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Loreto Cottage

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of the service on 2 and 5 October 2015.

Loreto Cottage provides accommodation and personal care for up to 15 people living with a learning disability.

Loreto Cottage is required to have 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. At the time of the inspection a registered manager was in post.

At our last inspection in January 2013 we found the provider was in breach of two Regulations of the Health and Social Care Act 2008. This was in relation to the management of medicines and staffing levels. At this inspection we found the provider met these breaches in regulation. However, some improvements were identified as required to ensure sustainability in these areas.

At this inspection people who used the service and relatives we spoke with said that people were cared for safely. The provider had a safe recruitment procedure in place that ensured people were cared for by suitable staff. Staff were aware of the safeguarding procedures in place to protect people from avoidable harm and abuse.

Summary of findings

Accidents and incidents were recorded and appropriate action was taken to reduce further risks. This included referrals to healthcare professionals for further advice and support in meeting people's needs.

CQC is required by law to monitor the operation of the Mental capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. Staff were aware of the principles of this legislation. MCA assessments and best interest decisions had been made for some people. We identified that the registered manager needed to take action in relation to the DoLS. This action was taken during our inspection.

People received sufficient to eat and drink. This included appropriate support to eat and drink and independence was promoted.

Staff were knowledgeable about people's healthcare needs and people were supported to access healthcare services to maintain their health.

Staff received informal support but limited formal support where they could discuss and review their learning and development needs. Staff received an induction and ongoing training. However, some shortfalls were identified with the monitoring of training.

People and relatives we spoke with were positive about the care and approach of staff. Some observations of care provided by staff were caring and compassionate but some inconsistencies of the quality of care provided were identified. People's preferences, routines and what was important to them had been assessed. Support was provided to enable people to pursue their interests and hobbies.

People were not actively involved in the development and review of the care and support they received.

The provider had a complaints procedure but this was not easily accessible for people. Confidentiality was maintained and there were no restrictions on visitors.

The provider did not have effective checks and audits in place that monitored the quality and safety of the service. Whilst relatives had received opportunities to give their feedback about the service people that used the service had not received this opportunity.

We found the service was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

The management of medicines including training for staff required further improvements to ensure sustainability and consistency.

The deployment of staff required regularly monitoring to ensure appropriate staffing levels were provided. Safe recruitment procedures for staff were in place.

Risks to people had been assessed and planned for but staff had not always followed safe practice guidance.

Staff were aware of their role and responsibilities in relation to protecting people from abuse.

Requires improvement



Is the service effective?

The service was not consistently effective.

People were appropriately supported with their dietary and nutritional needs but monitoring of people's weight was ineffective. Staff supported people to maintain good health and accessed healthcare services including specialist healthcare support.

People received support from staff that had been and trained and understood their healthcare needs. However, shortfalls were identified in the monitoring of staff training and staff training needs were not reviewed at regular intervals.

The principles of the Mental Capacity Act 2005 were known and understood and action was taken in relation to the Deprivation of Liberty Safeguards to ensure people's human rights were protected.

Requires improvement



Is the service caring?

The service was not consistently caring.

There was a lack of consistency in the care and approach of staff. Dignity and respect was not always maintained.

People did not easily have information available to them if they required independent advice when making decisions about their care.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

People did not receive opportunities to be involved in the development or review of their support plans.

People did not always receive a responsive service that met their individual needs.

Requires improvement



Summary of findings

There was a complaints procedure but this was not easily available for people to use.

Is the service well-led?

The service was not consistently well-led.

Risks to the service had not been identified by the registered manager and there were no structured processes in place to monitor quality and improve the service.

Staff understood the values and aims of the service but had limited structured opportunities to review and discuss their practice.

The management team were approachable and visible. Feedback from relatives had been sought about the service but not from people who used the service.

Requires improvement



Loreto Cottage

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 5 October 2015 and was unannounced.

We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about.

The inspection team consisted of two inspectors and 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.

On the day of the inspection we met with four people who used the service. Some people had communication needs that meant their feedback about all aspects of the service

was limited in parts. We spoke with the registered manager, a senior care worker and two care workers. We looked at all or parts of the care records of three people who used the service along with other records relevant to the running of the service.

