

Four Seasons Health Care (England) Limited Preston Glades Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Preston Glades is a purpose built home, registered to provide accommodation for up to 65 people who require nursing or personal care. The home is arranged in two units. The first floor unit provides services for people who live with dementia.

All accommodation is provided on a single room basis, with the majority of rooms having en-suite facilities. There are varieties of communal areas within the home where people can spend their time, including a room for people who smoke.

At the time of the inspection, there were 50 people who used the service.

The last inspection of this service took place on 28 April 2016. The service was awarded a rating of 'Requires Improvement.' The service was found to be in breach of the regulations relating to person centred care, dignity and respect, need for consent, safe care and treatment, good governance and staffing.

We were provided with an action plan following the inspection carried out in April 2016.

An unannounced inspection took place on 19 January 2016 and a follow up announced visit took place on 01 February 2016.

The manager of the service was present throughout our inspection; the manager is currently undergoing the registration process to become the 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 found that improvements had been made in medicines management and the service were working with other professionals to ensure that they were following best practice. However, we looked at how variable doses for medicines were recorded and found these were not always recorded accurately.

During our last inspection, we made a recommendation around recruitment processes due to staff personal files not always being complete. We looked at recruitment processes at this inspection and found that a full audit had taken place of the staff files. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people.

We found people were protected from risks associated with their care because the provider had completed risk assessments, which provided updated guidance for staff in order to keep people safe.

During our last inspection, we had found that staffing levels were not always adequate to meet the needs of

people. During this inspection we found that, staffing levels were adequate to meet people's needs.

During the last inspection, we found in some care files, consent forms had not been completed. We also found some examples where consent had been provided by people's family members, but there was no confirmation that the people who had provided consent had legal authority to do so.

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.

We found that mental capacity had been considered and written consent to various aspects of care and treatment was observed on some people's files. However, recording was not consistent throughout the service. We found that in two people's care records consent had been signed by relatives. We saw evidence that best interest discussions had taken place, however the documentation was not always fully completed.

During the last inspection, we found that there were issues with staff training and induction. We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas, which affected the wellbeing of people, such as safeguarding. We found that staff felt they received adequate training in order to care for people effectively.

We found that the service was pro-active in supporting people to have sufficient nutrition and hydration. We observed lunch being served, we saw some people who had difficulty cutting their food being offered support. We observed people eating in a relaxed manner and they seemed to enjoy their meals.

During the last inspection, we found that staff did not always have good knowledge of the people they supported. We noted that some people were not supported to be presented in a manner that promoted their dignity.

We observed staff as they went about their duties and provided care and support during this inspection. We observed staff speaking with people who lived at the home in a respectful and dignified manner. Staff appeared to understand the needs of people they supported and it was apparent that trusting relationships had been created.

People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care. Staff respected people's dignity and privacy.

At the last inspection, we found issues relating to the process in place to carry out assessments of people's needs prior to offering them a place at the service and people's care plans, which contained confusing and conflicting information.

We looked at the improvements that had been made during this inspection. We saw care records were written in a person centred way and observed that staff followed the guidance in care records. Care records were regularly reviewed. This meant that people received personalised care, which met their changing needs.

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs.

During the last inspection, we found issues with complaints. Complaints were not always carefully recorded this meant it was not possible for an overview of concerns raised and there were no details to show any

themes or trends to be learned from.

We looked at records of complaints during this inspection and found that there was a system in place for recording any complaints received by the service. Complaints had been recorded along with any action taken.

During our last inspection at the service, we found that there were issues around good governance. There were systems in place designed to monitor quality and safety across the service but we found these had not been used effectively at times.

We looked at the improvements that had been made during this inspection. We found that the management team carried out audits and reviews of the quality of care. However, the audit process in place had not picked up some issues that we found during the inspection such as medicines documentation not being fully completed.

We observed the manager and deputy manager were visible within the service. People reacted positively to the management team and appeared to be comfortable in their presence.

