

B & M Investments Limited

Chesham Bois Manor

Inspection report

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16 December 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9, 14 and 16 December 2016. It was an unannounced visit to the service.

We previously inspected the service on 28 January 2016. The service was meeting the requirements of the regulations at that time.

Chesham Bois Manor is a care home for older adults some of whom are living with dementia. It is registered to provide accommodation for 48 people. At the time of our inspection 41 people lived at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from avoidable harm. Some risk assessments had been completed for instance, for falls and moving and handling. However, we saw where risk assessments had been completed for pressure damage, these were not always accurate. This meant people may not have had access to the correct support to prevent damage to skin.

People were not always protected from the risk of fire. At the time of our inspection the home was undergoing major refurbishment work. As a result some people had moved bedrooms. One person had moved bedroom as their needs had changed and they could not access their existing room due to reduced mobility. Another person's needs had changed as they were no longer able to walk. On day two of the inspection we checked the details regarding what support people required in the event of a fire. This information had not been updated, which meant staff did not have the correct information on how to support people in the event of a fire. We acknowledged that permanent staff did have knowledge of how people needed to be supported.

The service did not always follow the core principles of the Mental Capacity Act 2005. Where people had been assessed as incapable of consenting to care and treatment, the service did not always obtain documentary evidence to confirm people acting on behalf of residents had the legal authority to do so

The service was not always well led. The service failed to notify CQC of some events when it was legally required to do so.

We found records were not always well maintained. At times we found it difficult to find information as it was not readily available. We have made a recommendation about this in the report.

We found people had access to food and drink. People gave us positive feedback about food. Comments included "The food is fantastic" and "The food is not bad." However, staff did not always ensure people

received the support they required at meal times.

Staff were appointed following a recruitment process; however, the service did not always ensure risk assessments for staff were completed when necessary. We have made a recommendation about this in the report.

People told us they felt safe, we received positive feedback from people who lived at the home. Comments included "I feel safe and they check on me during the night," "I'm safe here and I'm not shouted at" and "I have no complaints and feel safe."

People and their relatives told us how caring the staff were, comments included, "I like it here, it's a nice place, the staff are alright and the people are quite nice," "This is a nice hotel, and people would give their right arm to be here" and "My mother is looked after very well, and she's happy with the staff, who are more caring than in another home we've seen."

People had access to a wide range of activities. The home actively encouraged people from outside to visit the home. An entertainer visited the home on a regular basis. People were supported to have the right care and support as the service monitored people's progression through a mapping process.

Staff had improved the environment to ensure it provided opportunities for people to interact and engage in activities which were dementia friendly.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a breach of the Care Quality Commission (Registration) Regulation 2009. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's likelihood of experiencing injury or harm was not always reduced because risk assessments had not consistently been updated to identify areas of potential risk.

People were not always protected from fire. Information available to staff was not consistently updated in a timely manner.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Decisions made on behalf of people who lacked capacity were not made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People had access to food and drink through the day. However, staff did not always know how to support people at meal times.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were supported in an environment that provided opportunities for them to engage in a meaningful way.

People were encouraged to be independent.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service, as each person had their needs assessed. Changes to support provided were made when required.

People had access to a wide variety of activities.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

Is the service well-led?

The service was not always well-led.

People could be not certain any serious occurrences or incidents were reported to the Care Quality Commission. The service had failed to report incidents when it was required to do so.

People were supported by a service that looked to improve the quality of care provided. It undertook regular audits to help drive improvements.

Requires Improvement ●

Chesham Bois Manor

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.

The inspection took place on the 9, 14 and 16 December 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector. On day one of the inspection the inspector was supported by 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.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people living at Chesham Bois Manor who were receiving care and support and eight relatives. We spoke with the registered manager, deputy and assistant managers; eight staff including the activities co-ordinator and chef. We reviewed four staff recruitment and training files. We looked at four care plans in detail and a further two to check details of support required at meal times. We cross referenced practice against the provider's own policies and procedures. We observed meal times and escorted staff when they administered medicines. We checked records relating to the management of the home, including safety certificates.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Chesham Bois Manor.

Is the service safe?

