Ramsay Health Care UK Operations Limited

Gardens Neurological Centre

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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 13 June 2017 and was unannounced.

Gardens Neurological Centre is owned and operated by Ramsay Health Care UK Operations Limited, which is a subsidiary of Ramsay Health Care (UK) Limited. It is registered to provide accommodation and care for up to 54 adults with a physical disability and older people. The care provided includes nursing care, personal care, medical treatment and diagnostic procedures. There were 51 people accommodated at the home at the time of this inspection.

The people who used the service had complex needs and were totally dependent on staff support in all aspects of their life. Some people used equipment to help them breathe due to their physical disability. Many people were unable to communicate verbally and relied on staff abilities and skills to read their body language if they were in pain or discomfort.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 of this service in August 2015 the service was rated Good. At this inspection we identified some potential for risk to people's safety and found that staff did not always interact with people and did not always promote and respect people's dignity. Record keeping did not always accurately reflect the care and support provided. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service. However, this process was not always effective as it had not identified issues we found during the course of this inspection.

People felt safe living at Gardens Neurological Centre. Staff understood how to keep people safe and risks to people's personal safety and well-being were identified and managed. The home was calm and people's needs were met by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management team and were satisfied that they would be listened to.

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.

There was a range of potential risks to people's safety and well-being identified during the course of this inspection. These related to such areas as security of the premises, health and safety, food safety and infection control procedures.

People told us that they felt safe living at Gardens Neurological Centre.

Risks to people's individual health and well-being were identified and managed.

People's physical needs were met in a timely manner by sufficient numbers of skilled and experienced staff.

The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's care and support was provided in accordance with their wishes and consent. Where people lacked the capacity to consent their families and professionals made decisions in people's best interests.

People's care and support needs were met by staff that were trained and supported.

People were provided with a balanced diet to suit their individual needs.

People were supported to have their day to day health needs met where required.

Is the service caring?

Requires Improvement

The service was not always caring.

People's care records were not always stored in a manner that promoted confidentiality and privacy.

We heard staff talk about people in a manner that did not always promote respect or dignity. They chatted amongst among themselves with minimal interaction with the people they supported.

Staff did not always provide people with the re-assurance they needed.

The range of staff notices and racks of forms and literature in communal areas of the home had a negative impact on the overall homeliness feel of the environment.

People, and their relatives, told us they were happy with the staff that provided their care.

People were involved in the planning of the support provided to them and in reviews of the services provided.

Relatives and friends of people who used the service were encouraged to visit at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's relatives told us they felt that there could be a greater degree of communication and engagement between the staff team and the people who used the service.

People's care plans were not always clear in how individual choices were made by people who were unable to communicate.

People's care plans were kept under regular review to help ensure the care provided continued to meet their needs.

People were provided with opportunities to take part in a variety of social interests and activities.

The management team chaired regular meetings for the people who used the service and their relatives to share their views and opinions on the service provided.

People knew how raise a complaint and were confident that any

concerns would be dealt promptly.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to quality assure the services provided and manage risks were not always effective.

Record keeping did not always provide a clear account of the care and support people received.

People who used the service and the staff team were positive about the registered manager and how the service operated.

Staff understood their roles and responsibilities and felt well supported.

The provider had systems in place to obtain the views of people who used the service and the staff team in relation to how the service operated.

Gardens Neurological Centre

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 13 June 2017 and was unannounced. The inspection team was formed of one inspector and a specialist advisor whose specialism included spinal cord injury, neurology and neurosurgery and tracheostomy management and care. The team was also joined by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 08 May 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with eight people who used the service, 13 staff members, the matron and the registered manager. We spoke with relatives of four people on the day who used the service to obtain their feedback on how people were supported to live their lives and four further relatives by telephone subsequent to the inspection.

We received feedback from representatives of the local authority health and community services and three external health professionals involved in the care and support of people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We reviewed care records relating to seven people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Requires Improvement

Is the service safe?

Our findings

During the course of the inspection we noted a variety of issues that had the potential to impact on the safety and well-being of the people who used the service. For example, a power lead to a wall mounted fan was taut so that there was a strain on the plug which could damage the cable and be a potential electrical hazard. We also observed large quantities of nutrition products stored in boxes on the floor of some bedrooms, this could have been a trip hazard, reduced wheelchair manoeuvring space and made cleaning difficult.

