered manager. The registered manager told us that new staff underwent a programme of induction, which included shadowing an experienced member of staff. They said training was accessed via the local authority, however places were limited. In addition DVD's and questionnaires were utilised. A review of training records showed some staff had completed training in areas, such as moving and handling, infection control, food hygiene, safeguarding and first aid. However a number of staff required this training or had last completed it some time ago. One staff member we spoke with said, "I'm due to renew all mandatory training." Another staff member said they were not sure if they had completed mandatory training or safeguarding training in past 12 months. They were only able to recall doing medication administration training in past 12 months. A third staff member said they could not remember doing MCA and they thought safeguarding training was due for renewal. A review of this person's training certificates showed training had last been completed in 2013.

One person's relative told us "Staff seem to have the skills needed. I've watched them lifting and handling [my relative]. They do seem to have rather outdated handling skills when lifting out of chairs. I did mention this to a staff member who told me she hadn't been on a handling and lifting course."

All the people living at Highfield Manor live with a dementia or have some level of confusion. Whilst staff were seen to be sensitive to people's individual needs comprehensive training in dementia care had not been provided to all staff. Of the 29 staff, 11 staff had completed DVD awareness training in the last 12 months.

We found the provider had not protected against the risks of unsafe or inappropriate care and support as staff had not received all necessary training relevant to their role. This was a breach of Regulation 23 of the Health and Social

Is the service effective?

Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with and records confirmed that individual supervisions meeting had recently been held with the registered manager. These meetings provided staff with the opportunity to talk about their work and any training and development needs they may have. A team meeting had been held the day prior to our inspection and a record was made of the areas discussed. Staff we spoke with commented, "I think staff work well together. We have team leader meetings. We are asked for questions or suggestions and things get taken on board. I feel comfortable to raise issues", "We get supervision and appraisal. We can ask for any training and the manager will sort it out" and "We work really well together as a staff team. We had a staff meeting yesterday and can raise any issues."

We looked at how people were supported in meeting their nutritional needs. We spoke with the cook and looked at the kitchen and food storage area situated in the basement of the home. Areas were spacious, well equipped and maintained to a good standard. The cook said they received regular deliveries of fresh, frozen, tinned and dry goods, and a good supply of food was seen. We were told an inspection had been completed by the local authority food safety inspectors the week prior to our inspection. The home was awarded the highest level of compliance, 5 stars.

We asked the cook to tell us how they ensured people's dietary needs were met. What we were told and records seen showed that the cook was aware of people's individual requirements. Staff spoken with told us how they helped promote people's independence when having their meal or a drink. Staff said they would offer fortified foods, for example, make milkshakes using full fat milk and where necessary prompted or assisted people to eat their meal. Staff said they would offer people alternatives and would show people the meals offered so that they could choose.

One staff member said, "We like it when people eat well." Another staff member told us if people do not eat well they would refer them to the dietician. Adding "We keep trying to encourage people to get the nutrition they need."

The care records we looked at showed that where people where people were at risk of poor nutrition or weight loss, risk assessments had been completed. We saw that additional monitoring charts were put in place and where necessary, additional support and advice was sought from the person's GP or dietician.

We saw people were offered hot and cold drinks regularly throughout the day. In the morning and afternoon people were also offered biscuits. However we saw cold drinks were served in plastic beakers which were worn and marked and biscuits were not served on side plates. In the smaller lounges, occasional tables were not provided so that people could place their drinks and snacks on them. We saw some people had placed items directly on to the floor or balanced them in their lap. Failing to have occasional tables does not promote the comfort, safety and dignity of people. Having food and drinks placed in their laps or on the floor puts people at risk of accidents from scalding or overbalancing and restricts their movements. Food and drinks need to be presented in a way that encourages enjoyment.

People we spoke with were happy with the meals provided. One person said, "I get myself dressed and come into the lounge and have a cup of tea. I have my breakfast early, I like porridge and bacon and eggs every morning. I like the meals here." Another person said, "I can have whatever I want for meals. I like the food here. We get enough to drink." The relative of one person also told us, "They weigh [my relative] regularly. She almost stopped eating altogether at one point. Staff brought this to my attention and worked with me in deciding what we could do."

A review of people's records and discussions with staff confirmed that people had access to relevant health professionals. One relative said "Staff always let us know of any changes. I've spoken with her doctor and also attended yearly reviews of her care".

Is the service caring?

