

HC-One Limited

Daneside Mews

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

The inspection was unannounced and took place on the 7 and 8 February 2017.

Daneside Mews is registered to provide accommodation and personal care for up to 34 people living with dementia. At the time of the inspection visit there were 24 people living at the service. The service is situated over two floors and people have access to a secure garden which is well maintained.

There was a manager in post within the service however they were not registered with the CQC. The current manager was acting as a 'turn-around manager', employed by the registered provider on a temporary basis to make improvements within the service. The service had been without a registered manager since November 2016.

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

At the last inspection in January 2016 we identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's care records and risk assessments did not contain accurate and up-to-date information. These issues had not been identified by auditing processes. Quality monitoring processes had also failed to identify and act on issues with staffing levels and a failure to follow disciplinary procedures where required. At this inspection we found that improvements had been made, however we identified issues in other areas.

During this inspection we identified repeated breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was identified that the registered provider had failed to take action following an investigation, in response to safeguarding concerns that had been raised. This had resulted in three safeguarding concerns of similar nature over a period of six months because protective measures had not been identified and implemented. In addition there had been a delay of four days in reporting on safeguarding concern. This had failed to ensure people's safety and demonstrated that systems had failed to identify this as an issue.

You can see what action we told the provider to take at the back of the full version of the report.

During this inspection we identified two occasions where the registered provider had failed to notify the CQC of safeguarding concerns that had occurred within the service. This is a legal requirement that is placed on the registered provider.

At the last inspection in January 2016 we found that staff did not have a good knowledge of the Mental Capacity Act 2005 (MCA) and that mental capacity assessments were not in place. At this inspection we

found that staff had a good understanding of the MCA. Whilst mental capacity assessments had been completed as required, there were some outstanding. The manager told us that action would be taken to complete these.

At the last inspection in January 2016 we identified that care records and risk assessments did not contain sufficient or accurate information to enable staff to meet people's needs. At this inspection we found care records had improved and risk assessments contained explicit detail around how people should be supported. Care records were personalised and contained details of people's likes and dislikes. This helped to ensure people received the correct level of support.

At the last inspection in January 2016 people told us that they did not feel there were enough staff and there had been no staffing tool in place to determine the number of staff required. At this inspection there were enough staff to meet people's needs, and a tool in place which showed that the registered provider had enough staff. Staffing rotas showed staffing levels to be consistent which helped ensure people were kept safe.

At the last inspection in January 2017 we identified that disciplinary procedures were not being used where in line with the registered provider's own policy. At this inspection we saw examples where these procedures were being appropriately used to hold staff accountable, and to maintain standards of care.

Staff had received training in areas required for them to carry out their role, however a recent safeguarding investigation had identified that staff had not received training in managing behaviours that challenge. This was despite staff working with people who needed support in this area. An action plan has since been completed by the registered provider in relation to this which showed immediate action was being taken.

During lunch time we observed that staff did not always spend sufficient amounts of time with those people who required support with eating. We checked records of those people affected to ensure that they had not experienced any weight-loss, and found that they had not. The manager raised our concerns with staff so that these could be addressed.

Positive relationships had been developed between people and staff. Staff supported people to engage in activities such as having a walk in the garden, singing and knitting. We saw staff spending time with people talking and laughing. People's relatives commented that they felt welcome at the service and were offered refreshments.

People had been involved in the development of their care. Care records contained details around their life histories, likes and dislikes. There was information with regards to people's end of life wishes, and information was clearly displayed where people did not want to be resuscitated in the event of their death. However there was no evidence to show that people were involved in the review of their care needs. We raised this with the manager who informed us this would be implemented during future reviews.

There was a complaints process in place which people had made use of. Complaints records showed that concerns had been responded to in a timely manner. This ensured that people's concerns were being addressed.

The environment was kept clean and tidy and smelled fresh. Parts of the environment had been adapted to meet the needs of people living with dementia, for example communal areas were decorated with colour schemes appropriate for people living with dementia. However, other parts of the environment required further consideration with regards to accommodating the needs of those people living with dementia. The

manager told us that plans were in place around this.