We brought these issues to the attention of the management team who reassured us that these issues had been identified and actions had been put in place to address them. For example, a room had been cleared within the sister home on site so that the stocks of nutrition products could be removed from people's rooms; this was work in progress at this time. We noted that a relative had raised a concern at a resident and relative meeting in November 2016 about the potential fire hazard created by boxes stored around the home. At that meeting the new central store was referred to and that only daily requirements would be brought to the home as opposed to weekly deliveries as before. This meant that the risks presented by storing boxes in people`s bedrooms were identified seven month ago and not resolved.

On the morning of the inspection we arrived at the service before the reception staff had started work. We were granted entry to the building by an independent health professional without any checks of our identity being questioned. We walked around the ground floor of the home and were passed by one member of the staff team without being asked who we were or what we were doing. Our presence was eventually challenged by a senior staff member after we had been in the building for approximately eight minutes. We discussed this potential risk to people's safety and wellbeing with the registered manager who undertook to address this matter with the individuals concerned.

We reviewed the care provided for people with tracheostomies and found that tracheostomy sites were clean and dry, dressings were clean as were the tapes holding the tracheostomy in place. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help people breathe. Nursing staff we spoke with had a good level of knowledge about tracheostomy emergencies and general care. However, the National Tracheostomy Safety Project [Good practice guidance] states that people with a tracheostomy will have a "blue box" containing standard equipment to be used in an emergency. For example, in the case of a blocked tracheostomy, accidental removal of the tracheostomy or any respiratory problems requiring suction. We checked the blue boxes for three people and found that the boxes did not contain the equipment listed as standard on the outside of the box. Without this equipment there was a risk that staff would not locate essential lifesaving equipment in a tracheostomy emergency.

We also found that staff had not monitored the respiratory rate for people who had tracheostomies. Staff crossed off the part of the tracheostomy chart relating to respiratory rate and replaced it with heart rate or pulse in all three charts we checked. The need to measure respiratory rate for people with a tracheostomy is important as this is a good way to recognise any risks to people's safety and well-being in that it is the most

sensitive indicator of deterioration.

We noted uncovered bowls of desserts on a trolley in the staff corridor near the kitchen during the early afternoon. A staff member told us these had been prepared in readiness for afternoon tea.
Advice from the Food Standards Agency states that if temperature of such food is recorded above eight degrees centigrade then the decision must be made if food is safe to use or if it should be rejected. (This will depend on the time and temperature the food has spent above eight degrees centigrade). However staff told us that the food temperature would not be checked prior to service. Given the heightened risk of infection for some people who used the service and the added factor of it being a warm summer day it was a concern that this food was not refrigerated until required and not covered to help prevent the growth of harmful bacteria. This meant that people were at potential risk of developing food poisoning.

We observed staff members dispose of their aprons after lunch service failing to use the pedal on the bin; instead they raised the bin lid with their hand. They then carried on with their duties without washing their hands. This is not in line with infection control good practice guidelines. We noted an emergency assist alarm cord sited in a communal toilet for people to be able to call for assistance if they needed. However, the alarm cord was tied up and not accessible to anyone who had fallen and needed to summon assistance.

The range of shortfalls identified above had the potential to impact on the safety of people who used the service. This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People and their visitors repeatedly told us that they felt safe living at Gardens Neurological Centre. One relative told us, "I can go home at night relaxed knowing [Person] is well looked after. I am happy with the care over there."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same.
Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's individual health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as people's respiratory status, infections, skin integrity, falls and the use of various pieces of equipment and aids to support people to move or transfer. These assessments were detailed and identified potential risks to people's safety and gave details of the controls in place to mitigate the risks.

Staff helped people to move safely using appropriate moving and handling techniques. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. The staff team had received training to enable them to support people to move safely. This showed us that people's safety and well-being was a priority for the staff and management team.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had

protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

People, their relatives and staff all told us that there were enough staff available to meet their needs. Staff went about their duties in a calm and organised way and throughout the course of the day we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. However, we noted two occasions where call bells were not answered in a timely way. This was not a busy time of day, we observed that staff were not busy at the time however, they did not take action to react to the bells in a timely manner. We discussed this with the management team who undertook to review the response times to call bells.

