Hatzfeld Care Limited

The Park Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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 Park is a residential care home which is registered to support up to 35 people with mental health needs, people living with dementia, older people and younger adults. The service is in the seaside town of Hornsea. The service was registered with the current provider, Hatzfeld Care, in August 2015 and this was its first rated inspection. At the time of our inspection 31 people were using the service.

The inspection took place on 31 July 2017.

The registered provider is required to have a registered manager and there was 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. In this report we have referred to the registered manager as the manager.

People and staff told us the manager was supportive and the service was well led. We found the manager promoted a positive, person-centred culture within the home. They were aware of their responsibilities and keen to drive improvement and best practice at the service. However, we found that notifications had not been submitted to the Care Quality Commission in relation to four events that had taken place at the home during the previous year, which were required by law. This breach of legal requirements had not been identified through the provider's quality assurance processes. This aspect of the service required improvement.

There were systems in place to minimise the risk of avoidable harm. People's needs were assessed and risk assessments were in place to guide staff on how to manage identified individual risk to people. Risk assessments were reviewed regularly. There were systems in place to ensure people received their medication safely.

The property was appropriately maintained and equipment was serviced.

Robust recruitment procedures were followed to make sure new staff were suitable to work in a care setting. There were sufficient staff to meet people's needs safely.

People were complimentary about the quality and choice of meals available at the home and staff provided support to ensure people's nutritional needs were met. People had access to a range of appropriate healthcare professionals in order to maintain their physical and mental health, and information was available to people to help them understand and manage their own health.

Staff received an induction, training and supervision to help them support people effectively.

People were supported to have choice and control of their lives and staff supported them in the least

restrictive way possible; the policies and systems in the service supported this practice. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People told us that staff were caring and supportive, and we observed staff demonstrating respect for people in their interactions with them. People were supported to develop their skills and independence and this had enabled some people to go on to gain formal qualifications and work experience.

Regularly reviewed care plans were in place to guide staff on how to meet people's needs. People took part in activities at the home and trips out, and some people accessed the community independently.

People's views were sought in satisfaction surveys, regular meetings and individual care reviews, in order to drive improvement at the service and respond to people's wishes and needs. There was a complaints procedure in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to protect people from avoidable harm. Staff were aware how to respond to any safeguarding concerns and risks to people were assessed and managed.

Robust recruitment procedures were followed and there were sufficient staff to meet people's needs.

There were systems in place to ensure that people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received an induction, training and supervision to give them the skills to support people effectively.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff sought consent before providing care to people.

People's nutritional needs were monitored and people received a varied diet. They also had access to healthcare services and self-help information in order to maintain good health.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and supportive. Staff promoted people's independence and encouraged them to develop their skills.

People were involved in decisions about their care and the running of the service. People told us that staff respected their choices, privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Detailed care plans were in place to enable staff to provide personalised care. Staff were aware of people's needs and preferences.

People took part in activities, trips and learning opportunities where they wished.

There was a system in place to manage and respond to any complaints or feedback about the service.

Is the service well-led?

Requires Improvement

The service was well-led but some aspects required improvement.

There was a quality assurance system in place, which enabled the provider to monitor the quality of the service provided. However, the provider had failed to notify us about some events that had occurred at the service, which were required by law.

The manager promoted a positive, person centred culture and people were supported by motivated staff.

The Park Residential Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 31 July 2017 and was unannounced.

The inspection was carried out by two adult social care 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 services.

Before the inspection, the provider was asked to complete 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 the information we held about the service including notifications about any incidents that had occurred in the service.

We asked the local authority quality monitoring team and the local NHS Clinical Commissioning Group safeguarding team for their views of the service provided.

During the inspection we spoke with eight people who used the service, a visiting healthcare professional and a visiting health and safety contractor. We spoke with the manager, two deputy managers, the medication coordinator and three care staff. We looked around the communal areas of the home, and some bedrooms with people's permission. We observed daily routines such as medicines being administered and the lunchtime experience. We looked at three people's care records, four staff recruitment files, induction and training records, and a selection of documentation used to monitor the quality and safety of the service.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe at The Park; everyone we spoke with indicated they were well cared for by the staff. One person told us about how unwell they had been when they first moved to the service and said that "[Senior carer] won my trust and confidence." They explained that the support from this staff member, along with support from the manager and another carer in particular had helped them to become "What I am today." They added, "I am so thankful for all the care and support that I get." Other people told us, "I trust the staff here" and, "[Staff] looked after me when I came here and made me well."

