

Mrs W Collinson

Four Seasons Residential 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

This was an unannounced inspection which took place on 1 February 2016. The service was last inspected in September 2014 when we found it to be meeting the regulation we reviewed.

Mrs Wendy Collinson is registered to provide accommodation at Four Seasons Residential Care Home for up to 16 older people who require personal care. Four Seasons Residential Care Home is a large detached property located in Littleborough, Rochdale. There are 16 single rooms, with 12 rooms having en-suite toilet facilities. At the time of this inspection there were 16 people using the service.

There was a registered manager in place at the home who was also the provider of the service. 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. The registered manager was unavailable on the day of the inspection due to illness. However, we spoke with them by telephone on 4 February 2016.

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

People told us they felt safe in the service. Records we saw confirmed staff had completed safeguarding training. However, staff we spoke with were not always clear about how to report any safeguarding concerns they might have. During the inspection we became aware of one incident which should have been reported to the local authority to ensure people were protected from the risk of abuse. The deputy manager submitted the referral at our request.

During the inspection we noted there were sufficient numbers of staff available to meet people's needs. However, two people we spoke with told us they considered staffing levels in the afternoons and evenings could be increased.

The recruitment processes in the service were not always sufficiently robust to protect people from the risk of unsuitable staff being employed. One staff personnel file we reviewed did not contain two references as required by the service's own policy and procedure.

Systems to ensure the safe management of medicines needed to be improved. Medication administration record (MAR) charts did not always show that people had received their medicines as prescribed. The registered manager had not introduced a tool to assess the competence of staff to safely administer medicines as required by the local authority. Medication audits had not been completed since September 2014.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. However, the provider had not taken the necessary action to ensure people were protected in the event of an emergency at the service. The safety of small electrical appliances had not been checked on an annual basis as required by law.

Staff had not received the supervision and appraisal required to help ensure they were able to carry out their role effectively. However, none of the people we spoke with during the inspection expressed any concerns regarding the skills staff demonstrated when providing care.

Although staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), staff we spoke with demonstrated limited understanding of how this legislation was relevant to their practice. The registered manager had failed to take the necessary action to ensure the rights of people were upheld when they were unable to consent to their care in the home.

People told us they enjoyed the food in the home. We saw systems were in place to monitor and review the nutritional and health needs of people who used the service.

Care records we looked at showed that risks to people's health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. However, we noted that there were no risk assessments in place for one person who had been admitted to the service seven days before the inspection. This meant staff might not be aware of the correct action to take to ensure the person received safe care.

People we spoke with told us that the staff at Four Seasons Residential Care Home were kind and caring. During the inspection we observed kind and respectful interactions between staff and people who used the service. Staff showed they had a good understanding of the needs of people who used the service. Some staff had completed training regarding end of life care. One of the visitors we spoke with during the inspection told us the end of life care their relative had received in Four Seasons Residential Care Home was excellent.

A programme of activities was in place to help maintain the well-being of people who used the service.

We found people had limited formal opportunities to comment on the care provided in the home. All the people we spoke with told us they would feel confident to raise any concerns with the staff and registered manager.

Staff told us they enjoyed working in the service and received good support from both the registered manager and senior staff. However staff meetings did not take place. This meant staff did not have a formal opportunity to comment on the service provided and to suggest any improvements they felt could be made.

A system of audits and quality assurance monitoring was in place. However, this needed to be more robust to identify and drive forward required improvements in the service.

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.

People told us they felt safe in the service. Although staff told us they had completed safeguarding training they had not recognised the need to report a concern regarding potential abuse to the local authority.

There were enough staff on duty to meet people's needs in a timely manner. However, improvements needed to be made to recruitment processes to help protect people from the risk of unsuitable staff.

Improvements needed to be made to the arrangements to ensure the safe handling of medicines.

The provider did not have adequate arrangements in place to help ensure people would be protected in the event of an emergency at the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The provider had not made the necessary DoLS applications where people were unable to consent to their care in the service. Staff had limited understanding of the MCA and DoLS.

There were no arrangements in place to ensure staff received regular supervision and appraisal.

People were supported to access services to help ensure their healthcare needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

Good ●

The staff showed they had a good understanding of the care and support that people required. Some staff had undertaken training to help them discuss the care people who used the service wanted to receive at the end of their life.

Is the service responsive?

Good ●

The service was responsive.

People told us they received the care they needed. People's records contained sufficient information to guide staff on the care and support people needed.