After the inspection we contacted four relatives and the GP, psychiatrist, physiotherapist, speech and language therapist and community nurse for their feedback about the service. We also contacted the deputy manager and an additional senior care worker.

Is the service safe?

Our findings

Our previous inspection found that the provider had not appropriately protected people because there were insufficient numbers of suitably qualified, skilled and experienced staff to safeguard people's health, safety and welfare. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1 April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in regulation was now met, however further improvements were required to ensure people consistently received the right level of care and support they needed.

People who used the service and relatives we spoke with did not raise any concerns about the staffing levels provided. Equally, healthcare professionals who gave us feedback said that they had not identified concerns about the availability of staff during their visits to the service.

Staff spoken with said that since our last inspection the staffing levels had changed to increase the availability of staff at the busiest times on the day and week. One staff member said, "I have no concerns about the staffing levels." Another told us, "Generally there's three to four staff on duty."

We observed there to be sufficient staff available in the morning to meet people's needs. However, we identified concerns with the staffing levels later in the day. We observed the registered manager and a care worker were on duty between 1pm and 3pm and there were three people who used the service in the home during this time. One person had additional needs that meant they required the support of two staff to assist them with their mobility. We observed that the registered manager left the building for a short while leaving the care worker alone. We noted that the care worker's availability to spend time with people was limited as they were preparing the evening meal. Staff we spoke with confirmed that this situation did happen on occasions but was infrequent. However, the registered manager told us that they were on duty alone each Friday between 1pm and 3pm and that some people remained at home on this day. We were concerned that the current deployment of staff meant that there was a potential risk that people may not have had their individual

needs met. We had a further discussion with the registered manager after our inspection who agreed to review the staffing levels between 1pm and 3pm to ensure sufficient staff were deployed to meet people's needs at all times.

Safe recruitment procedures were followed. Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included checks on criminal records, references, employment history and proof of ID.

Our previous inspection found that the provider had not appropriately protected people because the arrangements for the management of medicines were inadequate. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1 April 2015 corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in regulation was now met, however further improvements were required to ensure people consistently received their medicines safely. Since our last inspection action had been taken to improve practice and medicines were stored and managed appropriately.

One person told us about the medicines they took and how staff supported them to take their prescribed medicines. Relatives we spoke with said they were confident that people were supported with their medicines safely. Two healthcare professionals told us that they had not identified any concerns in relation to the safe administration of prescribed medicines.

On the day of the inspection we observed the registered manager administer medicines to people. We noted that they handled a tablet without wearing gloves. The safe handling of medicines practice guidance states a non-touch approach is required. Where people had prescribed lotions or mouthwashes the details of these were recorded on their medication administration record. However, staff had not signed these records to confirm people had received these. Whilst staff said these were kept in people's rooms and staff supported them, there was no documentary evidence to confirm this. We observed that medicines were administered correctly, safely and recorded and records confirmed this.

We found at this inspection that there was some confusion by staff of the frequency of medicines training. Additionally,

Is the service safe?

it was not clear when staff had received observational competency assessments a requirement in the safe handling of medicines. The registered manager was unable to provide us with a staff training matrix or records to confirm when staff had received this training. The registered manager told us that they and the deputy manager did regular observational competency but said these were not recorded. The deputy manager and staff confirmed what we were told. Due to the lack of factual evidence that staff had received refresher training in the safe administration of medicines, the registered manager arranged for staff to do this training as a matter of priority. We spoke with staff after our inspection who confirmed that they had received some specific training and that they were required to complete further training within a given timescale.

After our inspection we made a referral to the medicines management team for social care within the clinical commissioning group to provide the service with guidance and support.

People who used the service including relatives we spoke with did not raise concerns about staff not protecting them from avoidable harm or abuse.

Staff were aware of their responsibility to protect people from abuse and knew how to recognise the signs of abuse and how to report suspected abuse. The service had a safeguarding policy and procedure. Records showed that when incidents of a safeguarding nature had occurred

these were recorded. We saw examples of action taken to reduce further risks such as the security heightened due to a person leaving the service unaccompanied which posed some risks to them.