The management team told us that staff recruitment, retention and sickness management had improved since our last inspection which in turn had reduced the need for agency staff cover. The management team reported that this had resulted in a positive impact on the standard of care delivered and on the moral of the staff team.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three staff and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained

Good

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Gardens Neurological Centre was appropriate to meet people's needs. One person said, "The physio is excellent – the chap who runs it is excellent." The person went to say they were well looked after and received an effective rehabilitation programme. A relative told us they were satisfied that their family member received effective care because, "[Person] never seems distressed or in pain when we visit."

A health professional providing feedback as part of this inspection stated, "I am always impressed by the good multi-disciplinary team working, staff to patient ratios, and the calm professionalism of the staff."

Staff received training to support them to be able to care for people safely. Staff members told us of various training elements that had been undertaken and those that were planned for the immediate future. Records showed that the training provision included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care, and ventilator and trachea competencies.

The management team and staff confirmed that there was a programme of staff supervision in place. All the staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. The management team had an awareness of how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to people who lived at Gardens Neurological Centre and some were pending authorisation at the time of this inspection.

Where people were not able to communicate their individual wishes or preferences we noted that people's relatives had been involved to be their 'voice'. In some cases this was on a formal basis where a Power of Attorney had been granted, in other cases decisions had been made on people's behalf in accordance with their best interests. We found that some documentation relating to best interest decisions did not

demonstrate a clear pathway of how and why the decision had been reached and who had been involved in the process. We discussed this with the registered manager who was able to verbally describe how the process worked but agreed that the paperwork needed to accurately reflect what had happened in each case.

We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions where they were able and, where appropriate, their family members as well.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs. For example, records showed that a person had been gradually increasing in weight and they were at risk of becoming overweight. The staff team had identified this through a routine assessment and a referral had been made for dietician support.

We observed the lunchtime meal served in communal dining rooms and we noted that people were provided with appropriate levels of support to help them eat and drink. However, we noted that there were many missed opportunities of interaction from care staff with people they supported.

People's meals were plated, covered and placed on a tray for staff to take to people in their rooms. There was no system in place to assess if the food remained suitably hot by the time they reached their intended recipient. This would have had a greater impact on those people who required assistance to eat or ate their food slowly and many of these people were the least able to voice their views. We discussed this with the management team who were surprised by the system used on this day. They told us that people's meals were normally plated from the hot trolley and taken immediately to people's rooms. The management team undertook to look into this matter.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists. We requested feedback from a range of health and social care professionals as part of the planning for this inspection. One health care professional commented, "I think the Gardens Neurological Centre does a great job of providing specialist care and specialist community rehabilitation for some of the most disabled and severely injured patients treated within the NHS."

Requires Improvement

Is the service caring?

Our findings

People's care records were stored in lockable offices on each floor in order to help maintain the dignity and confidentiality of people who used the service. However, we noted on a number of occasions that the offices were not locked when staff were not present. This created a potential risk to people's dignity and confidentiality as visitors to the home could have had the opportunity to access records and information unauthorised.

We heard staff talk about people in a manner that did not promote respect or dignity. For example, staff were heard discussing one person who used the service whilst they were supporting another person. We also heard a nurse refer to the act of assisting people to eat their meals as 'feeding' whilst they were instructing care staff in the use of protective clothing.

We noted examples throughout the day where staff members chatted amongst themselves with minimal interaction with the people they supported. For example, during a period of observation in excess of two hours we noted five staff members on one unit. Although some staff were walking around the unit, the only interaction with people that were seated in their wheelchairs in a row in front of the television was to alter their position. We observed one staff member to ask a person if they were 'Okay' once during this time, no staff took opportunity to offer people emotional comfort or just company.

We saw an example where a person had been indicating distress; a staff member identified the cause of the person's distress and wheeled the person back to their room to provide the care needed. However, there was no re-assurance given to the person that their distress had been identified and what was going to be done to alleviate it.