Our findings

People were not always protected from the risk of avoidable harm. Some risk assessments had been completed for instance, for falls and moving and handling. However we saw where risk assessments had been completed for pressure damage, these were not always accurate. This meant people may not have had access to the correct support to prevent damage to skin. We spoke with the registered manager about this. They advised us staff had received training on how to complete the risk assessment. Two people had been assessed as being at a high risk of pressure damage. The service's paperwork identified that if people had been assessed as high risk a referral to a health specialist was required. We checked if referrals had been made. The records did not clearly indicate if referrals had been made and staff were unable to confirm if this had happened.

Staff did not always follow the plans in place for people. Risk assessments had identified what staff needed to do to minimise risks posed to people. For example, one person's care plan and risk assessment stated "(person) is at risk of leaning forward whilst transferring, to use a handling belt at all times whilst transferring, if leaning forward then the hoist should be used." We observed how staff supported the person to transfer. Staff did not follow the care plan and used a technique to move the person that had potential to cause harm. The person concerned needed use of a wheelchair for all mobility. We observed their feet were not placed on foot plates provided. This presented a risk of discomfort and harm to the person. We spoke with the registered manager about this, they told us the staff had been advised the person required a pillow to be placed on top of the foot plates to ensure comfort and reduce potential harm. The registered manager told us this was detailed in the person's care plan. We checked the care plan. The information about the pillow was not included in the care plan. Therefore staff had not been informed how to reduce discomfort and pain while assisting the person to move position. We observed staff supporting another person to stand from a seated position. Staff supported the person in a way that could have caused harm. As staff did not follow current best practice for moving people. We asked the assistant manager to supervise staff while they were supporting people to change position as we were so concerned that harm could be caused.

People were not always protected from the risk of fire. At the time of our inspection the home was undergoing major refurbishment work. As a result some people had moved bedrooms. One person had moved bedroom as their needs had changed and they could not access their existing room due to reduced mobility. Another person's needs had changed as they were no longer able to walk. On day two of the inspection we checked the details regarding what support people required in the event of a fire. The information contained in the emergency fire folder was not up to date. This meant people may not have received the correct support in the event of a fire. On day three of the inspection the registered manager showed us they had updated the information to ensure people were protected in the event of a fire.

These were all breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found the service did not always ensure staff were suitable to work with people who used the service. Pre-employment checks were completed for staff. These included references, and Disclosure and Barring

Service checks (DBS). A DBS is a criminal record check. Providers are expected to ensure additional information is sought when a DBS reveals a criminal record. An industry established response to a positive check is for providers to complete a risk assessment. We found the provider did not always carry out additional checks when a DBS revealed a criminal conviction. We asked the registered manager about this. They told us a risk assessment should have been completed, but it had not been completed. We checked if the provider explored gaps in new staff employment history. The records we looked at did not always demonstrate this had been discussed with staff. We discussed this with the registered manager and deputy manager, they confirmed gaps were explored at interview. The registered manager told us the provider had recently changed the paper work for recruitment and this section had been omitted. The registered manager advised us they would discuss this with the provider.

We recommend the service ensures robust recruitment processes are in place for future staff appointments.

People told us they felt safe in the home. Comments included, "I feel safe and they check on me during the night," "I'm safe here and I'm not shouted at" and "I have no complaints and feel safe." These comments were supported by what relatives told us. One relative told us "I've no complaints and my wife is safe" another relative told us "I've never seen any shouting or bullying."

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. For instance we saw where a person had a sequence of falls, a discussion had taken place with the GP and the person was diagnosed with an infection.

Environmental risk assessments were conducted and regular checks were made by maintenance staff. A fire risk assessment was dated 29 January 2016. On the second day of the inspection some of the required regular checks on water safety were being undertaken. Equipment used to support people to move position were serviced on a regular basis. Other safety certificates were in date.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff told us they would report any concerns to the registered manager and had confidence they would respond quickly to the concern. Staff informed us that they would contact the local authority or the Care Quality Commission (CQC) if management did not report safeguarding concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC. We checked our records and found all concerns had been reported to CQC and the local authority.

The registered manager told us and showed us how they worked out staffing numbers. They identified how dependent a person was. The level of dependence was given a number. This number was translated into staff numbers. On all three days of the inspection we noted there appeared to be enough staff on duty. This was supported by what people and relatives told us. The staff group in the whole home worked together. We observed good communication between staff who identified what work was outstanding. Staff did not appear rushed and we observed call bells were answered in a timely manner. However, on day three of the inspection we saw nine people being supported at lunchtime by two staff. One of the people should have had some support with their meal. We did not observe staff supporting the person. We spoke with the registered manager about this as another staff member on duty was having their own lunch break. The registered manager told us they would review the timings of staff taking their breaks.

