Maria Mallaband Limited

Troutbeck Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Troutbeck Care Home is located in the Wharfe Valley on the edge of Ilkley Moor and only a short distance from the town centre. The service provides accommodation for up to 54 people who require either residential or nursing care. There were 43 people living at Troutbeck Care Home on the day of inspection. The registered manager confirmed that of the 43 people who used the service 16 required residential care and 27 required nursing care.

There was a registered manager in post at the time of inspection. 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.

We inspected Troutbeck Care Home on the 11 December 2014 and the visit was unannounced. Our last inspection took place in June 2014 and at that time we found the home was not meeting two of the regulations we looked at. These related to record keeping and assessing and

Summary of findings

monitoring the quality of service provision. We asked the provider to make improvements and following the inspection they sent us an action plan outlining the work to be completed including timescales.

During this inspection we found improvements had been made to the records and reports completed by staff in relations to people's care and treatment and they now provided accurate and up to date information. We also found shortfalls in the service had been identified through the quality assurance monitoring systems in place.

We saw that arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GP's, hospital consultants, opticians, chiropodists and dentists.

Although medication policies and procedures were in place we found the nursing staff had not always followed the correct procedures which had led to 11 medication errors being recorded in the last seven months. This potentially placed vulnerable people at risk of unsafe care.

The organisation's staff recruitment and selection procedures were robust which helped to ensure people were cared for by staff suitable to work in the caring profession. In addition, all the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

The staff had access to a range of training courses relevant to their roles and responsibilities and were supported to carry out their roles effectively though a planned programme of training and supervision.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and were able to demonstrate a good understanding of when Best Interest Decisions need to be made to safeguard people. However, we found the provider was not meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. The registered manager was advised of this and confirmed that this matter would be addressed.

The home had a warm and homely atmosphere. We saw staff were kind, caring and compassionate and people were encouraged to participate in a range of appropriate social and leisure activities both within the service and the wider community.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received. However, we found the complaints procedure was not always being followed which might lead to people being reluctant to make a formal complaint.

We found three 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?

Requires Improvement

The service was not always safe. Medication policies and procedures were in place however these were not always followed.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Is the service effective?

Requires Improvement

The service was not always effective. Staff training was up to date and staff had regular meetings with their line manager which helped them carry out their roles effectively and plan for their future career development.

People who were able told us the way their care, treatment and support was delivered was effective and they received appropriate health care support. We saw documentary evidence which demonstrated that people were referred to relevant healthcare professionals in a timely manner and staff always followed their advice and guidance.

We found the location was not meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. The registered manager was advised of this and confirmed that this matter would be addressed.

Is the service caring?

Good

The service was caring. People told us that the staff were friendly and provided care and support in line with their agreed care plan. This was confirmed by our observations, which showed staff had good understanding of people's needs and assisted them in a caring and professional manner.

Records showed wherever possible people were involved in any decisions which related to their care.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs. People who used the service and their relatives told us they knew how to make a complaint if they were unhappy and were confident if they made a complaint it would be investigated by the manager. However, we found the complaints procedure was not always being followed which might lead to people feeling their complaints and were not being taken seriously.

Summary of findings

People's needs were continually assessed and care and treatment was planned and delivered in line with their care plan. Care plans and risk assessments were person centred and contained good information about how people's care and treatment should be delivered.

Is the service well-led?

Requires Improvement

The service was well-led. The manager was clear about the future development of the service and was proactive in ensuring wherever possible both people who used the service and staff were involved in improving service delivery.

People who were able told us the manager and senior management team were approachable and listened to what they had to say.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and any non-compliance with current regulations. However, we found action was not always taken quickly to address concerns raised.

Troutbeck 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 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.

The inspection was carried out on 11 December 2014. 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 service.

Before the inspection we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority safeguarding team and commissioning service. Before our inspections we usually ask the provider to send us 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 did not ask the provider to complete a PIR on this occasion.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at four people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with sixteen people who used the service, two qualified nurses, six care assistants, the registered manager, the quality assurance manager employed by the organisation and a visiting healthcare professional. We also looked around the building including bedroom accommodation and communal areas and spoke with three relatives about the care and facilities provided.