Our findings

We spoke with six people living at Highfield Manor and six visitors. We asked them for their views about the service. All the people we spoke with were positive about their experiences. They said staff were helpful and caring and understood their individual needs and wishes. People said they were well cared for and staff helped them to look clean and presentable.

People told us, They [the staff] look after you very well in here. They make sure we're dressed alright. They know my taste in dress. I know when I get up whether I want a wash or a bath and they do it. I could have a bath every day if I wanted", "I tell the staff what I want to wear" and "The staff are kind to me, they're very good. Sometimes they are too good and mither me. I do talk with the staff now and again they do their very best."

People's visitors we spoke with were also complimentary about the care and support offered to their relative. One relative said about their family member, "She's kept very clean and tidy, they change her regularly as soon as she needs it", "Staff make sure she's got matching clothes. She has always been very careful about her appearance. They do look after her." Other comments from relatives included; "She's well cared for here. I've never seen her wet, or soiled or uncomfortable in any way", "Whoever gets her dressed keeps her nice and clean but she doesn't always get her own clothes back. I'm happy that she's kept clean and tidy" and "She's been here two years now. She's kept clean, she's regularly bathed and she's put weight on. I'm happy with her care."

Visitors told us they were always made welcome and that staff were polite and approachable. We were told there were no restrictions on the times they were able to visit. Visitors told us, "Staff look after people with good levels of care", "It's a home from home here. My relative has been here for six years and I'd recommend this home to others. There's a friendly atmosphere here", "The staff are very friendly and know what my relative likes. I'm made welcome when I come" and "The staff are so nice."

We saw interactions between people living at the home and staff were friendly and pleasant We found staff knew people's individual preferences and personalities. Staff were seen to take the time to chat with people and offered reassurance when people became anxious or restless.

Staff spoken with told us how they promoted people's dignity and offered choice when they provided care and support. One staff member said, "I will speak quietly to people if it's personal. I always ask people if it's ok to do something and try to get them to do as much as they can for themselves and only take over if they need help." Another staff member said, "I always talk through what I am doing and make sure they are ok with it." A third staff member said "I ask people if it's ok to do personal care, for example I ask "Am I alright to do this? It's about choice." Other comments included, "I try my best to listen to what people are actually saying", "I support people to choose their own clothes" and "Even if people can't choose I talk them through what I'm doing."

Is the service responsive?

Our findings

Prior to people moving into the home we were told that assessments were carried out to gather information about people and whether their needs could be met at the home. Records we looked at showed that assessments had been completed.

We looked at five people's records to check their needs, wishes and preferences were taken into consideration when planning their care. We found that information was reviewed on a monthly basis, however the completion of records were inconsistent. On two files a social history had not been completed and one person's risk assessments had not been reviewed since Oct 2014. A senior carer also told us that information detailed in a person's mental health and behavioural plan in relation to the use of distraction techniques and to administer medication covertly was also inaccurate. Shortfalls in people's records were also identified at our last inspection in August 2014.

We found people may not receive the care and support they wish or require as staff were not provided with clear and accurate information about people. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two staff spoken with were able to tell us about the needs of people and their likes and dislikes. One staff member said "You get to know people as individuals and their needs. You know from facial expressions or gestures what people want."

People living at Highfield Manor have varying needs and abilities. The manager told us that everyone living at the home had some level of confusion or lived with a dementia. We saw people choose to spend their time with others in the lounges or dining room, whilst others preferred to spend time alone either in their own room or sitting in a quiet area of the home. One person told us, "I like sitting here next to the window. I like watching things out of the window". Two people told us they preferred to go to their bedrooms during the daytime and had keys to their locked bedrooms.

On the display board there was a programme of activities displayed. This included games, nail care and film shows. During our visit we did not observe any activities taking

place. When asked, the area manager said that staff had been completing life stories with two people in the dining. A regular hairdresser came in the afternoon and some residents used this service. We were told that there was also a regular church service held at the home for those who wished to attend.

The registered manager said there was no designated activity worker and that activities were provided by care staff. The area manager told us they were recruiting apprentices; their role would involve developing activities for people. One staff member we spoke with said "I feel able to spend time with people. Staff are allocated tasks at the start of each shift (including activities). The manager has a list of things to do. I like doing the life stories with people as they are so interesting." Adding "We do group activities for events such as St Patrick's day. Usually have a party and my play bingo."

