

Marran Ltd

Hinton Lodge

Inspection report

Patten Lane
Guisborough
Cleveland
TS14 6PJ
Tel: 01287634701
Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Hinton Lodge on 26 March 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Hinton Lodge is located in Guisborough and provides personal care and support for up to four people who have learning disabilities and mental health conditions. All rooms are for single occupancy and have en suite facilities. It is situated close to the centre of Guisborough

and has easy access to shops, local amenities and public transport. The service provider is the long standing Miltoun House Group, which became a limited company and re-registered as Marran Ltd on 31 December 2014.

The service has a registered manager, who has been registered with us in respect of the service's new registration since 08 January 2015. Prior to this they were registered as manager for the service's previous registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

The service's fire risk assessment had not been reviewed since 2011. We saw that some risk assessments were in place in relation to people's health, crossing roads and falls. Risk assessments detailed some measures to keep people safe, however required further development. Some of the care plans included comments about relevant risks, but this was not part of a robust and formal risk assessment process that fed into the development of people's care plans and supported them in positive risk taking. The registered manager assured us that people were safe. However there was a potential risk of people not being kept safe because the provider had not identified, assessed and managed risks relating to the health, welfare and safety of people who used the service.

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed the registered manager worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met. Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted. Staff told us that they closely monitored people and would contact the dietician if needed. However, staff did not complete nutritional assessment documentation.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's health and support needs. Person centred plans were developed with people who used the service to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 safe, but required some improvement.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing. There were safe systems for managing medicines.

The service did not have an up to date fire risk assessment and improvements were needed in person centred risk assessments relating to the care of individuals who used the service. The registered manager assured us that people were safe. However, there was still a potential risk of people not being kept safe, because the provider had not identified, assessed and managed risks relating to the health, welfare and safety of people who used the service.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

Good



Summary of findings

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities and access the local community.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The service had a registered manager and supportive management structure. People who used the service knew who the registered manager was and had various opportunities to give feedback or raise issues.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



Hinton Lodge

Detailed findings

Background to this inspection

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

We inspected Hinton Lodge on 26 March 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to the service's recent registration process.

The provider was not 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.

At the time of our inspection visit there were four people who used the service. We spent time talking with all four people. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and one person showed us their bedroom.

During the visit, we also spoke with the registered manager, house manager's (one who was retiring and the other who was taking over), a senior support worker and a support worker.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it was not appropriate in such a small service where people could talk with us and such observations would be intrusive. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. We saw that some risk assessments were in place in relation to people's health, crossing roads and for one person who was highlighted at risk of falling. Risk assessments detailed some measures to keep people safe, however required further development. For example the risk assessment for one person who was at risk of falling detailed the importance of wearing an ankle brace for support. However it did not detail if the risk to the person was both inside and outside of the house or what to do if the person fell when out on their own. Some of the care plans included comments about relevant risks and measures that had been put in place to manage these. However, this was not part of a robust and formal risk assessment process that fed into the development of people's care plans and supported them in positive risk taking. For example, one person's care plan stated that they were safe to go out independently, but there were no details recorded about the assessment of the associated risks or the measures that had been put in place to manage them. The registered manager assured us that people were safe. However there was a potential risk of people not being kept safe because the provider had not identified, assessed and managed risks relating to the health, welfare and safety of people who used the service.

We found evidence of a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [Now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.]

The service had a Health and Safety policy that had been reviewed and updated in October 2014. This gave a brief overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. The provider had reviewed the service's general health and safety risk assessment. The risk assessment was general and covered all four of the provider's services, but with service specific comments included. We had some concerns that this overall approach to risk assessment may not adequately recognise and address key differences in the provider's four services. The

registered manager confirmed that the new risk assessment was being developed with input from a specialist health and safety consultant and that, where necessary, the final risk assessment would include service specific control measures. In addition they planned to develop detailed documentation in the form of specific policies and procedures where appropriate.

The service's fire risk assessment was dated January 2011. The risk assessment stated that a review was due in January 2013. The registered manager assured us that people were safe. However, there was still a potential risk of people not being kept safe, because the provider had not identified, assessed and managed risks relating to the health, welfare and safety of people who used the service. We discussed this with the registered manager at the time of our visit.

We found evidence of a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [Now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.]

We asked people who used the service if they felt safe. All of the four people we spoke with told us they felt safe, comfortable and content. One person said, "Everyone makes you feel safe here."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training within the last three years. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. There have not been any safeguarding concerns raised since the service re-registered in November 2014.