We looked at the arrangements in place for supporting people with their medicines. People confirmed to us they were happy with the support they received to take their medicines. The service had a medication co-ordinator who was responsible for the oversight of medicines support at the home. We observed people being supported to take their medicines and this was done and recorded appropriately. The support people required with their medicines was recorded in their care plan, and staff completed Medication Administration Records (MARs) when they gave people their medicines. The sample of MARs we viewed were appropriately completed. We checked the stock balance for a selection of medicines and these were correct, which helped to confirm that people had received their medicine in line with the information recorded. There was evidence that MARs and stock balances were checked regularly.

Risk assessments were in place for people who self-medicated. At the time of our inspection, most people required assistance with all or some of their medicines, but there were some people who managed their own topical creams and inhalers. We saw that one person had a risk assessment regarding administering their own topical cream. This practice had been monitored and the risk assessment had been appropriately reviewed and updated to ensure the person's safety, and the safety of others, when an additional risk was then identified.

Medicines were appropriately stored and staff checked the temperature of the medication room and medicines fridge every day to ensure that medicines were stored at the correct temperature. We saw that prompt responsive action was taken on any occasions where the fridge temperature was found to be out of the correct range. Medicines with a limited shelf life once opened were dated to show when staff had opened them. The medication room also contained an appropriate controlled drugs cabinet. Some prescription drugs are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered.

Medicine audits were conducted regularly (three per month) to identify and address any issues. We were also advised that the provider was planning to change to an electronic medication recording system the month after our inspection, as they had found this system worked well at other services where it was already in use. This showed that there were systems in place to ensure people received their medication safely.

Robust recruitment procedures were followed to make sure new staff were suitable to work in a care setting.

We found that checks on candidates included application forms, interviews, identity checks and references. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This service is in place to help employers make safer recruitment decisions.

We spoke to staff and people who used the service about whether there were sufficient staff to meet people's needs. People told us, "My needs are met at all times" and, "Someone will always come and listen to me." One staff member told us, "Some days are busier but it is manageable" and others commented that the staffing levels were "Okay." The manager showed us the dependency tool they used to assess the level of staffing required. One person required individual staff support during the day and we noted that staff were always present with them throughout our inspection. Some other people who used the service were very independent and did not need significant amount of staff support. Staffing was organised to ensure people received an appropriate level of assistance. We looked at staffing rotas for the previous four weeks and found that there were typically five staff on duty during the days and two at night. There was a management on-call arrangement for emergencies or if additional support was required.

We spoke with the staff about safeguarding people and asked what action they would take if they suspected or witnessed anyone being harmed. Most staff were aware of the different types of abuse, when to raise concerns and who they needed to escalate their concerns to. They said they would have no hesitation in reporting any incidents. Staff received safeguarding training during their induction and refresher training thereafter. A staff member we spoke to was new to the service and was still awaiting the training as part of their induction. Records were held in relation to three safeguarding referrals that had been made. The provider had a safeguarding policy and procedure and there was also a copy of the local authority multi-agency procedure available at the service for staff to refer to.

The provider completed risk assessments for each person based on their individual needs. These were clear and provided appropriate guidance for staff on how to minimise potential risks without unnecessary restrictions being placed on people. We saw an example of a very detailed risk and relapse plan for one person; their risk assessment included how to manage risks relating to the person accessing the local community, using electrical equipment, smoking, travelling in company vehicles, using sharps and challenging behaviour. Risk assessments were regularly reviewed to ensure they were reflective of people's current needs.

Staff completed accident and incident records and these contained information about action taken in response to incidents to prevent recurrence. Accidents were also audited as part of the provider's quality assurance checks.