We found a positive staff culture was reported by all the staff members we spoke with. We found the management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, need for consent and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people.

Staff were aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

The service had systems in place to manage risks and plans were implemented to ensure peoples safety.

Medicine administration documentation was not always fully completed by staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had received regular training to enable them to carry out their job roles effectively.

People were provided with a choice of suitable nutritious food and drink to make sure their individual health care needs were consistently met.

We found that the principles of the MCA were not consistently embedded in practice.

We saw evidence that people received the support of other health care professionals such as the doctor, dietician or speech and language therapist

Is the service caring?

Good ●

People living in the home were very complimentary about the staff and they told us they were happy with the care and support they received.

We saw that all staff knocked and waited for an answer before entering bedrooms, bathrooms and toilets. This was to make sure people had their privacy and dignity respected.

People using the service told us that staff treated them with respect.

Staff were kind and patient in their approach towards those who lived at Preston Glades and interactions with people were noted to be caring.

Is the service responsive?

Good ●

The service was responsive.

Staff demonstrated a good understanding of people's changing needs.

There was a complaints policy in place, which enabled people to raise issues of concern.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were in place and contained person centred information to help guide staff.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A range of quality audits and risk assessments had been conducted by the manager however we highlighted areas that had been overlooked.

Staff enjoyed their work and told us the management were always available for guidance and support.

Preston Glades Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to review the rating for the service under the Care Act 2014.

An unannounced inspection took place on 19 January 2016 and a follow up announced visit took place on 01 February 2016.

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 review the rating for the service under the Care Act 2014.

The inspection team consisted of three adult social care inspectors and an expert-by-experience joined the team. An expert -by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of caring for someone who lived with dementia.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who lived at the home.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with twelve people who lived at the home or their relatives during our inspection. We did this to gain an overview of what people experienced whilst living at the home.

We also had discussions with the area manager, patient experience quality manager and a floating manager

who was covering the home at the time of the inspection. We spoke with the manager, deputy manager, an area manager and four staff members.

We closely examined the care records of five people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

We observed care and support in communal areas and completed a tour of the environment. This enabled us to determine if people received the care and support they needed in an environment that was appropriate.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "Yes I definitely feel safe". Another person told us, "Yes, I feel safe here".

One relative told us, "I feel my relative is safe and secure, there are always staff around".

During our last inspection, we found issues with medicines management at the service. We observed staff were not always dealing with concerns for individual people in a timely manner and were not following correct procedures for the refusal of medicines and covert administration. In addition, the home did not have robust processes in place for booking medicines into the home or dealing with changes to people's medication. As a result, people did not always receive their medicines as prescribed.

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

We looked at how medicines were being managed during this inspection. We found that medicines were stored appropriately and safely, including controlled drugs. Detailed medicines policies and procedures were in place to help guide staff. Medicines audits were completed daily; these were done for five people who use the service.

Staff received appropriate training in medicines and their competency to administer medicines was checked by the provider.

We found that improvements had been made in medicines management and the service were working with other professionals such as the medicines optimisation team to ensure that they were following best practice.

Staff were aware of procedures for providing people with "as required" medicines, such as pain relief.

We found that guidance in people's care records helped staff to know when and how to support people with "as required" medicines. This included how people might exhibit pain where they could not verbally express it. This meant that people received "as required" medicines as they needed them.

We looked at how variable doses for medicines were recorded and found that variable doses were not always recorded as per the provider's protocol. For example for paracetamol and eye drops the protocol recording sheet had not been completed. As a result, it was not always clear what dose people had received which could result in people not receiving their medicines as prescribed.

This amounted to a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

During our last inspection, we found evidence that the risk assessments in place relating to general safety

within the home were not always adhered to. For example, COSHH (Control of Substances Hazardous to Health) risk assessments stated all cleaning fluids and chemicals must be locked away at all times. However, we found several doors of rooms containing such items, unlocked throughout the day.

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

We found that this was still the case during our first day of the inspection. We highlighted this to the manager and the doors were locked. We checked during the second day of inspection and found that the doors had been securely locked. The manager informed us that the doors were now checked as part of the daily walk round.