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.

Safeguarding procedures were not always followed to ensure people were kept safe.

Recruitment processes were robust and helped ensure that staff were suitable to work with vulnerable adults.

Medicines were stored securely and people received these on time, as prescribed.

Is the service effective?

Good 

The service was effective.

People were given choice and control over their care by staff. However in some instances mental capacity assessments had not been completed as required by the Mental Capacity Act 2005.

Staff had received training in areas needed to carry out their role, however further training was needed in managing challenging behaviour.

Care records contained information around people's dietary needs. However we identified areas where the meal time experience could be improved.

Is the service caring?

Good 

The service was caring.

Positive relationships had been developed between people and staff and family members were made to feel welcome within the service.

Personal information was stored securely within the service, which helped ensure people's confidentiality was maintained.

Where required people received support from the local advocacy service. This helped ensure that people's wishes and feelings were taking into consideration.

Is the service responsive?

Good ●

The service was responsive.

Care records contained accurate and up-to-date information around people's care needs and how staff should respond to support them.

Activities were available for people which ensured they were protected from the risk of social isolation.

There was a complaints process in place which was available to people. Complaints records showed that concerns had been responded to in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There had been no registered manager in post since November 2016 and there had been a high turn-over of managers over the last 12 months.

Quality monitoring systems had failed to identify and address concerns relating to safeguarding vulnerable adults.

The registered provider had failed to notify the CQC of certain events that had occurred within the service as required by the law.

Meetings were held with people, family members and staff to ensure that important information was communicated. This also gave people the opportunity to feedback on any concerns.

Daneside Mews

Detailed findings

Background to this inspection

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

This inspection was unannounced and was carried out on the 7 and 8 February 2017.

The inspection was completed by an adult social care inspector and an expert by experience, who was familiar with working with older people who require services. 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). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the planning process.

Prior to the inspection we contacted the local authority quality monitoring team and safeguarding team. They raised concerns around the high turnover of management within the service. During the inspection process the safeguarding team raised concerns over the registered provider's handling of safeguarding concerns.

During the inspection we looked at the care records for five people. We spoke with three people, three family members and five staff, as well as the manager and the area director. We looked at the recruitment records for three new members of staff. We made observations on the service's interior and exterior. We also looked at documents pertaining to the day-to-day management of the service, such as meeting minutes and audit systems.

Is the service safe?

Our findings

People told us that they felt safe within the service and that they were "well looked after" by staff. Their comments included "Oh yes I feel safe here" and "It's safe as houses". People's family members also commented that they felt their relatives were safe within the service. One family member told us, "It feels safe here".

At the last inspection in November 2015 we identified that staff were not always clear on how to report safeguarding concerns outside the organisation. It is important that staff know this process so that they can voice their concerns in situations where senior members of staff are not available, or where concerns are related to management. At this inspection staff had a good knowledge of the reporting process, both inside and outside the organisation. Staff had received training in safeguarding vulnerable adults and were aware of the signs and indicators of abuse.

However, at this inspection we identified that the registered provider had failed to take action to investigate a safeguarding concern as required by the local authority in October 2016. In March 2017 the registered provider had still not completed this investigation. This had meant that the same safeguarding issue had occurred three times over a period of six months, because the registered provider had failed to put protective measures in place. In addition, it was identified that there had been a delay of four days in reporting a safeguarding concern to the local authority.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to take appropriate action to keep people safe.

At the last inspection in November 2015 we identified that there were not sufficient numbers of staff in place to meet people's needs. At this inspection we found that this had been rectified.

The manager told us that following the last inspection the registered provider had completed a review of people's needs within the service. This had identified that there were some people whose needs were too complex for the service to meet. More appropriate accommodation had been sought for these people so that their safety could be maintained. This had impacted positively upon staffing levels and meant that staff were more able to meet people's needs. People commented that they felt there were enough staff and staff told us that they did not feel staffing was an issue anymore.