There were areas where the home lacked homeliness and were institutional in appearance. For example, the personalisation of people's bedrooms was limited. The management team told us that people and their relatives were advised on admission to the home that rooms could be decorated to their choice and that personal items could be brought in from home to create a more homely environment. The management team acknowledged that the décor of a person's room was not a high priority for the person or their relatives when moving from a long stay in an acute hospital to the Gardens Neurological Centre. It was discussed that this was an area that could be revisited once people had settled in and their anxieties had reduced.

We noted many staff notices and racks of forms and literature in communal areas of the home. These included information about a staff raffle and options relating to the staff pension scheme. This information was not relevant to people who used the service or their visitors and had a negative impact on the overall homeliness feel of the environment.

People, and their relatives, told us they were happy with the staff that provided their care. A person told us, "As these places go this is five star." When a senior staff member entered a person's room the person told us, "This is the most wonderful lady." People and their relatives told us that they felt that staff promoted people's privacy and dignity as much as they could.

Staff provided specific interventions for people as necessary and we noted that people approached staff members with confidence and smiled and looked relaxed with the staff team. The reception staff recognised and greeted people's relatives and visitors as they entered the home.

People who used this service had extremely complex health needs and many could not communicate via conventional means. Staff members were able to provide examples of people's verbal and non-verbal communication and how staff were able to interpret whether a person was happy with the care and support they received.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

Some people who used the service did not have the capacity to make decisions about their care and support or to communicate clearly and had no relatives to do so on their behalf. We noted that an external advocacy service had been involved to provide people with support in this instance.

Requires Improvement

Is the service responsive?

Our findings

People's relatives told us they felt that there could have been greater degree of communication and interaction between the staff team and the people who used the service. One relative told us, "The staff could be more positive and enthusiastic. They [staff] provide good physical care but there is more they could do to relate to people." They went on to tell us of an initiative where if staff members had five or ten minutes to spare they went and spent that time chatting with people or interacted with those people who could not verbally communicate. The relative told us they were not sure if this was still the practice in the home however, we did not see any evidence of this taking place throughout our inspection. Another relative told us, "I think the activity team do a marvellous job, there are only four of them. Sometimes I feel that people would benefit if there were more staff available to provide social interaction with people."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, where people needed to be positioned in bed or in wheelchairs in a specific way there were photographs in the care plan to show staff exactly how this should be done. However, some care plans we viewed included generic statements such as, "(Name) would like their tracheostomy checked every three hours" and, "[Name] wants to express their masculinity." Given that people were unable to communicate through any means, there was no documentation provided as to how their choices were considered. Staff were clear about the care that people needed but could not confirm how people's choices were obtained.

People and their relatives told us they had been involved in developing people's care plans. One relative said, "I am [Person's] voice, they do keep me in the loop about everything." People's care plans were reviewed regularly to help ensure they continued to reflect people's current needs. We saw that people's relatives were involved in review meetings where appropriate. We noted that some people had communication books in their rooms. The management team told us this was so that therapy teams could keep people's relatives up to date with such areas as the progress people had made towards their rehabilitation goals.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. In the majority of care plans we reviewed this section had not been completed. The management team told us that this was an emotive topic and when people first moved into this service from hospital their families were very anxious and able to discuss this issue. The registered manager was aware that this was an important element of a person's care pathway and we saw minutes of a meeting held with people who used the service and their relatives where the registered manager explained the premise of advanced care planning.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, in one care plan we saw a note from the therapy team advising the staff team that the person now had new splints for their hands to help reduce the risk of contractures. This demonstrated that the care and support people received was adapted to their needs to improve outcomes for people.

There were regular meetings held for people who used the service and their relatives to share their opinions

about the service and facilities provided at Gardens Neurological Centre. We saw that people were provided with feedback each meeting on any actions taken as a result of issues raised in previous meetings. For example, in November 2016 we noted that people had raised issues in relation to call bells, privacy partitions in shared rooms and the quality of the food. In the February 2017 meeting the registered manager provided feedback to the meeting as a whole about what had been achieved in relation to the issues raised. A relative told us, "We have good communication with the management team via residents and relatives meetings. The [registered] manager is informative and does follow through with any actions or suggestions." This showed that people were able to positively influence the service they received.