During our last inspection, we made a recommendation around recruitment processes due to staff personal files not always being complete. We looked at recruitment processes at this inspection and found that a full audit had taken place of the staff files. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed.

We found people were protected from risks associated with their care because the provider had completed risk assessments, which provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, risk of choking and risks related to diabetes management. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to. We observed staff working in ways to minimise risks to people throughout the day. For example, staff supported people to mobilise around the service safely and in line with their documented risk assessments.

There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. The documents we viewed were fully completed and had information relating to lessons learnt.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff told us they had received training in safeguarding and were able to demonstrate knowledge of outside agencies they could report suspected abuse to. Staff we spoke with were able to describe the potential signs that someone may be suffering abuse, such as changes in behaviour. Staff were clear about their responsibilities to report any suspicions of abuse. Staff were aware of the provider's whistle-blowing policy. Staff told us they felt comfortable in approaching the management team with any concerns they had.

During our last inspection, we had found that staffing levels were not always adequate to meet the needs of people.

The above findings demonstrated a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

During this inspection, we looked at staff rotas and carried out observations throughout the home. We found that, staffing levels were adequate to meet people's needs. Agency staff were still being used, we discussed this with the manager who informed us that the same agency staff were requested for continuity and people confirmed this to us.

People told us, "There's plenty of staff on at night", "Sometimes there are enough staff sometimes there isn't but they manage". And, "When I press the button staff come quickly, there are enough here".

Staff told us, "Staffing is ok at the moment; we could always do with more but its ok unless someone rings in sick". And, "Things are moving in the right direction there is not as much agency used now".

Under current fire safety legislation it is the responsibility of the manager to provide a fire safety risk assessment that includes emergency evacuation plans for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan [PEEP] should be completed for each individual living at the home. We saw that people had PEEPs in their files to aid safe evacuation.

We looked at how the service provided a safe environment for people. We observed that staff and people who used the service had access to Personal Protective Equipment (PPE). This was disposed of in clinical waste bins to help prevent the spread of infection. We found that the home was generally clean and tidy throughout.

Is the service effective?

Our findings

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).

During the last inspection, we found in some care files, consent forms had not been completed. We also found some examples where consent had been provided by people's family members, but there was no confirmation that the people who had provided consent had legal authority to do so.

These finding demonstrated a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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.

We found that mental capacity had been considered and written consent to various aspects of care and treatment was observed on some people's files. However, recording was not consistent throughout the service. We found that in two peoples care records consent had been signed by relatives.

We saw evidence that mental capacity assessments and best interest discussions had taken place, however the documentation was not always fully completed. In one file we looked at two questions had not been answered as part of the test of capacity. Therefore, the person's capacity had not been adequately assessed under the legal requirements of the MCA. Therefore, the person's rights were not protected in accordance with the MCA.

These finding demonstrated a continued breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

During the last inspection, we found that there were issues with staff training and induction. We found that staff that staff did not have the appropriate knowledge and understanding to support people who had more complex behavioural needs.

These finding demonstrated a continued breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas, which affected the wellbeing of people, such as safeguarding. We found that staff felt they received adequate training in order to care for people effectively. We observed staff put their training into practice while delivering care to people. For example, we observed an instance of staff helping someone with oral hygiene. We saw that this was done in a skilled and knowledgeable way.

We spoke to two new members of staff who told us the introduction was very useful and informative. We saw that staff were required to complete a number of training courses and complete some shadowing with other staff members prior to working unsupervised.

Staff told us, "I get lots of training; I am completing the dementia framework", "I have been working with very experienced staff during my induction". And, "I've had moving and handling training which was face to face: that was good".

We found that the service was pro-active in supporting people to have sufficient nutrition and hydration. We observed people were encouraged to take fluids. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

We observed lunch being served, we saw some people who had difficulty cutting their food being offered support. We observed people eating in a relaxed manner and they seemed to enjoy their meals. People had a choice of what they wanted to eat and staff were aware of people's needs in this area. People had a choice of where they wanted to eat.