The registered manager told us that the water temperature of baths, showers and hand wash basins in were taken and recorded on a monthly basis to make sure that they were

Is the service safe?

within safe limits. We saw records that showed water temperatures were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, gas cooker, fire, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We also saw that personal emergency evacuation plans (PEEPS) were not in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. We asked the registered manager about this and they explained that the people who used the service were all able to evacuate using the service's standard evacuation procedure, so individual PEEPS had not been judged to be necessary. Records showed that regular evacuation practices had been undertaken, including the people who used the service and staff. The most recent practice had taken place in November 2014.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that they carried out a monthly check of accident and incident forms to ensure that all accidents and incidents had been reported and that appropriate actions had been taken. The registered manager also told us that any accidents and incidents were considered and discussed during senior management team (SMT) meetings, to look for trends and any further actions that may be needed. Due to the current client group and scale of the home accidents and incidents were not common occurrences.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make

safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. The service had a very stable staff team with the permanent staff having been in post for a long time.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were four people who used the service. On a morning from 9am there were two staff on duty until 12 midday. At other times there was one staff member on duty. On night duty there was one staff member on duty who went to bed and slept at 10pm, however, could be called upon if needed. The registered manager spent time at all four of the provider's services. From our observations we saw when people needed help or support that staff were visible and available to provide the help and support.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

Those staff responsible for the administration of medicines had been trained.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. However the service did not have any external preparation application records (EPAR) which detailed the cream to be applied, guidance notes and area for application. The registered manager said that they would ensure that such records were obtained and completed. Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided good quality care and support. They said, “Without them I wouldn’t be where I am today.”

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The registered manager explained how training in these subjects was considered ‘mandatory’ and was renewed on a three yearly basis. The training plan for 2015 showed that the training updates that would be due during 2015 were planned. The registered manager told us that they had sourced Level 2 training in Working with Learning Disabilities from the Skills Network which was to be offered to staff over the next few months. We were also informed that they had booked training for staff in June 2015 for behaviour that challenged specifically for those people with mental health conditions and / or a learning disability.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal. Induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff. The registered manager told us that induction packages were to be reviewed to link to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked

capacity to make ‘best interest’ decisions. One staff member we spoke with during the inspection said, “The work book we have recently done on mental capacity was really good and gave me a much clearer understanding of our responsibilities.”

The registered manager told us that they were working with other health care professionals in determining the capacity of one person who used the service. As part of this process they were determining if a DoLS was appropriate. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had an understanding of DoLS and when they needed to do to seek these authorisations. The registered manager told us that they were aware of the need to update care plan documentation following assessment of the person’s capacity or if they were subject to a DoLS to detail how the care was to be managed in a least restrictive way.

Staff told us that menus and food choices were discussed with people who used the service on a daily basis. We were told how staff had supported two people with their weight loss. We saw that the dietician had been contacted for one of these people for guidance in relation their weight. We saw that people were provided with a varied selection of meals. People who used the service who were able helped with the preparing and cooking of all meals. The registered manager told us that staff and people who used the service go shopping for food on a weekly basis. People we spoke with confirmed this to be the case.

People told us that they liked the food. One person said, “We can have whatever we want. It is always well cooked and tasty.” Another person said, “The food is good but I don’t have a big appetite. I do like to make cakes though.” Another person said, “The food is just like the staff, which is smashing.”

We observed the lunchtime of people who used the service. We saw that people went into the kitchen area to choose what they wanted to eat. We saw that people had chosen sandwiches (different fillings) as they were having their main meal at tea time.

We saw that staff monitored people’s weight for losses and increases. We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people’s nutrition. Staff told us that they closely

Is the service effective?

monitored people and would contact the dietician if needed. However, staff did not complete nutritional assessment documentation. A discussion took place with the registered manager about the Malnutrition Universal Screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority.

People were supported to maintain good health and had access to healthcare professionals and services. People

were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people had visited the GP, dentist, optician, chiropodist and dietician. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

People who used the service told us that they were very happy with the care, service and support provided. One person said, "They (staff) are caring and kind." Another person said, "I couldn't be helped by more caring people."

During the inspection we sat in the lounge / dining room so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect. Staff were attentive and showed compassion. We saw that staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Whilst we were in the office one person who used the service came into the office to speak to staff on numerous occasions. Each time staff were respectful to the person and provided them with the answers and reassurance that they required. This showed that staff were caring.

There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that when one person who had been out for the day returned home they immediately went over to the registered manager to give them a hug. The registered manager responded whilst ensuring boundaries were maintained. We saw another person who used the service put their head on the shoulder of a staff member. The staff member responded by putting their head towards theirs. When another staff member went off shift, two people who used the service asked for a hug. The staff member responded. This showed that staff were caring.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about how they wanted to spend their day and what they wanted to eat and drink.

