

Primrose Court Care Limited

Primrose Court 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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Primrose Court Care Home on 8 February 2017. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We inspected the home in October 2015 and found there were gaps in staff training and supervision; the care records needed to be accurate and up to date; medication administration arrangements needed to be enhanced; and the performance management and audit systems needed to be improved. We found that the home was breaching regulation 9 (Person-centred care), regulation 12 (Safe care and treatment), regulation 17 (Good Governance) and regulation 18 (Staffing). We rated Primrose Court Care Home as 'Requires improvement' overall and in four domains.

Primrose Court is registered to provide residential care and support for up to 20 older people some of whom maybe living with dementia. Each person has their own private bedroom and access to shared communal areas. At the time of the inspection 16 people used the service.

The home has had a registered manager in place since the home registered in August 2015. 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.

Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the home.

At this inspection we found the action the registered manager had been taken had made significant improvements to the way the home was run. The team had worked collaboratively to ensure all of the previous breaches of regulation were addressed.

During the inspection we found that there were insufficient staff on duty, particularly overnight. All of the 16 people who used the service needed the support of at least one member of staff and a quarter of the people needed two staff to assist them. During the night two staff were on duty and we were informed that this had been the case for many years. The registered manager told us that no dependency tool was used to calculate the staffing levels and no consideration had been given to the peoples' gradual increased dependency.

We saw that fire precautions, procedures and the fire risk assessment needed to be improved. The fire procedures referred to one staff member guiding people to the fire point and taking charge of making sure all were accounted for whilst the other staff assisted people to leave the building. Overnight with only two staff on duty it would be impossible to adhere to this procedure. We also noted in the last eighteen months no night staff had completed fire drills. When we discussed what action they would need to take in the event

of a fire the night staff did not realise they were to support people to evacuate the home.

During the day a senior and two care staff were on duty. We noted that the home had accessed apprenticeship schemes and two apprentices were on duty. The staff we spoke with included the apprentices in the numbers of staff on duty and treated them as full member of the team. From our discussions with the registered manager we found that the apprentices were to be supervised when completing any personal care tasks. However we could find no system in place to identify which staff member was allocated to supervise each apprentice. Also there was no mechanism in place to support and verify the learning the apprentices completed each shift.

We found that overall the administration and management of medication was in line with people's prescriptions. However staff needed to enhance the procedures for checking and booking in quantities of bottled medication and medication that were received outside of the monthly delivery.

People told us they were happy with the service and felt the staff did a good job. People felt the registered manager was approachable.

People's care plans were tailored for them as individuals and created with them and their family's involvement. People were cared for by staff that knew them really well and understood how to support them. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff respected people's privacy and dignity.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals.

Where people had difficulty making decisions we saw that staff worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations.

People told us they were offered plenty to eat and we observed staff assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

The registered manager understood the complaints process and detailed how they would investigate any concerns. The registered manager took on board the issues raised in complaints so for example had improved the care records by introducing a one-page summary sheet, as a family member pointed out this could readily assist staff to understand people's needs.

The registered manager was committed and passionate about the people they supported and were constantly looking for ways to improve.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered 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 always safe.

Overnight there were insufficient skilled and experienced staff on duty to meet people's needs.

Action was needed to improve the fire risk assessment and staff ability to safely evacuate people in the event of a fire.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns to senior staff.

Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People lived in a clean and well maintained home with environmental risks managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard authorisations.

People were provided with a choice of nutritious food.

Is the service caring?

Good ●

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

Staff were considerate of people's feelings at all times and always treated people with the greatest respect and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed and care plans were produced identifying how to meet them. These plans outlined each person's individual requirements and were reviewed on a regular basis.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us concerns they had raised were looked into and addressed.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The registered manager was always looking for ways to improve. However they needed to develop better systems for ensuring adequate numbers of staff were on duty and risks were managed.

People's views were sought and acted upon. Relatives' views were sought.

Staff felt their views were sought and acted upon.

Primrose Court 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 registered 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.

An adult social care inspector completed this unannounced inspection on 8 February 2017.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Primrose Court Care Home. We did not receive any feedback.

During the inspection we spoke with seven people who used the service and two relatives. We spoke with the registered manager, deputy manager, two senior carers, four care staff, the cook and a domestic staff member. We looked at five care plans, medicine administration records (MARs) and handover sheers. We also looked at staff files and records relating to the management of the home.

Is the service safe?

Our findings

In December 2016 the fire authority reviewed arrangements and the fire risk assessment and noted a list of remedial actions that needed to be taken to maintain people's safety. We discussed this with the registered manager and they told us the action had yet to be completed, but they had employed an external consultant to assist them make the necessary changes.