Risks to people who used the service had been assessed and risk plans were in place that advised staff of the action to reduce and manage risks. For example, some people required support with their mobility to keep them safe. However, during our inspection we observed staff used an inappropriate and unsafe move when assisting a person. We reported this to the registered manager to enable them to take appropriate action. We found that maintenance checks for equipment were up to date. However, we found some concerns in relation to risks with the environment that had not been identified by the registered manager. For example, not all windows that should have restrictors had these and not all radiators had the heat safely managed.

Some concerns were identified with the cleanliness and infection control measures in place. For example, communal toilets did not have adequate hand hygiene in place with regard to drying hands. Whilst the registered manager gave a reason for this they had not looked at alternate methods to protect people. Some inappropriate items were found in bathrooms such as anti-bacterial spray this posed a risk to people. Some toilet brushes were found to be dirty and a bath mat was found to be in use. This was a cross contamination risk if not changed after each person had used it. We were not assured that it was replaced appropriately. We made a referral to the infection control matron for social care within the clinical commissioning group to provide the service with guidance and support.

Is the service effective?

Our findings

People told us they liked the staff that cared for them. Relatives we spoke with were positive that people were cared for by staff that were competent and knowledgeable. One relative said, "There is a low turnover of staff meaning that staff on the whole are very experienced." Another relative said, "All the staff are good, they're experienced and know people's needs very well."

The feedback received from healthcare professionals about how effective staff were was positive. One healthcare professional said, "There is a core group of staff that are very good, experienced and knowledgeable. The deputy is very skilled and ensures people's needs are met."

Staff we spoke with told us about the induction, training and support they received. Staff were positive about the training and support provided. One staff member told us about their experience of induction and about their six month probationary period. They said this was a positive experience and that they felt the induction, training and shadowing of experienced staff helped them to prepare them for their role and responsibility. Staff also said that they felt supported by the registered manager and deputy manager. They said that formal opportunities to meet to discuss their practice and development needs were infrequent but they did not raise concerns about this.

The registered manager told us about an accredited training provider they used to deliver training for staff. We saw examples of training certificates that confirmed what training some staff had received during this year. This included autism awareness and epilepsy, fire safety, food hygiene and first aid. The registered manager told us that they had a staff training matrix but said this needed to be updated and did not show us it. The deputy manager told us that the training was monitored by another person within the organisation. We saw the induction programme that staff had completed. This was based on the common induction standards for social care staff. This was due to be reviewed to reflect the new Care Certificate that has been introduced as good practice within social care and replaces the common induction standards.

The registered manager and deputy manager told us they provided support to staff. This included the opportunity for staff to formally meet with them twice a year to discuss their practice and performance. However, they said that

due to both of them working directly with staff they constantly had discussions with staff about their performance. The deputy manager told us, "We are constantly providing feedback to staff as we work so closely but we [the registered manager] and I recognise that we need to record our conversations with staff and make them more formal." Without records of discussions with staff means that staff's performance was not effectively monitored and assessed.

Staff gave examples of how consent was sought before care or support was given. We saw staff practice this when offering people choices of food and drinks, how people wanted to spend their time and before support was provided.

The registered manager had carried out mental capacity assessments when it was appropriate to do so. The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and treatment. It also ensures people are not unlawfully restricted of their freedom or liberty. Whilst we saw examples of MCA assessments in place for people that did not have the mental capacity to give consent about a specific decision, there were no assessments in relation to DoLS. We identified that some people had some restrictions placed upon them but these had not been authorised as required from an appropriate supervisory body. We discussed this with the registered manager on the first day of our inspection and they contacted the relevant supervisory body to make arrangements for applications to be made.

We spoke with a person about the meals that were provided, they told us, "My favourite meal is sausage and mash and mixed vegetables, and I can get my own drink, whatever I want."

Relatives told us that staff knew people's preferences and needs with regard to their dietary needs and gave examples of how staff ensured these were met. One relative said, "They [staff] know what foods [my family member] need[s] and must have to keep them well."