Activities were provided to help maintain the well-being of people who used the service.

People told us they could speak with staff or managers if they had any issues or concerns and were confident these would be addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. Staff told us they enjoyed working in the service and received good support from the registered manager and senior staff.

The quality assurance systems needed to be more robust to help drive forward improvements in the service.

Four Seasons Residential 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 provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2016 and was unannounced. Following the inspection we spoke by telephone with the registered manager when they returned from sick leave. This was in order to gather additional information about how the service was led.

Due to the small size of the service, the inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. We contacted the Local Authority safeguarding team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service.

During the inspection we spoke with five people who used the service, two relatives and a visiting health care professional. We also spoke with the deputy manager, two members of care staff and the cook. The registered manager was unavailable on the day of the inspection due to illness but we spoke with them by phone three days after the inspection.

During the inspection we carried out observations in all public areas of the home and observed the lunchtime experience in the dining room.

We looked at the care records for four people who used the service and the medication administration record (MAR) charts for all the people who used the service. We also looked at six staff personnel files and reviewed a range of records relating to how the service was managed; these included staff training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe living in the home. Comments people made to us included, "Staff are wonderful. The place itself makes me feel safe" and "I definitely feel safe here." The visitors we spoke with told us they had no concerns about the safety of their relative or the care they received. One visitor told us, "I definitely feel my relative is safe here." Another commented, "I know my relative is safe because of the care they get; I can't fault it."

Staff told us they had received training in safeguarding adults. Although staff told us they knew the action they should take if they witnessed or suspected abuse, we became aware of an incident which should have been reported as a safeguarding alert to the local authority. We therefore asked the deputy manager to make this referral during the inspection. Staff could not explain why the alert had not been raised, although some measures had been taken to protect the person concerned. The lack of robust safeguarding procedures meant people who used the service might not be protected from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they would be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain any such concerns would be taken seriously and acted upon by the registered manager.

People who used the service told us there were always enough staff on duty to meet their needs in a timely manner. One person told us, "I never have to wait if I buzz; someone is always there straight away." Another person said, "There are definitely enough staff. They always come straight away if I buzz for them." However, one staff member and a relative told us they felt staffing levels could be increased in the afternoons and evenings when there were only two staff on duty. We were told that four people who used the service required two care staff to assist them with personal care. This meant that there was a risk that there would be no staff available to respond promptly to other people's needs when the two care staff on duty were busy. However, the deputy manager told us there had never been any accidents or incidents as a result of staffing levels in the service.

Three of the four care records we looked at showed that risks to people's health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. However, we noted that there were no risk assessments in place for one person who had been admitted to the service seven days before the inspection. This meant staff might not be aware of the correct action to take to ensure the person received safe care.

We looked at the procedures in place to help ensure staff were safely recruited. We saw there was a recruitment policy in place. However, the application form which prospective staff were asked to complete requested they document their employment history over the previous 10 years, rather than their full employment history as required under the current regulations.

We looked at the personnel files for six staff employed in the service. We saw that all of the files contained an application form and confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS) for all the applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Five of the six personnel files we reviewed contained two professional references. However, we could not find a record of any references on file for a staff member who had been recently recruited. We discussed this with the registered manager who told us they had requested references for the staff member concerned but they had not been returned. The registered manager could not give us any explanation as to why they had employed the person without these required checks being in place. They told us they would gain references for the person concerned as a matter of urgency.

We reviewed the medication administration record (MAR) charts for all the people who used the service. We found fifteen of the sixteen records were fully completed. One person's record had not been signed on one occasion at night to confirm they had received their medicines as prescribed, although the monitored dosage system indicated these medicines had been given.

One of the MAR charts we reviewed contained administration instructions which stated the dose of medicine given to the person should be reduced as directed by psychiatry and then administered 'as required'. Records we reviewed showed this person had been given the same dose of the medicine for over 12 months. When we discussed this with staff they told us they had always given the person the medicine on a daily basis and were not aware of these administration instructions. This meant there was a risk the person had been given medicine which may have been unnecessary and not as the prescriber had intended.

We noted that some staff had used stickers to cover errors on the MAR charts. This is contrary to recording guidelines. These state that any errors should be crossed through but still be visible for auditing purposes.

We checked the stock of medicines held for two people to see if this corresponded with the records. We found this was the case for one person. However, there was a discrepancy in the stock held for the second person. This meant we could not be certain this person had received their medicine as prescribed.