The registered provider had implemented a dependency tool which helped them to determine the number of staff required, based on the number of hours required by each person using the service. This tool showed that the registered provider had the correct number of staff in place to meet the hours set out by the dependency tool.

Accident and incident records were maintained and action had been taken to keep people safe. Where people had fallen multiple times this had been identified and referred to the person's GP. In those examples where people were at risk through the night there were night-time sensors in place which alerted staff

should people try and get out of bed without the necessary support.

Risk assessments had been completed in relation to people's needs. These outlined to staff what they needed to do to ensure people's safety, and how they should respond. For example one person living with dementia was monitored by staff whilst having a smoke to ensure that they did not burn themselves. Another person had a risk assessment in place which outlined the risks associated with one of the medicines they were prescribed, including the adverse symptoms this may cause. Personal emergency evacuation plans (PEEPs) were also in place which outlined to staff how people should be supported to exit the building in the event of an emergency.

We looked at the recruitment records for three members of staff. Staff had been required to provide two references, one of which was from their previous employer. Checks had been carried out by the disclosure and barring service (DBS). The DBS alerts employers to any criminal convictions, or applicants are barred from working with vulnerable adults. This helped ensure that new staff were of suitable character to work with vulnerable people.

Checks were completed on parts of the environment to ensure that it was safe for people. Water temperatures were being monitored to ensure that water was not too hot or too cold. Water sampling had taken place to ensure that there were no harmful bacteria in the water supply, and a risk assessment had been completed around this. The passenger lift and other electrical equipment such as hoists had been checked and serviced to ensure they remained in good working order and were safe.

We observed that the environment was safe and secure. Doors leading outside remained locked and required a passcode to enter and exit. Areas of the environment that posed a risk to people such as sluice rooms and stairs remained locked to ensure people's safety was maintained.

Staff had received training in infection control procedures. During the inspection we observed staff wearing appropriate personal protective equipment (PPE) such as disposable gloves and aprons. Staff demonstrated a good understanding of infection control procedures and there was alcohol gel and places for staff to wash their hands throughout the service.

People received their medication as prescribed. We observed a member of staff completing a medication round. Medication administration records (MARs) were appropriately signed after each person had been given their medicines to take. There were instructions available regarding those medicines that were to be given 'as required' (PRN), which outlined to staff when these should be given. There was a room where medicines were stored and this was kept clean and tidy. The temperature within this room was monitored to ensure that medication was kept at the correct temperature, as per the manufacturer's guidance.

Is the service effective?

Our findings

People told us that staff were skilled and good at their job. One person commented, "Oh they are very good", whilst a family member commented that staff met their relative's needs skilfully.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager showed us that DoLS applications had been made as required by the MCA.

At the last inspection we found that mental capacity assessments had not been completed for those people who lacked capacity to make decisions, as required by the MCA. During this inspection we noted that mental capacity assessments were in place for some people, but not all. For example we identified examples where pressure mats were being used to monitor people during the night. These alerted staff should people get out of bed without the required support. Any form of monitoring could act to impact upon people's liberty and therefore a mental capacity assessment needed to be completed to ensure that it was in people's best interests. We raised this with the manager who told us that mental capacity assessments would be completed as required.

At the last inspection we found that not all staff had a good understanding of the Mental Capacity Act 2005 (MCA), or the associated deprivation of liberty safeguards (DoLS). At this inspection we found that some staff were in the process of completing training in the MCA. Staff demonstrated that they understood the importance of offering people choice and control over their care needs. For example we observed people being asked what they would like to drink, and we overheard one member of staff asking a person what clothes they would like to wear for the day. This helped ensure that people's rights and liberties were being protected.

People did not always receive the support they required during meal times. During lunch time we observed three people who needed support with eating their meals. Staff did not spend an adequate amount of time supporting these people to eat. At the end of the meal time, these three people had only eaten a small amount of their food before their plate was taken away and desert was offered. We looked at information relating to weight monitoring for these people and found that they had not experienced any episodes of unplanned weight-loss, and had not been deemed to be at risk of malnutrition. We raised this with the manager who discussed this with the staff involved.