There was a fire risk assessment and evacuation procedure in place. One staff member did not demonstrate a confident understanding of the fire evacuation procedure and the manager agreed to address this. We found that records could not evidence that all staff had taken part in fire drills, but this issue had already been identified in a recent quality audit conducted by the provider, so action was planned to address this. The provider also had a visit planned from the fire service shortly after our inspection, to talk to people using the service about fire safety and to discuss the development of personal emergency evacuation plans (PEEPs).

We looked at documents relating to the maintenance of the environment and servicing of equipment used in the home. These showed that the provider completed a monthly workplace inspection and a range of maintenance checks, including checks on the emergency lighting, fire alarms, windows and water temperatures. Equipment was regularly serviced, including the fire alarm system, passenger lift and

emergency lighting. A contract was in place for waste collection and legionella tests were completed annually to ensure the safety of the water. The electrical wiring certificate for the home was up to date. The environmental checks in place helped to ensure the safety of people who used the service.

Good

Is the service effective?

Our findings

We asked people their views about the quality and choice of meals available at the home. People were complimentary and their comments included, "I like the food but if I want anything different the chef will always provide us with it; sandwiches or salad. We all help ourselves to tea, coffee and soft drinks are available all the time, day or night. I can go out to the shop if I want to buy anything else." Other people told us, "I like the food. We get different things to eat every day. We also get cake in the afternoon with tea…The chef makes very good cakes" and "We get something different every day at lunchtimes and have choice as to what we want for our tea." Another person said, "Sometimes I don't want to eat my lunch. Later someone (staff) will come to ask me if they can bring something for me to eat."

We observed a mealtime and saw that people could choose where to sit and what they wanted to eat. People received assistance to eat where they required this. There was a serving area between the kitchen and the dining room, so food could be served hot. There were drinks making facilities available in the home, for people's use at any time. The home had recently achieved a rating of five following a food hygiene inspection undertaken by the local authority Environmental Health Department. The inspection checked hygiene standards and food safety in the home's kitchen. Five is the highest score available.

Care files contained information about people's nutritional needs and people's weight was regularly monitored. We found that one person's care plan had not been updated to reflect a recent requirement for food supplements. However, we found staff we spoke with were all aware of this person's nutritional needs and they were receiving their supplements as prescribed. The manager agreed to update the care plan straightaway. Overall we found that staff supported people to have sufficient to eat and drink and maintain a balanced diet.

People were supported to access healthcare services when required. We saw from care files that people accessed a range of services and professionals, such as GPs, the community mental health team, dieticians and chiropodists. Staff supported people to register with a dentist. Staff also sought advice on behalf of people where required. For instance, we found they had contacted health professionals when they were concerned about one person's pain management and how it was affecting their quality of life. There was a range of self-help booklets and information on display at the home in relation to common physical and mental health conditions, for people to refer to. An NHS 'Health Bus' was booked to visit the service shortly after our inspection, to come and give health advice.

People's care files contained information about their physical and mental health needs, including triggers for deterioration in their mental health and how to support with this. Files also contained contact details for professionals involved in people's care and information about people's medical history and any implications for staff to be aware of in relation to this.

We spoke with one healthcare professional who told us they felt it was still relatively "Early days" for the service, as it was a very different service to the one they had taken over from a previous provider. They felt the provider was "Remarkably accommodating and non-judgemental" as they accepted people with a

range of significant needs. They told us staff managed certain mixes of needs and personalities "The best they can and safely." They told us staff weren't afraid to contact them if they had any concerns about people's health or well-being and gave us examples of how staff had been proactive in this regard.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS authorisations were in place for four people and we found that the provider had submitted applications to the local authority for a further five people. These applications were pending assessment by the relevant local authority. Where people lacked capacity to consent to their care information about this was contained in their care files. Files also contained information about how to support people in making choices. In one care file we noted that the information held in relation to the person's Lasting Power of Attorney (LPA) needed to be clearer, to include evidence of whether the LPA had the authority to make decisions about the person's health and welfare, as well as property and finances. The manager agreed to clarify this.