People, who required support to ensure they received their medicine on time, were supported by staff who had received training in safe administration of medicines. We observed a lunchtime medicine round and

found practice surrounding medicine to be safe. Staff demonstrated a professional approach when administering medicine. Medicines were stored in a secure cabinet. Where medicine required additional storage and recording we found this happened in a safe and accurate way. On day two of the inspection the assistant manager was checking the new delivery of medicine. There was a clear and robust system in place to check the accuracy of delivered medicines. The assistant manager was responsible for co-ordinating repeat prescriptions and GP visits. A visiting GP told us they felt the service managed medicine really well. They felt the addition of a single point of contact for medical issues was working well.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware when they needed to make an application to the local authority. We noted a number of applications had been made. This was confirmed by the local authority. Where a provider is concerned about a person's ability to make a particular decision a capacity assessment should be conducted. The assessment should be specific to an individual decision. One person had a capacity assessment for "regarding her care needs." The person had been assessed as needing bed rails to prevent the risk of falling from bed. The use of bed rails was not mentioned in the capacity assessment; this was not in line with the MCA. Where a person had been assessed as not being able to make a decision, a best interest process should be made. The registered manager had recorded a best interest decision, but had not recorded what discussions had taken place. The record did not follow the MCA code of practice. We made the registered manager aware of this. We noted the provider had identified this in 2015. The registered manager informed us work was still ongoing to ensure records reflected the whole best interest process and MCA was decision specific.

The service was not always able to provide evidence of how people had consented to care and treatment. We found a number of family members had signed consent forms for their relative. The service had not ensured the family members had legal authority to act on their relatives' behalf or that a best interest decision had been made around a particular consent issue. We spoke with the registered manager about this. They were able to assure us that some relatives had legal authority to act on their family members behalf. The provider had identified this required improvement and was working on a solution to this to ensure it only requested consent from third parties if they had legal authority to give consent.

These were all breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, as the service had not ensured is always acted with the MCA.

People gave us positive feedback about the quality of meals. We observed two lunchtime meals being served. On day one people received the support they required. The meal times were unrushed and the atmosphere was calm. Comments from people included "The food is fantastic," "The food is not bad" and "The food is OK". Relatives told us "My mother likes the food and the choices," "She is happy with the food here" and "He eats well and will eat anything." On the second day of the inspection we observed a lunchtime

meal in another part of the building. After the meal we checked the care plans for two people who we had observed at lunchtime. The support identified in the care plan was not always provided by the staff. For instance one person required food to be cut up and required supervision whilst eating. This did not happen while we were observing the lunchtime meal. We also observed two people attempting to drink from an empty glass, staff did not notice this for the duration of the meal and no drinks were provided for them. We spoke with the registered manager about this. They informed us all staff had previously been made aware of the need to provide a drink at meal times. The registered manager advised us they would be reminding staff to ensure the care plans were followed and people who needed support received it.

People were supported by staff who were knowledgeable and had received training to provide effective care. Staff told us they received an induction to the service. Staff did not work alone until they had worked alongside more experienced care staff. Staff received support from a line manager; this included one to one meetings and an annual review of their performance. The deputy manager had been given the lead for training. We noted a programme of training was already planned for 2017.

People's healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. The service had an arrangement with the local GP to undertake a weekly 'surgery'. We observed where people required support from a qualified nurse, the local district nursing service provided support. One person who had recently been discharged from hospital was having support from a physiotherapist. The registered manager told us of a number of situations where they had sought advice from a specialist consultant in the care of people who have dementia.

The home had been through a previous programme of refurbishment. The deputy manager had undertaken a management programme, which included a project about improving environments for people who have a diagnosed dementia. We saw the deputy manager had received positive feedback from relatives about positive changes to their family member's mood following the changes. The deputy manager had created a sensory room. They told us how a person with little verbal communication had been involved in the creation of the room and they had told the deputy where a piece of artwork should be placed. The deputy manager told us how they had sourced plain artwork and changed the colours and style to be more interesting for people living with dementia. This included items which provided different textures and interest for people. One relative had conveyed their thanks in a letter to the deputy manager, "Thank you for all your hard work in Woodland making it more 'dementia friendly'. The sensory room is inspiring.Also the colourful pictures jotted about the corridor wall, especially the ones with material on them as they are very tactile... Well done (name of deputy manager) an excellent job."