Two people who used the service told us how they had their own tea and coffee making facilities in their room. They both told us how staff took turns on a night to spend time with each of them. People who used the service told us that they enjoyed making a hot drink for the staff member and sitting and chatting.

Another person who used the service told us that staff had helped them choose and buy two teddy bears for a special birthday of theirs. The person who used the service told us how much this had meant to them.

Staff told us how they respected people's privacy. They said that where possible they encouraged people to be independent and make choices. One staff member told us how staff had supported one person who used the service to be independent with making and changing their bed. They told us that after a number of attempts they had succeeded. They told us that this had really given the person a sense of achievement. Staff told us how they respected people as individuals and decisions they made. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. For example, one person who used the service introduced us to their friend of 30 years. The person had come to the service on the evening of the inspection to have their tea. We saw that staff and other people who used the service made them feel very welcome.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I like to go into town shopping." Another person said, "I'm going to see Meat Loaf on Monday, X (staff member) has got me the tickets and is going with me." This person went on to tell us about their music collection and told us how they enjoyed a wide range of different music and how they had many CD's.

During the inspection the person showed us and played a number of their CD's in the lounge area. One person brought a book to show us that they had bought at a local charity shop.

Another person who used the service told us that they enjoyed going to sewing classes. They proudly showed us a cushion they had made at these classes.

People told us they were planning their holidays for 2015. One person said, "I'm going to Scarborough this year but next year I am hoping to go to Euro Disney." They also told us how they were looking forward to going to Manchester for a tour of Coronation Street that week.

Staff told us that people liked to go out for walks. We were told how people liked to go shopping and then visit the café for a coffee. People had recently had a day out at Whitby.

On the day of the inspection one person who used the service decided to go over to an arts and craft group that was run weekly at another of the provider's homes. When they returned they told us how they had enjoyed their afternoon.

During our visit we reviewed the care records of two people who used the service. People had an assessment, which

highlighted their needs. Following assessment person centred plans had been developed with people who used the service. Person centred plans provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect their care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support and developing the person centred plans.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service.

People who used the service told us they knew how and who to raise a concern or complaint with. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Staff also told us that people were always asked if they had any problems and reminded what to do if they were unhappy during residents' meetings. We looked at the meetings of people who used the service and saw that they were asked their opinions and asked if they had any problems. The registered manager told us how they were making changes to the way residents meetings were organised, to make it easier for people to raise concerns if they needed to. Residents meetings would now be chaired by someone familiar to the people who used the service but who did not work in the home, rather than the home's own staff, so that people would hopefully feel more comfortable raising any issues they had.

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. The registered provider of Hinton Lodge had recently changed and was now a limited company, called Marran Ltd. The provider informed us of these changes and made sure that the required changes were made to their registration. The business remained a family run organisation with the same people in charge and carrying on the service as before.

At the time of our inspection visit, the service had a registered manager in place. The registered manager of Hinton Lodge was also the registered manager for three other services in the local area, sharing their time between them. As the registered manager spent their time between four services a house manager was appointed at each service. People who used the service knew who the registered manager was and said that they saw them regularly at the home. Comments made about the registered manager by people who used the service included, "He's good and nice to talk to." Another person described the registered manager as "Great."

Staff and people who used the service told us that the registered manager was supportive and approachable. A staff member we spoke with said, "He (the registered manager) is ways there if you need him. He is supportive of both staff and residents."

Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and

governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us the formal quality audit programme for 2014 and 2015. There was a rolling programme of audits planned for 2015, including medication, health and safety, finances, housekeeping, catering, care plans, policy and procedures, annual development plans and staffing. We saw records of the medication audit and health and safety checks completed during January 2015. Records also showed that audits of catering, medication, housekeeping, staffing, finance and health and safety had been completed during 2014. Some of the completed audits we viewed identified areas for minor improvements, but not all had space to record action plans or the dates that the improvements had been made. This meant that it was not always clear from the audit records if the improvements had been implemented. However, the registered manager was able to tell us how they had improved documentation for the 2015 audits to improve this. We had some concerns that the providers quality assurance systems that were in place had failed to pick up breaches highlighted in relation to risk assessments and records.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case.

We saw records to confirm that meetings for people who used the service were held in October and November 2014 and March 2015. Records confirmed that people were encouraged to share their views and opinions.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who used the service and others were not protected against the risks of unsafe care and treatment, by means of ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.</p> |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People who used the service and others were not protected against the risks of inappropriate or unsafe care and treatment, by means of maintaining an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided.</p> |