Staff completed MCA training as part of their induction, although one staff member we spoke with was still awaiting their MCA training. Two of the staff we spoke with did not demonstrate a confident understanding of the requirements of the MCA, but all staff were aware of the importance of gaining consent before providing care to someone. People who used the service told us, "Choices are given to me," "I am free to do whatever I like. I can go out to the shops whenever I want" and "I listen to them (staff) and they listen to me. The choices are given to me and I make the decisions, which has made me a strong person." This showed us that staff involved people in decisions and sought their consent in relation to their care.

We asked people about whether they thought staff had the skills and knowledge to support them effectively. One person told us staff were "Always supportive" and others commented, "The staff are very good" and, "I like it here because of all the staff."

Staff received an induction to the service over a four week period. This included an introduction to the organisation, policies and procedures, shadowing of other staff and a variety of training. Some of the training was completed on-line, such as safeguarding, moving and handling, first aid, health and safety and food hygiene. After completing on-line food hygiene training, staff then spent half a day shadowing the chef in the kitchen, to supplement their learning with practical work. Staff also spent time working with other ancillary staff, such as housekeeping staff, to reinforce their learning from the infection control training. New staff also completed the Care Certificate; this is a nationally recognised set of standards that care staff work to, and should be covered as part of the induction of staff who are new to care work. We looked at the training records held by the provider, and these showed that most staff had also completed some other service specific training in relation to people's needs, such as mental health awareness, dementia awareness and CPI (crisis intervention and prevention). The training records held enabled the manager to identify when training was due for renewal for individual staff members. We discussed with the manager about introducing more formalised recording of checks on staff competency in particular areas of practice.

The manager agreed to look at this.

Staff we spoke with were satisfied with the training they received. One staff member told us they thought their induction was "Brilliant." A visiting healthcare professional also told us they were aware that the manager had a strong belief in the importance of training and had a focus on this.

We found that staff received supervision and appraisal. Some staff had recently commenced the annual appraisal process. Staff meetings were also held monthly. We saw from meeting minutes that staff received guidance and reminders about practice in these meetings, and were able to make suggestions on improving practice. Staff told us, and meeting minutes confirmed that staff meetings were usually held the day after residents meetings, so that staff could discuss and respond to any suggestions and feedback from people who used the service. This all showed us that people received care from staff that had the knowledge they needed to carry out their roles.

Consideration had been made to the individual needs of people who used the service in relation to the environment. For instance, the bedrooms of people who were living with dementia had photographs of the person on the door, to aid their recognition. Some people also had colour contrasting toilet seats, where required, to aid spacial awareness. We noted that there was no bath at the service, which did not give people a choice of bathing options. The manager told us that they were planning to install a bath, because one person sometimes preferred to have a bath rather than a shower.

Good

Is the service caring?

Our findings

People who used the service spoke positively about staff and told us they were caring. Their comments included, "They (staff) are very caring, they always help me" and, "I am happy here. This place is like a family to me." Another person told us, "I find the staff caring and always supportive…I choose to live here because of the staff. They all have a very caring nature and will listen to you and will always have time for you. From time to time someone will always ask you if everything is okay. We are all happy here, like a family." We observed staff and people chatting together during our inspection and interactions were warm, friendly and respectful.

Staff promoted people's independence. Some people told us they were able to manage most aspects of their personal care themselves, such as showering and shaving, and they accessed the community independently. Other people required more support from staff, and we saw that staff tailored their approach accordingly. One person who used the service wrote to us after the inspection to tell us how much they had progressed since they had moved to The Park and how much happier they were now. They told us, "I can now shower independently and frequently, because at first I struggled with this and needed help, a lot of help." A relative of this person also wrote to us and confirmed, '[Name] has made really good progress. They are now able to shower and wash their own hair, they are encouraged to be as independent as they can and as their condition allows. The staff are pleasant and helpful to both [Name] and the whole family, and I would certainly recommend The Park.' The person's confidence had grown to the extent that they were now keen to access learning opportunities and staff had recently supported them to commence the Care Certificate.