Following the inspection we also spoke with two healthcare professionals and contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and the medication trolley was stored securely when not in use. We found there were adequate stocks of each person's medicines available with no excess stock and that daily temperatures were taken of the medicines fridge.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw that controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

The service had policies, procedures and systems for managing medicines and copies of these were available for nurses and care staff to follow. We checked a sample of 14 people's medicines against the corresponding records and these showed that the majority of medicines had been given correctly. However, we found that some medicines were not being given as prescribed. For example, some medicines needed to be given 30 to 60 minutes before food and on three occasions we saw the medicine given immediately after food and on one occasion whilst food was being eaten.

On two occasions within the preceding week we saw that signatures were missing from the medication administration record (MAR) with no indication as to whether the medicine had been given or not. On one occasion we saw that upon admission a person had had their prescribed medicine needs transcribed onto a MAR. This did not give clear indications as to when the medicine should be taken or the circumstances in which it should be given. We spoke with a visiting palliative care nurse about our observations and they shared our concerns. An immediate review of the person's medicines was arranged with the GP.

Whilst the MAR's showed the circumstances when "as necessary" medicines (PRN) should be offered we saw that some people's potential needs were ignored. We witnessed medicines being administered to a person; the timed medicines were given correctly yet the person was prescribed PRN pain relief but was not asked if any was needed. We asked the nurse how they had made the judgement that no PRN pain relief was required; the answer given demonstrated that no assessment of need had been made. Our prompt initiated the nurse to ask the person if they had pain and they answered yes. This showed that there were potentially occasions when people were not receiving medicines they needed.

We saw that three people had been prescribed warfarin. The appropriate dosage of warfarin was dependent on the outcome of a regular blood clotting test determined by the international normalised ratio (INR) method. We saw that a protocol was in place for all to follow to ensure the blood results were accurately recorded and the correct dose of warfarin dispensed.

We checked the quantities of medicines not dispensed in the monitored dosage system. We found that quantities of medicines supplied were not always recorded on the MAR thus making it impossible to audit medicine administration. We also found that on two occasions quantities had been recorded but not accurately. On one occasion the medicine quantity was recorded as 16 yet 26 were in stock. On another occasion we witnessed a nurse administering one tablet and subtracting from the previous record without counting the medicines left; the initial quantity recorded was inaccurate therefore all subsequent quantities were inaccurate.

We looked at the records of identified medicine errors over the past seven months. Our scrutiny of the record and causal factors showed that 11 errors had been recorded. The observations we made during our inspection were a common feature of the errors on file. This demonstrated that little had been done to eradicate poor practice in this area even though the problem had been identified through the quality assurance monitoring systems in place. This shortfall in the service placed people at risk of unsafe care.

This breached Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us this matter would be addressed and all qualified staff would attend a refresher course on the safe handling and management of medicines in the near future.

We spoke with two qualified nurses and six care assistants who demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies

Is the service safe?

they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. The provider's policy on safeguarding included information on staff's roles and responsibilities, referrals, identification of abuse, prevention of abuse, types of abuse and confidentiality.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. Where nursing staff were employed, the service checked they were registered to practice. Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified.

The registered manager told us that staffing levels were based on people's needs and the service had currently filled all the existing care staff vacancies although they were still waiting for some employment checks to be completed. The registered manager confirmed that until all the new staff were in post the service would continue to use agency staff to ensure staffing levels were maintained. A relative of one person who used the service told us that in their opinion more permanent staff were needed as they felt that agency staff lacked knowledge of the complex needs of some residents, which could be a safety issue. The registered manager told us if agency staff were used they always endeavoured to employ the same member of staff to alleviate this problem and ensure continuity of care.

We completed a tour of the premises as part of our inspection. We inspected ten people's bedrooms, bath and shower rooms, the laundry, kitchen and various communal living spaces.