Is the service caring?

Our findings

People gave us positive feedback on how the staff supported people who lived at the home. Comments included, "I like it here, it's a nice place, the staff are alright and the people are quite nice," "This is a nice hotel, and people would give their right arm to be here" and "Some of the staff are lovely and kind. No complaints." Relative told us "The staff are kind and efficient and the room is clean" "My mother is looked after very well, and she's happy with the staff, who are more caring than in another home we've seen" and "The staff are caring, and this home is better than others."

Staff were able to tell us how they would ensure people's dignity, by respecting their choices. For instance, one person liked to smoke cigarettes. This was respected by staff and management. However staff also supported the person to regulate their smoking to reduce a negative impact on their well-being. We observed mixed practice amongst staff. Some staff members demonstrated a high quality service, always ensuring they knocked on a person's door and waited for permission from a person before entering a room. However some staff did not demonstrate respect for people. On all days of the inspection we overheard staff using insensitive language towards people. Some people were spoken to like they were children and called 'good boy'. We spoke with the registered manager and deputy manager about this. They were disappointed as they felt staff had a good understanding of how to respect a person. This was also in contrast to what relatives told us. Comments from relatives included, "I'm pleased with his care, I don't have any issues, they don't talk down to him" and "My sister is treated with respect." The registered manager advised us they would undertake more observations of staff to help improve communication.

People were encouraged to maintain as much independence as they could. We saw where people were physically able to they went outside of the home. One person told us they were going to a local area for a walk; another person told us they were visiting their sister in the near future.

People had access to a wide choice of both indoor and outside areas. A courtyard area had recently been improved to make it more comfortable for people to use. A relative had commented "I know that if (name of person) was still wandering about he would love the courtyard garden with all the brightly painted tubs and musical sound of the wind chimes. The sound of trickling water from the fountain is also very calming."

On the third day of the inspection we saw the library area was being decorated for a forthcoming birthday party. We spoke with the activities co-ordinator about this. They told us the library area was used when families wanted to celebrate special events. The service always provided a birthday cake to people. We spoke with the registered manager about celebrations, they were aware of the way people with differing values and beliefs celebrated certain events. For instance they gave us an example of how they had supported someone with a specific religious belief.

Staff demonstrated kindness towards people. We observed some positive interactions between staff and people. It was clear positive relationships had developed. Staff were aware of what people liked to do. For instance one person liked to sing Irish songs.

Staff were knowledgeable about people's life histories, this was important as staff could speak with people about significant events in their life. We overheard staff talking with people about family members.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. On the first day of the inspection a new bed was being delivered for someone who had been diagnosed as requiring end of life support. The service was responsive to the change in their needs.

Staff were able to tell us how they supported people to make choices about their care, and we saw this in action. People were asked where they wanted to sit and what activities they wanted to join in. Where required people had access to advocacy. Advocacy services give a person independent support to express their views and represent their interests.

Is the service responsive?

Our findings

People received care and treatment that was personalised to them. Pre-admission assessments were completed by a senior member of staff. The pre-admission assessment covered a wide range of a person's health, life and well-being. Topics included consideration to previous life interests, sleep patterns, and religious beliefs.

Staff were able to provide person centred care as they had the opportunity to get to know people and their preferences were recorded. When we spoke with staff they could tell us a lot about people, their likes and dislikes.

In addition to the information gathered before a person moved into the home, the staff worked within the principles of 'Dementia Care Mapping' (DCM). DCM was devised by Bradford University, in order to provide a person centred care approach to people with a diagnosed dementia. The registered manager was able to tell us of many examples where they had used this approach to ensure a person received care that met their needs. The registered manager told us how people had moved to different areas of the home which suited their needs. We observed some people slept in one area of the home; however they spent the day time in another part of the home. The registered manager explained the needs of one person were far greater at night time so they slept in a more dependent area at night.

The registered manager expected all care plans to have a monthly evaluation, to ensure it was reflective of a person's level of need. We noted some monthly evaluations had not been completed. We also noted that some records were not complete. For instance where people required regular turning, it was not always recorded on a chart provided. We spoke with the registered manager and deputy manager about this. The deputy manager was able to produce some other completed records. However these were not stored with the main record. This meant up to date information was not always available. We spoke with staff about this, and they were able to tell us what care had been provided and when. We observed a handover meeting. This occurred between staff at the start of each shift and ensured important information was shared and acted upon.