We looked at the system for the administration of controlled drugs in the service. We found that one box containing a controlled medicine had not been entered into the register of controlled drugs held in the service as required by legislation. We also found that the MAR chart for the person for whom this medicine was prescribed showed that it had only been administered on one occasion. However, the controlled drugs register showed the medicine had been administered on two different dates to that shown on the MAR chart. The stock of medicine held indicated the medicine had been given on two occasions. The lack of accurate recording meant there was a risk that controlled drugs might be misused.

We also saw that items other than controlled drugs were being stored in the controlled drugs cupboard, including money and stock medicines. This is not in accordance with good practice guidelines for the use of controlled drugs cupboards.

We were aware that, during their contract monitoring visit in August 2015, the local authority commissioning team had advised the registered manager that some improvements needed to be made to help ensure the safe management of medicines. This was to introduce a competence tool to assess the ability of staff to administer medicines safely. The registered manager was also advised that protocols should be in place in relation to 'as required medicines'. These protocols provide guidance for staff on the reasons why a person might need an 'as required' medicine and the symptoms a person might display to indicate they needed the medicine if they were unable to ask staff directly. When we asked the deputy manager about these required

actions they told us neither of them had been put into place.

The lack of robust arrangements to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see how people were protected from the risk of cross infection. We saw that there were infection control policies and procedures in place. Staff had also been provided with training and personal protective equipment (PPE) to use when delivering personal care.

We noted all areas of the home were clean with no malodours present. We saw that staff completed daily checks to ensure the high standard of cleanliness was maintained. All the people who used the service and their relatives told us they could not fault the cleanliness of the home. One person commented, "It's very clean. They always clean my room each morning." Another person stated, "It's lovely and clean here."

We looked at the systems in place to ensure the safety of equipment used in the service. Records we reviewed showed safety checks in relation to gas, electric and large pieces of equipment had been carried out at required intervals. However, we could not find a record to confirm that portable appliance testing (PAT) had been undertaken since 2014. This meant there was a risk people might be put at risk from using unsafe appliances.

We saw that staff carried out regular checks in relation to fire safety. We found that the most recent fire risk assessment for the premises had been undertaken by an external provider in 2014. However, we noted that not all recommendations contained in this report had been carried out. This included ensuring there was clear signage in place in the dining room and lounge areas to direct people to the nearest exit in the event of a fire. Staff we spoke with told us the two patio doors in the dining room were fire exits although there were no signs in place to indicate this was a safe route for people to use.

When we looked at the records relating to the most recent fire drill in October 2015 we noted staff had raised concerns about the lack of ramps available to evacuate people in wheelchairs through the patio doors. Staff had also stated there was a lack of wheelchairs available for them to use during any evacuation. When we discussed this with the registered manager they told us that they had purchased an additional wheelchair but had not taken any action to ensure ramps were available for staff to use. This meant people might be placed at risk in the event of an emergency at the service.

We could not find a record of a business continuity plan in place. This would advise staff of the actions they should take in the event of an emergency. We discussed this with the registered manager who told us they did not have such a plan in place.

The lack of appropriate arrangements to ensure the safety of people who used the service, staff and visitors was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). 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 saw records which showed all staff had completed training in the MCA and DoLS. However, all of the staff we spoke with, including the registered manager, demonstrated limited understanding of these pieces of legislation which are designed to protect the rights of people who may be unable to make their own decisions.

When we asked staff about the number of people for whom DoLS applications had been submitted or authorised we received conflicting information. We looked at the care records for one person who had been subject to DoLS until January 2016 but the authorisation had expired. Staff told us this person's capacity to consent to their care and treatment in the service had not changed since the original authorisation was put in place. When we asked the registered manager about this they told us they had not understood that they should have applied for a further DoLS authorisation in these circumstances. This meant the person's rights had not been upheld.

When we looked at another person's care records we saw there was a letter on file from the consultant psychiatrist involved in the person's treatment. This letter advised the registered manager in October 2015 that, in the consultant's opinion, the person met the criteria for DoLS; this was due to their lack of capacity to consent to their care in the home and the restrictions which were in place to ensure their needs were met. When we checked with the local authority they advised us that a DoLS application had not been submitted to them for the person concerned. During our telephone conversation the registered manager confirmed they had not taken any action to ensure the person's rights were upheld in response to the consultant's advice.