We took the temperature of water from taps in both bathrooms and people's bedrooms and found them to be comfortable with all hot water outlets served by thermostatic mixing valves (TMV's). Inspection of the maintenance files showed that the hot water temperatures were regularly checked and TMV's recalibrated or replaced as necessary. Heating to the home was provided by cool wall radiators thus protecting vulnerable people from the risk of a burn from a hot surface. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows. We found all floor coverings were appropriate to the environment in which they were used.

We saw the use of strategically placed handrails to offer people added security, especially where there were changes of floor levels. The home had people's rooms located over three floors. Stairs for people to access their rooms were free of obstructions and well lit.

We inspected records of lift and hoist maintenance and found all to be correctly inspected by a competent person. We saw certificates confirming safety checks had been completed for gas installation, electrical installation, legionella and boiler maintenance.

We saw a recent inspection of the water supply and installation had found some non-compliance with regulations. We saw that progress was being made to rectify the problems and a re-inspection was imminent.

We saw all portable electrical equipment had been tested and carried confirmation of the test and date it was carried out. We saw that Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked area out of the reach of vulnerable service users.

Requires Improvement

Is the service effective?

Our findings

We saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met. Our discussions with staff and people who used the service showed consent was sought and was appropriately used to deliver care. People told us they received good support delivered by caring staff. People's comments included; "Oh yes it is lovely here, everything I need is provided" and "I never feel pressured into doing something I don't want to do."

The staff we spoke with told us they had received training in the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good understanding of the Mental Capacity Act and DoLS.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. No people at the home were subject to DoLS. However our observations of the environment and people's care plans suggested that the provider utilised a number of methods which together constituted a deprivation of liberty. For example, the front door was locked and some people had sensitivity mats at the side of their beds to alert staff if the person was vacating their bed. In addition, one person had a sensitivity mat in operation during the day placed in an open doorway to alert staff if the person vacated their room. The person in the room clearly understood they were being monitored and implied their objection to the confinement as the registered manager said, "[Name] tries to jump over this mat so we don't know they have left their room.".

Some care plans recorded diagnoses and other indications of reduced mental capacity. Some people were under two-hourly observations with their activity recorded. Other people were assessed to need two hourly observations during the night although some of these people were restricted in their mobility by way of their current state of ill-health. Whilst each element of restrictions may not constitute a deprivation of liberty, it may be the case that accumulation of restrictions being experienced by some people may amount to unauthorised deprivation of their liberty. We therefore judged that the provider was exercising control over people's care and movements.

This breached Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had a written policy on the use of restraint. We spoke with six members of staff about the use of restraint. They were able to demonstrate their knowledge and knew the difference between lawful and unlawful restraint practices. We spoke also with the registered manager about the use of bed-rails. The answer we received demonstrated that when people had capacity they were consulted on the use of bed-rails and understood the action was proportionate to the potential harm. Where there was a lack of capacity or the person's capacity fluctuated, family members were consulted before bed-rails were used.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, speech and language therapists and dentists. One visiting health professional told us the registered manager and staff always followed their advice and guidance, and they had no concerns about the standard of care and treatment provided by the service.

Some of the people who used the service were living with dementia. The behaviour people living with dementia can exhibit can be hard to understand and difficult to handle. We looked at a care plan which had been constructed by a wide range of health care professionals to ensure increasingly demanding challenging behaviour could be dealt with in a caring, dignified manner. We saw that a behaviour management plan had been constructed with clear guidance for care staff to follow. The records we looked at demonstrated the plan was being followed and our observations during a period of adverse behaviour further demonstrated the staff were following directions and advice.

We saw that one bathroom and shower had been adapted for use for people with complex care needs. The bath was over-sized with ease of access on all sides. The shower was large and freely accessible for wheelchairs and the whole bathroom area was served by a ceiling mounted hoist. This showed the provider was taking into account the needs and dependency of people living at the home.