Another person had originally accessed the service on a respite basis. These stays at the home were carefully organised, with specific goals due to the person's health needs at the time. The person wrote to us to tell us how much confidence they had gained from their visits to the service and how staff had helped them. They said, 'Now I do feel like I could do anything, all thanks to the staff.' They had helped to organise a recent fun day at the service and worked alongside the activities coordinator to help other people who used the service. They had applied to become a volunteer at the service, supporting with activities, once they had finished accessing the service. The manager told us they would be able to access all the provider's staff training and support once they started working as a volunteer. A relative of this person told us, "Since last year when [Name] first came they have been made to feel welcome and secure in The Park. Their confidence has increased and they always return home in good spirits and full of praise for staff. They have gone above and beyond their duties in making [Name]'s stay as enjoyable as possible."

People were involved in decisions about their care and the running of the service. The resident's forum was chaired by a person who used the service. This regular resident's meeting gave people opportunity to feedback to staff about any concerns or issues and we saw that people's feedback and ideas were discussed by staff and acted on where possible. Information was available to people around the home, including information about activities at the service, events and trips, chiropodist visits, CQC details and meeting minutes. There was an interactive display board in the entrance area of the home which showed a range of rotating information and photographs of recent events. The provider produced a newsletter for people and

families of those who accessed its three local services, including The Park.

People told us they were treated with dignity and respect, and that staff respected their privacy. One person told us that staff supported them with showering and said, "She (staff member) waits outside until I finish because I like to wash by myself. Staff always knock at the door when they come and will not come in until I answer. My privacy is respected at all times."

People could have visitors whenever they wished. There was also a smart television (with internet access) in each person's bedroom. Staff helped people set up a Skype account if they wished to use their smart television to keep in touch with family who lived away.

Staff made adjustments to meet the diverse needs of people who used the service, such as those related to disability, gender, sexuality and faith. For example, where people required additional support with specific tasks, staff tailored their approach to ensure people's needs were met and they had fair access to opportunities and activities at the service. People went to church if they wished. People's diversity needs were recorded in their care plans.

Good

Is the service responsive?

Our findings

Each person had a care plan detailing their support needs, and this was developed and reviewed involving the person wherever possible. One person told us they could see their care plan whenever they wanted and could add anything to this. Others said, "I have seen my care plan and have been told that I can check it when I like" and, "I have also seen my care plan but I trust the staff here."

People's needs were assessed before they moved into the home to ensure the service could meet their needs. Care plans were then developed when people moved to the service. We found the care plans were detailed and contained sufficient information about people's individual preferences and needs to enable staff to understand how to support the person. This included information about people's aspirations, life history, routines and social contacts, as well as detail about how staff should encourage and promote the person's choice. Care plans also covered areas relating to people individual needs and risks, such as mental and physical health, medication, budgeting, diet and nutrition, continence, personal hygiene, mobility, relationships and challenging behaviour. There was information about action staff should take in the event of a relapse in the person's mental health. People had a risk assessment which corresponded with their care plan. Care plans were usually reviewed monthly to ensure they were reflective of people's current needs.

Staff we spoke with were aware of people's individual needs and could tell us what things people liked and disliked. Staff told us they spent time shadowing other staff and working with people when they first started, to get to know people. We observed this for ourselves during our inspection. We also found examples that showed us that staff were responsive to people's changing needs. For example, some people had grown in confidence and skills since accessing the service and staff had found ways to develop this further by supporting people to access formal training qualifications and volunteering opportunities.

We spoke with people about the range of activities available at the service and what they enjoyed doing. People told us, "I walk or watch TV. We play games in the garden and go out. We went to see Rod Stewart (tribute act)," "I like to read a newspaper which is provided every day," "Next month we are going to see Neil Diamond" and, "During the day I can do what I want; I usually go for walks. I like it here because of the sea. I go for long walks on the sea front." Other people also told us how much they enjoyed long walks along the sea front. Another person enjoyed gardening and maintained their own area of garden. They were provided with equipment and flowers in order to do this. People accessed the community regularly and also had opportunity to socialise with people who accessed the provider's other two services locally. For instance, a fun day had recently been held at the home. We noted that in minutes of a recent residents meeting, a request had been made for more trips out and staff were looking at ways to accommodate this.

We looked at the systems in place to manage complaints and concerns. The provider had a complaints policy and information about how to make a complaint was displayed in the home. There was a suggestions, complaints and compliments box which people could use. One formal complaint had been recorded in the year prior to the inspection. We discussed with the manager how this was resolved involving other healthcare professionals.