During the inspection we were advised that a recent decision had been taken to restrict a visitor to the home in order to protect a particular individual. We could not see any evidence that this decision had been taken in accordance with the principles of the MCA to ensure it was in the person's best interests.

We noted that there were pigeon holes in the entrance of the home. The registered manager told us they would always place any official looking letters in the pigeon holes for the family members of people who

used the service to read. They told us this was to prevent people who used the service becoming anxious or upset by official correspondence. However, they told us they had not asked any of the people who used the service for their consent to this arrangement.

The lack of appropriate arrangements in place to protect the rights of people who used the service was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with during the inspection spoke highly of the skills and knowledge displayed by the staff. A relative told us, "The staff team seem well trained. They have had a lot more dementia training in the past 12 months. I can't think there is anything they are lacking as far as I've seen."

We saw that new staff completed an induction when they started work in the service. This included an orientation to the home and the reading of policies and procedures.

Staff told us they had completed the training they needed to help ensure they were able to carry out their roles effectively. One staff member told us, "[The registered manager] is always arranging training for us." A relative also told us they had been invited to attend a staff training session on providing care for people living with a dementia which they had found very helpful. However, we could not find any record of training for a member of staff who had been recently appointed.

Our review of staff personnel files showed that longstanding staff had not received formal supervision or appraisal for 10 years. There was no evidence that newer staff had received any formal supervision. Although all of the staff we spoke with told us they were happy with the current arrangements, the lack of formal supervision and appraisal processes meant staff did not have the opportunity to reflect on their practice or to discuss any concerns or learning and development needs they might have.

The lack of supervision and appraisal processes for staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were very happy with the quality of the food provided in the home. Comments people made included, "The food is wonderful" and "The food is good. You get a choice. The meal tonight was very nice." We noted the kitchen was clean and well stocked. The most recent inspection from the environmental health department in February 2015 had awarded the service a 4 (Good) rating.

We observed the lunchtime experience in the service. We noted that the atmosphere was relaxed and unhurried. Staff encouraged people to eat as much as possible. They also provided individual assistance and reassurance to people who required support to eat.

We saw there were systems in place to help ensure people's nutritional needs were met. Staff monitored people's weight on at least a monthly basis. When necessary, staff made referrals to dieticians or speech and language therapists for advice and support.

People who used the service told us staff would always contact health care services such as GPs, opticians or dentists and make appointments on their behalf. One person who had recently moved into the service told us they had been impressed that the GP with whom they were now registered had visited them at the home on two occasions to review their condition.

Is the service caring?

Our findings

All the people we spoke with spoke highly of the caring nature of staff. Comments people who used the service made to us included, "Staff are nice people. They know my needs", "Staff are very good. Everyone is kind" and "I'm very well looked after. I'm an anxious person but I've not been anxious at all since I came here." They told us staff always respected their dignity and privacy. A relative also told us, "It's brilliant here. Staff look after people really well."

During the inspection we observed warm and caring interactions between staff and people who used the service. We noted that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This helped to ensure people's privacy and dignity were respected.

Care records we reviewed included information regarding people's interests and their family and social history. This should help staff form meaningful and caring relationships with the people they supported. Care plans also included information about the things people were able to do for themselves. We noted that staff encouraged people to undertake small domestic tasks to help promote and maintain their independence.

We saw that care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

Our discussions with staff showed they had a good understanding of the needs of the people they were looking after. Staff also demonstrated a commitment to providing high quality care. One staff member told us, "I would be happy for a member of my family to live here; everyone is looked after well." Another staff member commented, "We look after people as if they were our grandparents."

We looked at the arrangements in place to help ensure people received the care they wanted at the end of their life. We noted that four staff members were in the process of completing palliative care training. This was based on the skills for care competences for care staff to deliver effective end of life care. We asked one of the staff members who was completing this training about the difference it had made to their practice. They told us they were now more aware of people's spiritual needs at the end of their life. They also told us the training had helped them to become more confident in discussing end of life wishes with people who used the service.

During the inspection we spoke with a visitor to the service. They told us they were visiting a friend but that a relative of theirs had also been cared for at the home until they died several months previously. They told us, "[My relative] couldn't have had any better care. At the end of her life they [staff] were truly phenomenal. She didn't want to leave here. She was comfortable and staff always checked if she needed any pain relief. They were fantastic with her oral care and fluid intake. I never had to prompt them to do anything."

The visiting health professional we spoke with told us staff in the service were excellent and provided high quality care.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments people made to us included, "Staff know me and know how I like things to be done" and "I am happy with everything."