People's care records clearly outlined any support needs they had in relation to eating and drinking. Where

people required a soft diet due to a high risk of choking, this had been provided. Meals were prepared off-site at a neighbouring service and delivered. Catering meetings were held to discuss the quality of the food, and address any changes that needed to take place. For example at a meeting in January 2017 it had been requested that additional finger foods be sent over. This ensured that the caterer could make changes to meet the needs of the service.

Care records showed that people received support from health professionals. For example, people had been referred to their GP for support as required, and referrals had been made to the dietician where people were at risk of weight-loss. Monthly meetings were held with a GP from a local practice during which people could be supported to raise health related issues. This helped maintain people's health and wellbeing.

Staff had received training in areas needed for them to carry out their role. However, a safeguarding investigation conducted by the local authority highlighted that training around managing behaviours that challenge had not been provided to staff, despite staff providing support to people who experienced episodes of physical and verbal aggression. Following the inspection the registered provider sent us an action plan which showed this training would be completed by April 2017.

Training records showed that staff had up-to-date training in areas such as equality and diversity, moving and handling, food safety and fire safety. Training was delivered through a mixture of both classroom and computer based learning. Some staff were in the process of completing nationally recognised qualifications in health and social care. There were also opportunities available to help staff to develop and progress in their role. This helped ensure that staff knowledge was kept up-to-date with best practice.

There was an induction available to new members of staff which included the completion of the care certificate. The care certificate is a national qualification which care staff are required to complete. This sets out the standards expected of staff working in social care. New staff were also required to complete a period of shadowing experienced members of staff during their probation period. The performance of new staff was monitored through supervision, and a decision was made at the end of the probationary period around whether they were suitable for the role. The manager was able to show examples where people had not successfully completed their probationary period which showed that this process was robust.

Staff received supervision and appraisals on a regular basis. Supervision allowed staff to discuss any training or development needs, and also allowed the manager to raise any performance related issues. The manager was in the process of completing appraisals for the coming year. Appraisals look at performance, and allow objectives to be set for continued development. Supervision and appraisal took place on a one to one basis with the manager.

The environment was clean, tidy and smelled fresh throughout. Communal areas were kept at a comfortable temperature and people presented as relaxed and comfortable. Contrasting colour schemes had been used in these areas to promote spatial awareness amongst those people living with dementia. For example the chairs were a different colour to the carpets. People living with dementia can often experience changes to their visual perception, and it is therefore important that environmental adaptations are made to compensate for this.

Whilst some parts of the environment showed that the registered provider had given consideration to the layout of the environment for people living with dementia, we raised other areas that would benefit from further consideration. For example corridors did not contain objects that would help people with way finding, such as distinctive markers on people's bedroom doors. Signage was in place to help people understand what different rooms were used for, however often this was placed above eye level which meant

it was not always within view. We raised this with the manager who informed us that plans were in place to make corridors more dementia friendly.

Is the service caring?

Our findings

People commented positively on staff, describing them as "wonderful" and "great". One person's relative told us, "Staff are excellent. They are patient with residents".

People appeared relaxed and at ease in the company of staff. There were friendly discussions going on and we observed staff sitting and spending time with people in the communal areas. Staff spoke kindly towards people and showed a good level of knowledge about people and their life histories. This showed that positive relationships had been able to develop between staff and the people they cared for.

People were able to personalise their bedrooms which helped make them feel more homely. Some people had chosen to bring photographs of their family members or other personal items. Bedrooms were kept clean by domestic staff. The registered provider was in the process of renovating people's rooms and we saw evidence which showed that people had been given the opportunity to make choices regarding their preferred colour scheme.

Staff acted to relieve and prevent people from becoming distressed. In one example a person was becoming anxious as they did not know where they were. A member of staff stopped what they were doing and took this person to sit in their bedroom to help them calm down. In another example a member of staff helped diffuse an argument between two people and prevent the situation from escalating. This showed that staff were proactive in maintaining people's wellbeing.