We reviewed the fire risk assessment, policy and procedures and found these provided inconsistent guidance. One document stated the fire alarms were linked to the fire station to ensure the fire brigade was automatically called whilst other documents instructed staff to call 999 and report the potential fire. Also the fire procedures set out expectations that staff could not meet and staff were unaware of the action these documents stipulated.

The fire procedure set out that one staff member was to be in charge of coordinating a response to the fire alarm and act as a guardian ensuring all of the people had evacuated the building. We heard from staff that the 16 people who used the service all needed at least one person to assist them and a quarter of people needed two staff to support them. Overnight there were two members of staff on duty so we could not determine how there would be scope for one person to oversee the people outside and the other staff member assist everyone to evacuate.

The night staff we spoke with told us their understanding of the fire procedures was that the fire brigade would evacuate all of the people they could not. They had no plan around how they would coordinate a safe evacuation of the building. Neither the staff nor the procedure discussed staged evacuation and using the compartmentalisation of the building as a means to extend the time needed before everyone left the service.

We reviewed the fire drills that had taken place since January 2015 and saw these occurred every three months. All of the day staff had attended at least one fire drill, but we found that none of the night staff had completed the drill or simulation of an evacuation. Therefore we could not evidence that night staff would know what to do in the event of a fire.

Personal Emergency Evacuation Plans (PEEPs) were in place, but needed updating. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that the PEEPS referred to some people needing one member of staff to assist them to leave. However, when we observed these people it was clear that they needed at least two staff members. Also the PEEPs referred to staff using the moving and handling equipment such as hoists and stand aides, but made no mention of how this was practicable to do in an emergency. No contingency plan was in place for staff to follow to move people, such as using a mattress, in an emergency.

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

The relatives told us that they found staff were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe. They felt although the care staff worked hard there needed to be more staff on duty.

Relatives said, "We are happy with the care, but do find that there needs to be more staff." And, "There are not enough staff on duty overnight, as I can't see how two staff will manage and do really worry that if there was some emergency the staff could not safely deal with it."

Through our observations, review of the rotas and discussions with people and staff members, we found that not enough staff were deployed to meet the needs of the people who used the service. For the 16 people who used the service there was one senior and two care staff on duty during the day. In addition to this two care apprentices, an activities coordinator, a cook and kitchen assistants and domestic staff were on duty during seven days a week. The registered manager and a deputy manager/administrator worked during the week. Overnight a senior and one care staff were on duty and we were informed that this had been the case for many years.

The registered manager told us that no dependency tool was used to calculate the staffing levels and no consideration had been given to the peoples' gradual increased dependency. All of the people who used the service required at least one member of staff to assist them and four people needed two staff to assist them undertake personal care tasks. One person was very unsteady when walking and did not like to use their walking frame so staff needed to keep a constant eye on them to reduce the risk of falls. We found that overnight staff needed to leave lounges unattended whilst they supported people and could be both assisting one person in their bedroom so unavailable to assist anyone else or keep an eye on the person who was at risk of falls.

We saw that fire precautions, procedures and the fire risk assessment needed to be improved. The fire procedures referred to one staff member guiding people to the fire point and taking charge of making sure all were accounted for whilst the other staff. Overnight with only two staff on duty it would be impossible to adhere to this procedure.

During the inspection three care staff were on duty and they also had support from ancillary staff but this level meant again that all care staff could be occupied assisting people and no one would be available to oversee people in the lounge. We noted the registered provider had sought to address this by using the apprentices as a part of the care team.

The registered manager told us that the apprentices were not allowed to practice unsupervised but could not provide us with any evidence to show who was allocated to supervise them. We gained the impression from the staff that the apprentices were not supernumerary and were counted as full members of the team so expected to work independently. We discussed the arrangements around these placements with the registered manager and they confirmed this needed to become a more structured arrangement. No action had previously been taken to ensure the placements offered opportunity for the apprentices to meet their learning objectives and assurance they were developing the skills needed to work in care.

The registered manager confirmed information about people's needs had not been used to determine the number of staff needed to support people safely.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the last inspection we checked the medicines and care records of a person who was prescribed anticoagulant therapy. This medicine is used to treat and prevent blood clots, because it can reduce the ability of the blood to clot. When a person is on this medicine they require careful monitoring in the way of testing of the blood. From the records we looked at we could not see that blood tests had been carried out as often as they should be. The Anticoagulant Alert Card which identifies medication prescribed had not been kept up to date. This alert card is important in an emergency and is used to inform professionals before other treatment is received. The registered manager undertook a monthly check on medicines; however this audit was insufficiently detailed to pick up on areas of concerns identified by both the local authority and the areas that we identified.