People told us they knew how to raise any concerns and could talk to the staff or manager if they needed to. People also had opportunity to raise any concerns or give feedback in residents meetings, surveys and individual care reviews. One relative told us, "Any concerns I have are dealt with immediately and satisfactorily."

Requires Improvement

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a manager who was registered with CQC in February 2017 to manage the service. The manager was supported by two deputy managers.

People who used the service commented positively about the management of the service and one told us, "The manager is good; I can go and talk in her office any time." Staff told us, "I think [the management] is good and they do their best. They are always willing to come and help" and "Management is really good. I brought up one issue and it was sorted straight away." Another described the management as "Brilliant" and said, "I couldn't ask for better managers. They accommodate me with my children and would always address any issues."

Staff we spoke with were motivated and enthusiastic. We talked with them about the culture of the home and one staff member told us, "I love it. It's so good and everyone is happy. Knowing that you've helped people is amazing." Others told us the culture was, "Okay. I like coming to work" and "I love working here. It feels good; it's like a home of dreams as people change so much." Staff received supervisions, annual appraisals and attended team meetings. Newer staff told us they were awaiting their first supervisions, but had received an induction. This meant staff had opportunities to develop their practice.

Staff had been nominated for the Great British Care Awards; someone who used the service had nominated a staff member for an outstanding achievement award, two staff had been nominated for best newcomer awards and a further person for a volunteering award. The chef had also been nominated by the manager for their work to improve food hygiene standards which had resulted in the service achieving a five star rating in their recent inspection.

The manager had signed up to the Social Care Commitment and set themselves a range of actions as part of this. The Social Care Commitment is a Department of Health initiative and is the adult social care sector's promise to provide high quality services. Although it had been recently announced that the Social Care Commitment initiative would not be continuing nationally, the manager told us they still intended to complete their actions and commitments in relation to this, and would be encouraging staff to do the same. For instance, one action had been to review job descriptions to make them more person centred. We also saw the results of a staff focus group on display in the home, which were represented visually on a tree image with comments added to the leaves on the tree. The comments reflected their discussions about what it means to be in The Park 'community'; what things they thought the service did well and what they aimed to improve and do moving forward. This all showed the manager promoted a positive culture.

The manager was aware of their responsibilities as a registered manager, including the requirement to send CQC notifications about specific events that had occurred at the service. Despite this, we found four examples of events that had not been notified to us in 2017; two recent safeguarding referrals and two serious injuries that had occurred. The manager told us they had delegated the task of notifying us of the injuries to another staff member, and had not realised until our inspection that this had not been done. In

relation to the two recent safeguarding referrals which should have been notified to us, the manager accepted this had been an oversight. They had referred the two incidents to the local authority safeguarding team, as required, and appropriate action had been taken in relation to all four incidents. The provider also submitted all four notifications to us straightaway on the day of our inspection, once the issue was identified. However, it is important we receive notifications without delay so that we can check in a timely manner that action had been taken. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This breach of legal requirement means that we are unable to rate this key question any higher than requires improvement. We will address this with the provider outside of this inspection process.

There was a quality assurance system in place, which included satisfaction surveys and quality assurance audits. We saw the results of a resident food and mealtime experience survey conducted in March 2017. The results had been collated and passed to the chef to respond to. We saw that a survey had also been conducted to gather people's feedback on a recent fun day that had been held at the home.

The manager conducted a range of audits, including checks on care plans, first aid supplies, finances, the environment and medication practice. These audits meant the provider could monitor the service and identify any areas for improvement. Audits were generally appropriately completed and we saw examples which showed that issues were identified and action taken as a result in order to drive improvement. However, we found one monthly accident and incident analysis which did not include a significant fall someone had had that month. This showed further attention was required in the completion of some audits to ensure key information was not missed. The quality assurance systems in place at the home had also failed to identify the breach in legal requirements in relation to the submission of notifications. Therefore, improvement was required to ensure systems effectively identified and addressed this issue. The manager sent us a copy of an updated accident report form shortly after the inspection, in response to our feedback.