Three people we spoke with said, "I don't know what they do here. I sometimes get fed up, I get bored", "I sit in here (dining room) all day. We don't have sing songs and we very seldom go into the garden. We spend a lot of time in here" and "I'm quite happy here, it's like your own home really but I do get bored. There's not much to do here. The staff don't take us anywhere or ask me what things I'd like to do. I'd like to go out shopping and things or play some games like bingo and stuff."

Relatives also told us they had not seen activities taking place when they visited the home. They said, "I don't know if she (their relative) joins in activities. I come in the mornings so I don't see any activities" and "I'm made very welcome here. I don't see any activities but this may be because I come at lunchtime." Another relative said their family member was "no longer able to participate in activities but she does like to walk around." **We recommend the service considers current guidance in relation to the choice of activities offered in and away from the home to help promote the well-being of people with living with dementia, enabling them to retain their independence.**

People we spoke with and their visitors were confident the staff and registered manager would listen and act on any issues or concerns they raised. People told us "I'd tell them off if they did anything I didn't like. I'm not worried about anything", "I've nothing to complain about. I'd tell the girls if I was upset about anything" and "I've never needed to

Is the service responsive?

complain. I'd go to [the manager] if I needed to complain, she'd deal with it. She's very efficient." Comments from three relatives were, "I do feel I could raise concerns and that they would be dealt with", "If I had problems I would mention them to the manager and she would put them right" and "The manager is always around and easy to get to. I'd complain to her if I needed to but I've never needed to."

We looked at the records to see how complaints or concerns were managed. We found no record of complaints had been made since July 2013. However we had been made aware prior to and during our inspection that the relatives of people had raised concerns about their care their family member had received. The registered

manager acknowledged that concerns raised with her had not been recorded but had been addressed with those concerned. The relative of one person spoken with during the inspection said they had contacted CQC as they had not had a response from the manager. However matters had now been resolved to their satisfaction.

We found the provider did not have an effective system in place, recording the receipt and handling of people's complaints. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

The home had a registered manager in place that was registered with the Care Quality Commission (CQC).

Relatives we spoke with were confident about the management of the home. They told us, “She [the registered manager] is very efficient. She is very thorough and won’t stand for any messing. It’s a well-run home”, “I know the manager and think it’s a well led home. If things are not going right she will change routines”, “Staff seem to know what they are doing and I see the manager often”, “I’ve spoken to the manager and she is responsive. She’s very much in charge and a good leader of others” and “The manager knows how to run the home well”.

Staff also said they were supported by the registered manager and felt able to discuss their work or any concerns with them. Staff said, “I find [the registered manager] quite easy to talk to and understanding. If I want to know anything she will tell me what I need to know”, “I love working here. It’s rewarding. The manager is really good. She always has time for you” and “I would not change anything about the service. I have recommended the service to a family member.”

Services registered with the CQC are required to notify us of any incident which arise that potentially affect the well-being of people. Prior to this inspection we reviewed information we held about the service. No notifications had been sent to us since June 2014. An examination of the accident book showed that a number of incidents had

occurred. The registered manager acknowledged that these had not been reported as required. This information is important to monitor and assess the risks to people’s health, safety and welfare as well as show necessary action has been taken to protect people.

We saw that people, their visitors and health professionals were provided with opportunities to raise their views about the service provided. Feedback surveys were sent to people and their visitors. These were last distributed in November 2014. We saw three responses had been received. The home was rated 100% in relation to ‘quality of life’ and ‘communication’. People and staff also had the opportunity to raise their views during meetings. We saw records to show that these had been held.

We looked at what audits were completed to check the quality of service people received. We saw that audits had been completed in the management and administration of people’s medicines, the environment and infection control. However systems needed enhancing to show that other areas of the service were included; such as complaints, accidents and incidents, care records and training and development were monitored and reviewed so that improvements to the service could be planned for.

We found the provider did not have an effective system in place to monitor, review and assess the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe management and administration of people's prescribed medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People were not protected against the risks of unsafe or inappropriate care as valid consent had not been obtained, acting in accordance with people's wishes.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were not protected against the risks of unsafe or inappropriate care and support as staff had not received all necessary training relevant to their role.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not protected against the risks associated with unsafe or inappropriate care as staff were not provided with clear and accurate information about how people were to be cared for safely.

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider did not have effective systems in place for recording the receipt and handling of people's complaints so that people were protected.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective systems in place to monitor, review and assess the quality of service so that people were protected from the risks of unsafe or inappropriate care and support.