The service employed two activities co-ordinators. They produced a weekly activity planner which showed daily activities; this involved such activities as reminiscence, balloon games, crosswords, art, singing and word games. We noted a wide programme of activities which provided opportunities for family members to join their relative. For instance the service had planned and held a sixties themed party in the summer and was due to hold a bell ringing event to celebrate Christmas. The activities co-ordinators ensured they spent time in each area of the home, they also visited people who chose or were unable to move from their room. We received positive feedback about the activities. Comments from people included, "It's a very nice place and I like the activities" and "I like the singing and the crosswords". These comments supported what relatives told us. One relative told us "My mother joins in with the activities."

The service had support from outside entertainers. A visiting singer had recently advised the home they were no longer able to continue. However they said "I wanted to say how much it has meant to me to sing for you

over the years. It has truly been an experience I will never forget."

The service sought feedback from people and their relatives. A regular 'resident forum meeting' was held. We saw this was an opportunity to seek views of people and their relatives on suggestions for future events and improvements. We noted if any actions were required as a result of feedback these were acted upon by the service. For instance where comments had been made about the food these were passed onto the chef to action. This was confirmed by the chef.

Is the service well-led?

Our findings

People were supported by a service that was not always well-led. There was an experienced registered manager in post. Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a decision had been made about a DoLS application. We had been told by the registered manager that at least six decisions had been made about DoLS applications. We checked if we had received a notification about these. No notifications had been received by CQC. We discussed this with the registered manager; they confirmed they had not reported this to CQC.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009, as the service did not ensure the Commission was notified of important events when required to do so.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. We found three incidents which met the threshold for duty of candour. Although the provider could not find any records confirming that the required actions had been undertaken. We spoke with the registered manager about this and they could not provide us with reassurance this regulation had been met. Following the inspection we received confirmation from the provider that satisfactory systems are now in place to ensure that all parts of the regulation will be met in future.

We found some records difficult to access at times, for instance, we asked the registered manager for full details of all complaints made. However they were unable to locate the full details. We also asked for copies of the latest safety certificates for checks made on equipment. Initially these could not be located. We spoke with the registered manager about this. They advised us the home had been without an administrator and some filing had not been completed. However, the records relating to people's care and treatment were not always stored in a way that provided a full picture of someone's care and treatment.

Care plans were audited and actions were developed as a result. However the updates and actions required were not always completed in the timescale expected. For instance an audit undertaken on 1 December 2016 identified "Monthly updates need to be completed urgently"; they had not been completed by the date of the inspection. The registered manager told us the new management structure will support the monitoring and updating of care plans in the future.

We recommend the provider seeks advice and guidance from a reputable source about the development of systems for information storage and filing to ensure records are secure but readily available for staff.

Staff told us they were aware of the values of the organisation and spoke passionately about providing a high quality service. We received mixed feedback from staff about the availability of the management. Nearly all the staff told us they felt the management team were approachable and operated an open door

policy. However two staff told us they felt the registered manager was inconsistent in their management of situations. We were unable to speak with the registered manager about this as some of the feedback was received after the inspection. However on both days of the inspection we observed the registered manager was available to staff, and we observed staff enter their office. The registered manager advised they had invested in staff and the new assistant manager had been promoted from within the service.

The registered manager had signed up to the 'social care commitment.' This is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focused on the minimum standards required when working in care. The commitment is aimed to increase public confidence in the care sector and raise workforce quality in adult social care. The registered manager told us they hoped every care worker would also sign up. This demonstrated they were committed to continuous improvement.

The service had a programme of audit and quality assurance processes in place. A senior member of staff from the provider visited the service regularly to monitor the quality of the service. The audit carried out by the head office, looked at the fundamental standards. If actions were required these would be checked at the next audit. The registered manager told us these audits helped them to continually improve the service provided.

The home had good links with the local community and undertook a number of activities to promote local charities. We saw staff engaged in 'wear it pink day for cancer research' and 'jeans for genes day.'

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 18 Registration Regulations 2009 Notifications of other incidents The service did not ensure all the required notifications were made to CQC.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service did not ensure it worked to the core principles of the MCA 2005
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure all risk were assessed and reduced.