Opportunities for social engagement and activities were provided. For example, there was a breakfast club in the ground floor dining area where people from all over the unit embraced the opportunity to meet for breakfast and we saw a game of dominoes involving some people during the course of the morning. Some people had gone on a trip to a garden centre to purchase some plants for the communal gardens. We noted from records that other activities provided included pamper and sensory groups, music, relaxation, movies, exercise groups, shopping trips and craft sessions. Monthly events were scheduled including a Wimbledon cream tea in July and a Remembrance Day service with a 1940's singer in November 2017. Monthly trips away from the home were scheduled for the year including a trip to Harry Potter World in March 2017 and the Natural History Museum in October 2017.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People's relatives told us that they would be confident to raise any concerns with the registered manager. One relative said, "We would be absolutely comfortable to raise any concerns with the management. We have over time and they have always taken our concerns seriously and acted upon them promptly." Another relative told us, "If I have any concerns I just mention it to the staff and they deal with it immediately."

Requires Improvement

Is the service well-led?

Our findings

There was a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. However, during the course of this inspection we identified a variety of issues relating to people's safety and to the way the staff team promoted people's respect and dignity.

We shared our inspection findings with the management team who told us that they were not aware of these issues. This indicated that the quality monitoring system in place was not always effectively highlighting concerns for the management team to address.

The management team were not aware of discrepancies with the systems in place to check controlled drugs. When checking the controlled drug register we noted that some stock levels had not been checked since 11 March 2017 which is not in line with best practice guidelines. We also found that the management team were not aware that staff were not monitoring the respiratory rate for three people with highly complex needs and this observation had been crossed off their monitoring charts.

There was ineffective leadership in some areas of the home. This meant that staff did not have consistent and effective supervision to ensure they were meeting people's assessed needs. For example, senior staff members did not provide coaching and mentoring to the staff team in areas such as interacting with people and infection control practices.

Record keeping did not always provide a clear account of the care and support people received. For example, we found inconsistencies in the recording of people's food and fluid intake. Some records were illegible and on others we found fluid miscalculations indicating that people had received more or less than they actually had. Although record keeping did not pose a direct risk to people`s safety, inconsistencies in monitoring increased the risks that staff could have missed changes in people`s condition.

Concerns raised with the management team had not always been addressed in a timely manner. For example, a fire and trip hazard had been raised by a relative in November 2016. The concern was acknowledged by the management team at the time and plans had been developed to address the concern, however risk still remained at this inspection.

The lack of effective quality monitoring and lack of action to mitigate risks to people using the service was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager was responsible for two services owned by the same provider on the same site and had an effective management structure in place that ensured they were continuously aware of anything that occurred in either service. There was a matron who had day to day responsibility for the running of the service and they reported directly to the registered manager. Staff and visitors confirmed that the matron was in day to day control of the service and always available should they had any concerns. One relative told us, "[Person] is really happy at the Gardens and we are really happy with the care and how the home is run."

Another relative said, "I have never met the [registered] manager but I have met the matron and I cannot fault their approach, very knowledgeable and helpful."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for development.

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We were told of staff incentive schemes such as competitions and prize draws and individual and team recognition awards. The management team had developed a staff briefing to be read out at handovers between shifts so that important instructions and expectations would be brought to staff members' attention. Examples of matters addressed by this included security, notifying and reporting accidents and incidents and support people who used the service to access the internet safely.

Satisfaction surveys were distributed annually to people who used the service and their friends and relatives. Once the completed surveys were received the information was summarised and a report of the findings was shared with the registered manager. As a result of this feedback actions were taken to improve the service. For example post trays were placed in every person's room to help ensure their post and information was accessible when needed. People had not indicated satisfaction with the service user guide, as a result of this feedback the document had been reviewed and updated. Arrangements for meetings for people who used the service and their relatives to share their views were reviewed and amended. The registered manager reported that this had a positive effect as attendance levels had improved and people had become more engaged in discussions and suggestions. This showed that the service actively listened to people and their relatives voices and acted on their suggestions.

The local authority contract monitoring team last inspected the service in July 2016; the service had achieved a compliance score of 89.5% and a 'Good' rating at that time. The registered manager shared a copy of the action plan that they had developed to address any concerns that had been identified at that time. This showed us that the management team were responsive to advice and guidance from external stakeholders.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

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 provider did not take appropriate actions to ensure that people's safety and welfare was promoted and protected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality assurance systems had not identified potential risks to people's safety and wellbeing.