At this inspection we found that the previously identified issues had been rectified.

However we found that further improvements were needed to ensure the audits of medicines were effective, as the system in place was not maintaining an accurate count of boxed medicines and medicines that arrived mid-month. Apart from this people's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them.

People told us they were very pleased to be living at the service.

One person told us, "I like living here. The staff make sure we are okay and always check that we are managing." Another person said, "They are a lovely bunch and do go out of their way to make sure we are safe." And another person said, "The staff are thoughtful and if I want attention there is always someone here."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care. Risk assessments covered areas such as, mobility and falls, using the hoist and choking. Staff were able to tell us about the individual measures they put in place to keep people safe. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Charts were used to document positional changes; food and hydration were accurately maintained. The records reflected the care we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place.

Staff were able to clearly outline the steps they would take if they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff said, "I would not hesitate to report any incidents or concerns to the manager."

The registered manager told us safeguarding policies and procedures were in place and all staff had received safeguarding adults training which was kept up to date. We saw records which confirmed that staff had received safeguarding training during 2016.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the service. We saw evidence to show prospective staff had attended interview and the registered manager had obtained information

from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents, including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

Accidents and incidents were managed appropriately. There were few incidents each month but the registered manager discussed how they would analyse these. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff could explain to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We saw that the water temperature of showers, baths and hand wash basins in communal areas records showed the hot water was kept within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler; fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. The registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Is the service effective?

Our findings

At the last inspection we looked at a chart which detailed training that staff had undertaken during the course of the year. We saw that 79% of staff had completed training in infection control and 75% had completed fire training. We saw that 68% of staff had completed training in moving and handling and 64% of staff had completed training in safeguarding. The majority of gaps with this training were for the cook, kitchen assistants and housekeeping staff. The registered manager told us that health and safety training was completed on a three yearly basis. Records looked at during the visit indicated that only 50% of staff had completed this training. We saw none of the staff were up to date with first aid training. We pointed this out to the registered manager as a matter of importance. The registered manager said they would organise first aid training as a matter of priority but also ensure that other training was brought up to date.

At this inspection we found that the previously identified issues had been rectified.

The training records showed that staff had completed all of the necessary refresher training and sufficient staff had completed first aid at work training to cover the 24 hour period each day. All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year such as moving and handling, health and safety, infection control, meeting people's nutritional needs and safeguarding, amongst others. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that they would facilitate this additional training. We heard that the registered provider had just introduced payments for attending training and this was to be paid on a yearly basis. Staff saw this as a positive move.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. Following the last inspection the registered manager had ensured that staff received regular supervision and had completed competency checks.

Staff said, "We get regular supervision and there are always courses for us to complete." And, "The training is good and we are always going on courses."

When new staff commenced work at the service they had obtained access to the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The registered provider had ensured the Care Certificate formed the basis for a comprehensive induction and used this format when new starters commenced work.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

People and the relatives we spoke with told us they thought the staff were good and had the ability to provide a service which met individuals' needs. Relatives told us they thought staff were well trained, which they found meant staff were able to meet people's needs and the needs of their family members.

One person said, "Staff always make sure I am well looked after." Another person said, "The staff are great and treat us like family." And another person said, "I am pleased I moved here and find the staff are always looking at ways to make the home work for me."

Relatives said, "The staff know what they are doing and are always very attentive."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 services 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. Where appropriate, people were subject to DoLS authorisations. People subject to DoLS had this recorded in their care records and the service maintained an audit of people subject to a DoLS so they knew when they were to expire. The registered manager and staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

We found staff only completed mental capacity assessments when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish whether people could make decisions. When appropriate staff completed best interest decisions and followed the MCA code of practice around involving all interested parties in making these decisions.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care needs. We saw that the assessment forms were completed for people and these provided a comprehensive range of information about individual's needs. We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, their doctor and other health and social care professionals as needed.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times.

The cook told us that the registered provider gave them a very ample budget. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and service-cooked. The cook showed us the individual menus they put in place for these people. We saw these were well-structured and ensured the meals provided all of the nutrients people needed to remain healthy.

We saw that Malnutrition universal screening tool (MUST) tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed.

Is the service caring?

Our findings

The people we spoke with told us they were well cared for and that staff were very respectful of their privacy and dignity. People told us all of the staff were kind.