Some people had healthcare needs such as diabetes that meant their food needed to be monitored. Support plans were in place that advised staff of people's nutritional needs. Staff we spoke with were knowledgeable about

Is the service effective?

people's individual's needs and preferences. A staff member told us how the menu was developed, this included consulting people about their choices and knowing people's preferences.

We saw people sat together at lunchtime and staff provided support. For some people this was encouragement and verbal prompts and for one person this was full assistance. Three people we spoke with told us that they did not have a choice of meals. We did not observe that staff provided people with a choice of meals. However, on our second visit a person whose birthday it was told us they had chosen the meal and that they were happy with this.

Staff told us they monitored people's weight on a monthly basis to check for weight gain or loss that may require them to take action such as contacting the GP. However, the monitoring weight records for three people showed that they were not weighed regularly. One person had been weighed twice this year, a second person three times and another person five times. Included in the weight recording book was a body mass index (BMI) chart. This is used to determine whether a person's weight in regard to their height means the person is judged to be underweight, of normal weight, overweight or obese. However, staff were not using this guidance. Whilst there was not an impact on people's health and wellbeing the monitoring of people's weight was not effective.

Relatives we spoke with told us that they were confident that people were supported with their healthcare needs. One relative said, "I know staff support [name] to attend the doctors, dentist and there are meetings with the psychiatrist." A person told us that they had toothache. We reported this to the registered manager who said that they were aware of this and that they were monitoring the person and would take the person to the dentist if required.

Feedback from healthcare professionals was positive. Examples were shared of how the service had responded to some people's physical changing needs with the installation of a floor lift and various physical adaptations to the premises to meet people's individual needs. Appropriate referrals to external professionals were made when concerns had been identified such as changes to a person's eating and drinking needs.

The deputy manager and two care staff we spoke with demonstrated they were knowledgeable about people's healthcare needs. They gave examples of how they worked with healthcare professionals such as psychiatry and occupational and physiotherapy professionals to meet people's individual needs. Care records confirmed that people were supported to maintain their health and had appropriate access to healthcare services. We saw examples that people had a 'Health Action Plan'. This holds information about the person's health needs, the professionals who support those needs, and their various appointments.

Is the service caring?

Our findings

Relatives and healthcare professionals' feedback about the approach of staff was positive. One relative told us, "I feel everyone living at Loreto Cottage are very much loved. If I'm happy to leave [name] in their care that says it all." Another relative said, "When I visit the staff are very friendly, they're marvellous and look after people's welfare." Healthcare professionals' comments included, "I believe that the team are committed to providing high quality care." Additional comments included, "I would like to praise them [staff] as they provide a safe, effective, compassionate environment for their residents and we feel very privileged to work closely with them to maintain those standards."

During the inspection we observed staff interactions with people. We found examples that showed staff were had a caring and warm approach. For example, in the afternoon of our first visit we observed a staff member engage with two people in a discussion whilst doing a puzzle. These people and the staff member were observed to be relaxed and chatty and the staff responded appropriately to the repetitive questioning of one person. Additionally, on the first day of our inspection some people attended external community groups. We saw how staff were supportive and caring as people left to attend their activities and how warmly they were greeted on their return. On the second day of our inspection we saw how everybody joined in with a birthday celebration for a person who used the service. Staff were attentive to people's needs and ensured people had an enjoyable time.

On both of our visits to the service we observed the registered manager interacted with people in a friendly manner and provided direct care and support to people. People who used the service sought their attention and we observed the registered manager giving brief hugs to a person when they walked past them, which were always requested by the person.

On the first day of our inspection we observed that a person who was unable to mobilise independently was left in a recliner chair in front of the television for the duration of our visit, only transferring to another room for meals or when assisted with personal care. Staff were observed to offer the person drinks and administered their medicines. However, they did not provide any other interaction such as

sitting and talking with the person. This showed a task centred and not a person centred approach. On the second day of our inspection we observed staff interaction was better.

When we asked staff about the communication needs of people that had no verbal communication staff made generalised statements such as, "[Name] shows no awareness of their surroundings." "They show no awareness or indications of what they want." We looked at people's support plans for communication. These did not provide detailed information for staff of what people's communication needs were. Staff said that they, "just knew the person." We observed some staff that effectively communicated with people that used the service and people responded positively to their attention.