People told us, "Meals not so bad", "Food is brilliant". And, "I prefer to dine alone, so have my own table".

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw that people did receive the appointments they needed. We found that people were registered with local GPs and received visits from them when they needed them.

One person told us, "Just tell them [the staff] and they'll get a doctor that afternoon or the next day".

Staff supervision and annual appraisals were not always documented, staff did tell us that they were able to access informal support and that they felt supported. Staff told us, "If I need anything I can always ask and am always given an answer". And, "I feel that I am supported by management and by the staff team, they are all really nice".

We recommend that the service document all staff support, supervisions and appraisals to evidence formal continued support for staff is provided.

Staff were encouraged and supported by the introduction of a 'recognition and congratulations of values award'. This award is to recognise the value of being respectful, trusted, caring and making a difference. Residents, visitors and staff can nominate staff for this. The manager also identifies staff for the award from observing daily practice. During the second day of our inspection, we observed a staff member being awarded their certificate.

Is the service caring?

Our findings

People we spoke with told us, "Staff are kind – they do a good job", "Its brilliant here, staff care for me". And, "I feel looked after and they [Staff] try their best".

Relatives told us, "I'm happy with the care my relative is getting they are being looked after", "Staff read books to my relative – they're amazing". And, "Overall impression is favourable, the staff seem to care and address my relative's needs".

During the last inspection, we found that staff did not always have good knowledge of the people they supported. We noted that some people were not supported to be presented in a manner that promoted their dignity.

These finding demonstrated a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We observed staff as they went about their duties and provided care and support during this inspection. We observed staff speaking with people who lived at the home in a respectful and dignified manner. Staff appeared to understand the needs of people they supported and it was apparent that trusting relationships had been created.

People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care. One relative told us how staff had kept them updated following an incident involving two people. They said they had been notified of the matter on the same day. This meant that staff communicated in a timely and transparent way with people about issues effecting their care and wellbeing.

We observed staff communicating with people who had some difficulties with communication. It was clear that the staff knew the people and their needs very well. The communication skills displayed by the staff members were exemplary.

People's beliefs, likes and wishes were explored within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. We saw that each person had an assigned member of staff who would meet with them regularly to ensure their needs were continuing to be met.

People we spoke with told us that they were offered a variety of choices, which promoted independence, such as what they wanted to do, where they would like to sit.

Staff respected people's dignity and privacy. We saw that staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept securely when not. We saw staff respecting people's privacy by knocking on people's doors and awaiting a response before entering. People we saw were well presented and staff sought to maintain people's dignity throughout the day.

People told us, "Staff always knock before they come in", "They're [Staff] so good [at bathing] – it's a pleasurable experience, I help the Carer she helps me". And, "I prefer a bath to a shower, I get one anytime I want, two carers support me with a bath they [Staff] are gentle with me, no problems with dignity".

One relative told us, "My relative's door is open, that's their choice, we shut the door when we discuss business and staff always knock on the door".

We observed people walking freely in the home and interacting freely with staff. We also observed staff supporting people who lived with dementia in a confident and sensitive manner, which showed they had awareness of good practice.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and that rooms were personalised with pictures and paintings.

We saw, from care records, that staff had discussed people's preferences for end of life care. This meant that the provider would know what the person's preferences were and to respect these on death. At the time of our visit, no one who lived at the home received palliative or end of life care. We found from staff training records that staff received end of life care training.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

At the last inspection, we found issues relating to the process in place to carry out assessments of people's needs prior to offering them a place at the service and people's care plans, which contained confusing and conflicting information.

These finding demonstrated a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at the improvements that had been made during this inspection.

People and their relatives were involved in the planning of their care and support. People we spoke with told us, "I feel my input is valued", "Yes I feel the service is responsive". And, "I talked to management about the level of supervision for my relative and this has been addressed".