The care records we reviewed showed the registered manager undertook an assessment of people's needs before they were admitted to the home. This helped to ensure that staff were able to meet people's needs.

We looked at the care records for four people who used the service and noted that these contained information about people's social and personal care needs; this information had been regularly reviewed and updated on three of the four files. However, care plans contained limited information about people's wishes and preferences regarding how they wished their care to be delivered.

Staff told us they would always refer to people's care records to check about the care they required. They also told us a verbal handover took place at the start of each shift. This helped to ensure staff were aware of any changes in a person's needs.

We asked staff about the systems in place to involve people in reviewing the care they received. We were told that people who used the service were not generally involved in care plan reviews and that these were mainly a 'paper exercise'. However staff told us they would always ask families if they were happy with the care their relatives received.

One person who had recently been admitted to the service told us, "[The registered manager] asked me about the care I needed. They [staff] tell you if there is anything you want to change, let us know." Another person told us, "I have had a look at my care file. I definitely get the care I need."

All the relatives we spoke with told us they were always informed of any changes in their family member's needs. One visitor commented, "If staff felt things needed to change with regard to [my relative's] care they would approach me; for example they asked me about moving their bed downstairs." Another relative told us, "[The registered manager] asks me regularly if there is anything we want to change with [my relative's] care."

We asked the deputy manager about the activities available for people who used the service. They told us a member of care staff was responsible for organising the weekly plan of activities; these included reminiscence therapy, flower arranging, bingo as well as outside entertainers. People who used the service told us there were enough activities on offer, although they did not always want to participate in them. One relative told us staff would always try and encourage their family member to take part.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. The deputy manager told us that, because the service was small, they were able to respond immediately should any concerns be raised with them; for this reason no complaints had been recorded by the service.

We asked people who used the service whether they would feel confident in raising any concerns they might have. Comments people made to us included, "If I don't like anything I tell them [staff] and they listen to me", "We see [the registered manager] every day and can talk to her if we have a complaint."

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager was also the provider of the service. They were unable to be present during the inspection due to illness. However, we spoke with them on the telephone on 4 February 2016 to gather further information regarding the management of the service.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they continued to delivered high quality care to people and had maintained full occupancy at the service as a result of this. They told us their key challenges were to improve the quality of paperwork and recording in the service.

People we spoke with during the inspection were positive about the registered manager and senior staff in the service. One person told us, "I always feel like I can go to [the registered manager] with anything." Another person commented, "[The registered manager] is very approachable. She would always be able to sort things out if we had any concerns."

Staff told us they enjoyed working in the service and found the registered manager to be approachable if they wanted advice or support. One staff member commented, "I really like working here. It's hard work but rewarding." Another staff member told us, "It's nice to work here. It's a nice family atmosphere. Staff all work well together."

We looked at the policies available to guide staff in their work. We noted that all the policies were out of date. This was because they referred to outdated regulations. The registered manager told us they were unaware of this. They told us they would ensure the policies were updated as soon as possible.

We asked about staff meetings in the service. We were told that these did not take place due to the small size of the staff team. However, this meant there was a lack of formal opportunity for staff to comment on the service and provide feedback as to any improvements they considered could be made.

We reviewed the systems in place to help monitor and review the quality of the service provided in the home. We saw that a satisfaction survey was distributed by the provider in September 2015. When we reviewed the responses to this survey we noted they had been mainly positive. Comments people had made included, "The home is a very nice place to live" and "All the staff are very good."

The registered manager told us they had never held any resident/relative meetings. They told us this was because they were always available to speak with people and address any concerns they might have.

We reviewed the audit process in the service. We saw that regular audits of the environment had taken place. The registered manager told us they had not completed any medication audits since 2014. They also told us there was no system in place to monitor the quality of care plans.

The lack of robust systems in place to monitor and review the quality of service provided was a breach of 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 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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have appropriate arrangements in place to ensure care and treatment was only provided with the consent of the relevant person.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have robust systems in place to ensure the proper and safe management of medicines.</p> <p>The provider had not taken appropriate action to ensure people who used the service, visitors and staff were adequately protected from the risk of unsafe equipment. Arrangements to ensure the safety of people in the event of an emergency at the service were not sufficiently robust.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding procedures in the service were not sufficiently robust to protect people from the risk of abuse.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have robust systems in place to assess and monitor the quality of the service provided.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured that staff received supervision and appraisal to enable them to carry out their roles.