People were treated with dignity and respect. Staff spoke respectfully towards people and where they supported people with attending to their personal care needs they ensured that doors were closed. People's bedrooms had blinds and curtains in place to ensure their privacy was maintained. Personal information was stored securely which helped to ensure that people's confidentiality was protected. Computer records were accessed using a password which helped to ensure online data was kept secure, and could not be accessed by unauthorised individuals.

People's family members told us that they were made to feel welcome when they visited. We observed examples where staff offered them refreshments such as tea, coffee or biscuits. One family member told us that they visited on a daily basis and were able to have lunch with their relative. This person had developed a good relationship with staff within the service and we saw them giving the manager a hug.

People's care records contained information about their life histories which showed that they and their families had been involved in some aspects of developing their care. Care records contained information around people's end of life wishes where they had been happy to discuss this. Where people did not wish to be resuscitated in the event of a medical emergency, this information was clearly outlined at the front of their care records. However, the review process for ensuring care records were accurate did not demonstrate that people or their family members had been involved in this. We suggested that the registered provider take this into consideration.

Information was available for people around how they could contact the local advocacy service. At the time of the inspection some people received support from an advocate. In addition the manager demonstrated a good knowledge of those situations where an advocate should be involved to support people. An advocate acts as an independent source of support to people where decisions are being made about their care needs. An advocate ensures that their wishes and feelings are taken into consideration.

Is the service responsive?

Our findings

People told us that staff provided a good standard of care and support. Their comments included, "Staff really help me" and "I don't know what I'd do without the staff here".

At the last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care records contained conflicting information, and risk assessments did not contain the required level of detail. At this inspection we found that improvements had been made in relation to care planning.

Initial assessments had been completed prior to people moving into the service. These were completed to ensure that the service was able to meet people's needs, by looking at their level of need. Information included in the assessment included people's physical and mental health and communication needs, along with contact details for their next of kin, GP and social worker. This information was then used to help develop a more detailed care record.

Care records included information relating to people's health and wellbeing. For example one person's record outlined that they sometimes exhibited behaviours which could be challenging, and what staff should do to support with managing this. In this example staff completed a chart which outlined the cause, the behaviour exhibited and what was done in response. This ensured a robust record, and also enabled trends and patterns to be identified. Other care plans included information such as people's difficulties with their mobility and the level of support they required with this.

Daily monitoring charts were completed by staff. These acted as a written record around the support provided to people on a daily basis. Turn charts were in place for those people who needed support with altering their position through the day, and nutrition and fluid balance sheets were provided information on people's nutritional intake where they were at risk of malnutrition. Body maps were being completed in relation to marks or injuries sustained by people, however in two examples updates had not been made to the body map chart to demonstrate ongoing monitoring. We raised this with the manager so that they could discuss this with staff.

People's care records contained personalised information about them. These clearly outlined details relating to their personal histories, likes and dislikes. For example, one person's care record outlined that they enjoyed spicy foods but disliked pork, whilst another person's care record outlined how they liked to have their hair styled. This provided important information to care staff which enabled them to get to know people, and facilitated the development of positive relationships.

Care records included a dependency assessment tool which outlined whether people required a high or low level of support in relation to a number of tasks such as personal care and mobility. This provided staff with a basic overview of people's needs and the level of support they required with specific tasks.

Information within care records was reviewed on a monthly basis to ensure that it remained up-to-date and

accurate. This helped to ensure that staff had access to relevant information around people's needs.

During the inspection visit we observed activities taking place. Staff spent time with people in the lounge area chatting, and In one instance a member of staff was helping a person to knit. On two occasions staff assisted people with going for a short walk in the garden whilst the sun was out. On day two of the inspection that was a sing-along in the lounge area which people appeared to be enjoying. People's care records contained up-to-date information on activities they had participated in, which provided details around how much they enjoyed the activity and their level of engagement. This helped with planning future activities.

There was a complaints process in place which was available for people in the service user guide. This provided information around how to raise concerns within the organisation, or with an external organisation, such as the Care Quality Commission (CQC) or the local authority. A record of complaints was kept by the manager which showed that action had been taken in a timely manner to respond to concerns raised.