We saw care records were written in a person centred way and we observed that staff followed the guidance in care records. Care records were regularly reviewed. This meant that people received personalised care, which met their changing needs.

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure that people consistently received the care they needed.

During the last inspection, we found issues with complaints and we made a recommendation about this. Complaints were not always carefully recorded this meant it was not possible for an overview of concerns raised and there were no details to show any themes or trends to be learned from.

We looked at records of complaints during this inspection and found that there was a system was in place for recording any complaints received by the service. Complaints had been recorded along with any action taken.

People with spoke with during this inspection told us, "I would see my key worker if I had a complaint", "I would see the manager". And, "I have no reason to complain".

We saw people engaging in activities positively with staff. People were supported and encouraged to take part in activities, these were provided by the care staff and included one to one time and singing. There is an absence of an activities coordinator and some people did tell us that there was not much going on to get involved in. One person showed us some board games that had been bought for everyone's use by the home in response to the people's request for them.

People told us, "I can go out (to local shop) for a bottle of pop or anything else - just tell staff I'm going and it's fine". And, "I can do what I want during the day".

People told us the provider did not hold regular residents' meetings, but felt that they were provided with other avenues to feed back to the manager and provider about the service. We saw there was clearly displayed compliments and complaints information in the main foyer of the service.

Is the service well-led?

Our findings

During our last inspection at the service, we found that there were issues around good governance. There were systems in place designed to monitor quality and safety across the service but we found these had not been used effectively at times.

These finding demonstrated a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at the improvements that had been made during this inspection.

We found that the management team carried out audits and reviews of the quality of care. Records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure that records were of a high quality and consistent with procedure.

We saw other audits, such as those in respect of the environment and equipment, had been carried out, areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records that we saw.

However, the audit process in place had not picked up some issues that we found during the inspection such as medicines and supervision records and consent documentation not being fully completed. This resulted in a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We observed the manager and deputy manager were visible within the service. People reacted positively to the management team and appeared to be comfortable in their presence.

We found a positive staff culture was reported by all the staff members we spoke with.

Staff told us, "I love working here, I really enjoy it". And, "I've seen a lot of changes, it's totally different now, the care is better and staff get on".

Staff told us that they felt supported by management. They said, "Support from management is good". And, "I feel I have support from management and staff".

One visitor told us, "There seems to be a good camaraderie between staff".

We saw 'handover' meetings were undertaken on each change of shift to help make sure that any change in a person's condition and subsequent alterations to their care plan was effectively communicated and that staff were clear about any follow up action required. In addition, handover sheets were produced detailing

all the information, these were made available to agency staff to ensure they had the most up to date information about the people they support.

We found that minutes of meetings were retained and staff confirmed they had meetings periodically, so that they could get together and discuss any relevant topics in an open forum.

We viewed evidence which demonstrated that the views of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, had been sought and acted on for the purposes of continually evaluating and improving the service.

We saw the manager had gathered surveys from people and their relatives over the course of the year. Surveys could be completed by residents, relatives and staff on an iPad so that the results could be collated and analysed.

A relative confirmed they had recently completed a survey. We sampled these surveys and found that people were positive about the service provision. We saw that, where improvements were identified for the service, the provider had taken action to implement actions in connection with these. This included areas such as the laundry service. One person told us, "It [laundry] has gone missing in the past but always comes back".

We looked at policies and procedures relating to the running of the service. These were in place and reviewed annually. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The manager of the service had informed CQC of significant events that had been identified as required. This meant that we could check appropriate action had been taken.

We found the management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider did not have suitable arrangements in place to ensure that the treatment of all service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.
Treatment of disease, disorder or injury	Regulation 11(1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not have suitable arrangements in place to ensure that all medicines were managed in a safe way.
Treatment of disease, disorder or injury	Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The service provider had implemented a system for assessing and monitoring the quality of service provided, however this was not always effective.
Treatment of disease, disorder or injury	Regulation 17 (1) (2) (a) (b) (c) (f).