The registered manager said that people had been assessed by a speech and language therapist many years ago and no communication systems were recommended. We spoke with a speech and language therapist who said that they had not been requested to assess any person with regard to their communication needs in the last six years but would forward the registered manager training information that staff could attend. Whilst staff showed an awareness of people's needs, routines and preferences the lack of information about a person's communication needs may have impacted on how staff provided a responsive and effective service. Whilst staff said they had an understanding of people's needs new staff would not have this level of awareness and knowledge.

Staff gave examples of how they supported people with choices. One staff member said, "When I'm supporting a person to get dressed I'll give a choice of clothing." Another told us how they supported people to go shopping for personal items. We observed that staff gave some people choices with their day to day needs. For example, how they chose to spend their time. Staff spoken with were unable to tell us how people were involved in making decisions about their care and support. People's care files did not demonstrate how people were enabled to express their views about how they received their care. Some relatives said they were involved but that they felt this was largely the role of staff. The provider had information about independent advocacy services, however this information

Is the service caring?

was not easily accessible or available for people. An advocate is an independent person that expresses a person's views and represents their interests. Most people had relatives that were able to advocate on their behalf.

We observed the lunchtime and evening meal on the first day of our inspection and the evening meal on the second visit. Staff members did not always treat people with respect and dignity when supporting them with their eating and drinking. This included instances where staff made no attempts to interact or make conversation with the person they were assisting to help make their meal an enjoyable and sociable experience. On one occasion a member of staff stood over a person when supporting them with their drink. There was no explanation or conversation with the person, including what the drink was or if they wanted more. We observed a second member of staff that supported a person with their lunch and again there was no conversation with the person or any encouragement given. The observation of the same person being supported by a different staff member on the second day was more positive, they showed an interest in the person,

chatted to them and provided an explanation of what it was they were eating. We spoke with the registered manager about our observations and they agreed it showed a lack of dignity and respect. The registered manager told us that they would arrange a staff meeting to discuss our feedback as a matter of priority.

Some people accessed the community independently. This was respected and promoted by staff. On the first day of our inspection we saw some people went out to various activities of their choice. Some people helped with jobs around the house such as laying the tables at meal times. We observed a person on both our visits helped prepare the tables at meal times.

We were told by relatives and staff that people were supported to maintain contact with their relatives and people important to them. Additionally, relatives said there were no restrictions on them visiting Loreto Cottage.

We observed that confidential information was stored safely.

Is the service responsive?

Our findings

Some people were able to tell us how they spent their time. One person told us, "I go to church club once a week and I also go to confession." Another person said, "I like going to the tea rooms with [name] once a week." Relatives we spoke with said that people were supported with various activities and interests, including being supported on annual holidays.

From our observations, talking to staff and from people's care records we found that people received opportunities and support with activities, interests and hobbies. For example, some people attended community groups and clubs on certain days. Some people were supported by staff on regular days of the week to access the community such as shopping trips, visiting places of interest and attended evening social and spiritual groups. Additionally, people were supported by staff to have an annual holiday. Some people told us where they had been on holiday and how much they enjoyed it.

People had assessments and plans of care that provided staff with information about people's needs and what was important to them. Information included preferences and routines. This information was reviewed six monthly or sooner if required. Where a person's needs had changed we saw that care records were updated to inform staff. Additionally, staff told us about the communication systems in place whereby they shared information about people's needs on a daily basis. This included meetings when there was a change of staff on duty and a communication book that recorded anything significant staff needed to know. This included any concerns about the person that needed to be monitored and health appointments. This showed there were effective communication systems in place that meant staff could provide a responsive service.

Relatives told us that they were invited to attend an annual meeting that was arranged by the local authority who had funding responsibility for people's placements. They told us

that they were not asked to attend meetings arranged by the registered manager but felt if they asked for a meeting this would be accommodated. Some relatives told us that they were involved in discussions and decisions about the care and support their relative received. Others said they knew what they needed to know and that they were happy with this. People that used the service did not receive opportunities to contribute to the development or review of their support plans.