Is the service well-led?

Our findings

People told us that they thought the service was well run and that they enjoyed living at the service. One person commented, "Oh yes I like living here". Family members also made positive comments about the service and the manager. Their comments included, "It seems very well organised here" and "The manager is marvellous".

There was a manager in post within the service however they were not registered with the CQC. The current manager was acting as a 'turn-around' manager, employed by the registered provider on a temporary basis to make improvements within the service. The service had been without a registered manager since November 2016. The service has had three managers over the past 12 months.

At the last inspection we identified a breach of Regulation 17 Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring systems had not been robust. At this inspection we found that improvements had been made to some audit processes. These had identified issues within care records, helping to ensure that information was consistent throughout. Issues around staffing levels had been addressed and a staffing tool was being used to ensure the correct number of staff were in post. Previously, the disciplinary procedure had not been used effectively where staff had failed to adhere to the registered provider's policies. At this inspection we found that disciplinary procedures were being used effectively.

During this inspection however, we identified an example where the registered provider had failed to follow the local authority's safeguarding policy and procedure, as well as their own. The registered provider's safeguarding policy states, "We must respond appropriately when we suspect abuse has occurred or is at risk of occurring, and take action to prevent abuse from happening". In October 2016 the local authority's safeguarding team had asked the registered provider to complete an internal investigation and provide them with a report into an allegation of abuse. Despite multiple requests this was not received by the local authority until March 2017. As a result of this, effective measures had not been put in place to prevent similar incidents from occurring again. This demonstrated a failure by the registered provider to learn from previous issues.

The registered provider had a system in place to monitor the quality of service. Information from audits was sent to the registered provider for analysis. In addition to this quality visits were completed by the registered provider to ensure compliance with health and social care regulations. Despite these processes, safeguarding issues in relation to one person had not been picked up. Following the inspection visit the local authority issued a requirement that the registered provider complete an action plan to remedy the issues identified.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to demonstrate that effective systems were in place to keep people safe.

The registered provider is required to notify the CQC of specific events that occur within the service. During the inspection we identified two examples where the registered provider had failed to notify us of safeguarding incidents that had occurred within the service. It is important that we are notified of these events so that we can ensure appropriate action has been taken to keep people safe. Because of this the registered provider had failed to meet obligations required of them by the law.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There were audit systems in place to monitor aspects of the service. Weight audits were completed on a monthly basis to monitor those people at risk of weight-loss and ensure that measures were in place to prevent them from becoming malnourished. Falls audits were also completed to monitor the number of falls within the service. This allowed the manager to identify those people who were at higher risk of having a fall and ensure that measures were in place to protect them, for example using sensor mats during the night or increased levels of monitoring during the day.

Daily walk arounds were completed by the manager to assess the quality of the service. These included assessing the quality of the care being provided to people, ensuring infection control procedures were being used by staff, and checking the security of the premises. Throughout the inspection we observed the manager frequently spending time out of the office. This was good practice as it ensured they were accessible to people, family members and staff so that they could address any concerns raised.

Annual surveys were completed by the registered provider. The results of the most recent survey were in the process of being analysed and so were not available for us to look at. However records showed that meetings involving people using the service and their family members were being held routinely. The last meeting had been held in November 2016, during which no major issues had been raised. The manager was in the process of organising a cheese and wine evening for people and family members. This ensured that people and their family members had the opportunity to raise concerns.

Daily staff meetings were completed at the beginning and end of each shift, during which staff shared important information with their colleagues around any issues that had arisen. Staff meetings were also held with the manager on a regular basis during which discussions around any changes were discussed. This provided staff with the opportunity to ask questions and make suggestions around changes to the service. One member of staff commented that the manager had been proactive in dealing with concerns they had raised.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provided had not taken appropriate action to protect people from harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to follow processes in relation to their own safeguarding policy.</p> <p>Quality monitoring systems had failed to identify and address ongoing issues in relation to a safeguarding concern.</p>