One person said "The staff are a good set and very kind." Another person said. "It is a good place to live." Another person said, "All the staff are very kind and will do anything for you."

Relatives told us they thought the staff were caring and respectful.

A relative said, "The staff seem to care a great deal about the people here and will go out of their way to make us feel welcome."

The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

We found the staff were warm and friendly. Staff were very respectful. All of the staff talked about the ethos of the service being to place the people who used the service at the centre of the service.

We observed staff routinely using good practice such as getting down to people's level (good eye contact) when speaking with them. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

We saw that information about advocacy services was available and when needed the registered manager accessed these services.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

Is the service responsive?

Our findings

At the last inspection we saw that care plans did not contain enough information to help to ensure that the needs of the person were met. For example the care plan for one person stated they needed the assistance of two staff to assist with their hygiene and dressing, but the care plan did not describe what that assistance was. Care plans had not been updated when needs had changed. For example one person who used the service had become increasingly frail. Their care plan had not been updated to inform of their increased needs in all aspects of their care.

At this inspection we found that the previously identified issues had been rectified.

We reviewed the care records of five people and saw each person had an assessment, which highlighted their needs. The care plans had been developed using this information and contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Care plans provided guidance to staff about people's varied needs and how best to support them. For example, one person's care plan detailed the actions staff needed to take to support the person to recognise the deterioration in their mobility. We found the care records were well-written. They clearly detailed each person's needs and were very informative.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. People told us they were involved in looking at how their care needs should be met. All of the relatives we spoke with told us they were involved with the care planning.

We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were designed to be engaging. We saw that group activities occurred throughout the day and all of the people appeared to enjoy them. On the day of our visit a group quiz was run in the morning and members from a local church visited in the afternoon to lead a church service. People we spoke with and relatives told us there was always plenty going on.

One person said, "There is always something going on. The activities coordinator is always finding something for us to do." Another person said. "The staff are always coming up with good ideas."

Relatives told us that when they raised concerns such as around missing laundry the registered manager thoroughly investigated it. They mainly felt each concern was appropriately dealt with, but found issues around missing laundry could re-surface. However, they acknowledged that this was probably an issue for all care homes. Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. The registered manager showed us the complaints policy. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw it was on display in the service.

The registered manager was able to discuss how they would thoroughly investigate issues. They had a solid

understanding of how to work with people to resolve complaints.

Is the service well-led?

Our findings

At the October 2015 inspection the registered manager was able to show us numerous checks which were carried out. We were shown a quarterly health and safety audit (workplace inspection). This was last completed in February 2015. We saw that care plan audits took place on a monthly basis, however we would question the effectiveness of this audit as it did not pick up on the areas we identified as needing improvement. The medication audit did not identify the areas we highlighted as needing improvement. Also the systems for assessing the performance of the service did not identify the gaps in staff training.

The registered provider visited the service on a regular basis, however did not always keep a written record of each visit. We saw that records of visits were not available for August and September 2015, but there was a record of a visit that had been undertaken in October 2015. The registered manager said that meetings for people who used the service and relatives did not take place. Staff spoke to each person on a daily basis and kept a record of what they wanted to do that day but accepted that improvement could be made to seek the views of people who used the service.

At this inspection we found that the previously identified issues had been rectified.

However, the existing systems had failed to critically review the registered provider's policies and assessments such as those for fire safety to make sure there were sufficient resources to meet their aims. No staffing tools were available to assist the registered manager determine how many staff were needed to cover each shift and individual's dependency levels were not updated as their health deteriorated. We found that the lack of oversight in these areas led to breaches of the regulations relating to safe care and treatment and staffing.

The people and relatives we spoke with were generally complimentary about the service and how it was run, but felt more staff were needed. Relatives told us they found the care to be good and people were treated with the utmost respect. They found the staff and registered manager were approachable and listened to their views.

One person said, "The staff are wonderful." Another person said, "The manager is always happy to come and chat with me." A relative said, "The manager is always around and checks we are alright." Another relative said, "I feel happy making suggestions, as the manager is very approachable."

The staff told us they were all comfortable about being able to challenge each other's practice and any suggestions they made would be listened to by the registered manager. A member of staff said "We all get on very well and work well as a team."

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. A survey had been sent out to people and their relatives and all the feedback for this was positive.

The registered manager had been in post in the service was registered in 2015. They had completed the provider information return and ensured statutory notifications were submitted.

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 12 HSCA RA Regulations 2014 Safe care and treatment The risks to people from unexpected incidents such as fire was not managed in a safe manner. Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff on duty overnight to meet the needs of the people. Regulation 18 (1)