Some people invited us to see their bedrooms, people's bedrooms had been individualised to the person's preference and taste.

We did not observe any visually accessible information or signage that may have supported people with their communication needs. For example, the registered manager told us how some people's needs had changed and this was affecting their memory. We observed a person upstairs looking for the door to lead downstairs but became confused and entered the bathroom by mistake. There was a noticeboard in the kitchen with the complaints procedure and lists of professionals and others numbers on, but none of this was easily seen and none was in an easy read format that could be accessible to people that used the service. There was no pictorial menu available for people to inform them of what the meal was before it was served.

Some people told us that they would talk to the registered manager or certain members of staff if they had any concerns or complaints. Relatives told us that they had not had cause to make any complaints and if they had any concerns they were able to discuss these with the registered manager who they found responsive.

The provider had a complaints policy and procedure. Whilst this was presented for people in an appropriate format to support with communication needs, it was not easily accessible or on display for people. The registered manager told us that they had not received any complaints since our last inspection.

Is the service well-led?

Our findings

We identified that the provider had a lack of effective systems and processes in place to check the safety and quality of the service. The registered manager said that they did checks but that these were not always formally recorded and that this was an area that required further improvement. For example, we found some concerns in relation to the environment that were unsafe. Not all windows had restrictors in place where they were required. Some of the radiators did not have appropriate heat controls and were found to be hot to touch causing a potential burn risk to people. The water temperatures in some of the taps were low and some sinks were not draining adequately. The legionella risk plan identified action to be taken such as water temperatures to be monitored but we were not shown records to confirm that this was happening. We discussed these concerns with the registered manager who said they would contact external contractors as a matter of priority to address these issues.

We observed a member of staff using a Hoover with the flex left unsafe causing a potential trip hazard. We made the staff member aware of this but observed them hoovering again without due care and attention to the flex. We noted from the accident and incident records dated February 2015 that a person that used the service tripped and fell as a result of the flex of the Hoover being left unsafe.

The provider did not have an appropriate provider's business continuity plan for staff to use in the event of an emergency affecting the service. People's personal fire evacuation plans lacked specific information about people's support needs. There was no system or formula used to assess the staffing requirements to ensure people's health and safety. There was a lack of monitoring and oversight by the registered manager of staff's training and development needs. Additional monitoring procedures in place for people's needs were not always up to date or monitored effectively. We noted there was no visitors signing in and out book. This was important for staff to be aware of whose was in the building and when.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records

showed that since our last inspection the provider had notified CQC of changes, events or incidents as required. However, we identified from the accident and incident book that there may have been additional incidents that had not been reported to us. We brought to the attention of the registered manager the guidance for providers on meeting Care Quality Commission (Registration) Regulations 2009.

Relatives spoke highly of the provider and the registered manager. One relative said, "There couldn't be a better place. People are treated like family." Another relative said, "It's well run and a caring place." Relatives also told us about the Christmas celebrations they attended.

We saw questionnaires were sent to relatives in March 2015. The returned questionnaires all made positive comments about the service. We did not see that people that used the service had been given the opportunity to provide feedback about their opinions of the service they received.

Some people we spoke with told us that there used to be meetings with the registered manager and staff where they could share their views and opinions about the service. One person said, "Everybody liked to have the residents meeting, but they do not do them anymore." Another person told us, "[manager's name] used to do them, but not now." They said these meetings were also used to discuss meals, activities and holidays. They told us that these meetings had not happened for a while and that they would like them to be arranged again. The registered manager agreed that these meetings had been held and could not remember when the last meeting was or the reason for not continuing with them. The registered manager said they would arrange these meetings again.

We looked at the provider's statement of purpose, this states what the service aims and objectives are. The provider clearly states that Loreto Cottage aims to provide a family home environment; we saw this was achieved by staff that had an understanding and commitment to the provider's vision and values. Staff were clear about their role and responsibilities. They also told us that they were aware of the whistle blowing policy and procedure and would use this if necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had not established effective systems to assess monitor and improve the quality and safety of the service. There were no systems and process that mitigated risks to the health and safety and welfare of people who used the service. Regulation 17 (1) (2) (a) (b)</p>