Requires Improvement

Is the service effective?

The registered manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with. The registered manager confirmed that following induction training all new staff completed a programme of mandatory training which covered topics as dementia awareness, infection control, emergency first aid and health and safety. We saw that the majority of training courses made available to staff were provided by e-learning which meant they completed the training by logging on to an on-line training programme. However, the registered manager confirmed there was no formal process in place to determine if staff had understood the training they had completed although they did discuss training with staff during their one to one supervision meetings. In addition, we saw one recently employed member of staff had completed five mandatory on-line training courses in one day. The registered manager acknowledged that was too many and might lead to them not retaining the information.

The registered manager told us the organisation was aware of this problem and the training manager was looking at possibly providing more classroom based training. The care staff we spoke with had mixed feelings about the standard of training provided through e-learning. The majority felt they learnt and understood more by attending a training course and preferred this type of learning.

We saw nutritional risk assessments were routinely carried out and people's weight was monitored on a monthly basis. However, we found in some instances people's weights were recorded in three different places within the care documentation which increased the chance of mistakes being made. This was discussed with the registered manager who told us this matter would be addressed immediately.

We spoke with members of the catering and care staff and it was apparent they had a good understanding of people's dietary needs. We observed the breakfast and lunchtime meals and saw the food looked appetising and was well presents. We saw that one person had a diagnosis of Coeliac Disease. We saw that the correct diet had been ordered and the kitchen staff knew of the person's needs. We saw that gluten free bread was ordered and available. This showed that people's identified dietary needs were being met.

People we spoke with told us they enjoyed the meals provided and there was always a good choice. Comments included, "The food is excellent and there is always a good choice" and "The food and service is first class."

Good

Is the service caring?

Our findings

The home had a warm and homely atmosphere. Feedback from people who used the service and their relatives about the attitude of staff was good. People told us they were happy living at the home. Comments included; “I am well cared for” and “I have everything I need including this chair I brought from home.” One person told us, “All I have to do is ask and it happens.”

We spoke with three visitors and they also told us they were pleased with the care, treatment and support their relative's received. They said the registered manager and staff were quick to inform them of any significant changes in their relative's general health which they found very reassuring. Comments included, "I am confident my relative is safe and is being well cared for" and "The manager always informs me if my relative is seen by their GP or if staff have concerns about their general health or well-being."

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people’s dignity, privacy and independence. For example, by encouraging them to make choices about how they spent their time at the home and always asking them for their consent before assisting with their personal care needs. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily lives.

Care records had information showing care needs had been discussed with people who used the service and/or their relatives. The care files included a signed statement by the person receiving care to say they had been included in determining their care planning needs and understood the plan. Care plans recorded what people could do for themselves and identified areas where people required support.

We saw all people who used the service appeared at ease and relaxed in their environment. We saw that people responded positively to staff with smiles when they spoke with them. Staff were seen knocking at bedroom doors before entering, even when it was clear the room was empty. We observed that staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. People looked well cared for, clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff.

Throughout the day we saw visitors arriving to see people. We observed that visitors were able to visit without being unnecessarily restricted. We saw staff making visitors welcome and providing hot beverages.

We saw care plans in place for people living with dementia who were coming to the end of their life. We saw evidence of a palliative care approach. Care plans considered physical, psychological, social and spiritual needs of people to maximise the quality of life of people and their family.

We saw that palliative care professionals were visiting people receiving end of life care.

The care files held ‘Do not attempt cardio-pulmonary resuscitation’ (DNACPR) decisions where appropriate. We saw these were valid and completed properly.

Requires Improvement

Is the service responsive?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People who used the service said they had individual choice at the home and their choices were respected. We spoke with people who had exercised their right to furnish their rooms with their own furniture. One person said, “Moving out of my home was not easy, but having my own things around me made it better.”

People told us that the social activities arranged were diverse and they were able to make suggestions to change and improve the activities programme. They told us the activities coordinator and staff also assisted them to access activities in the local community such as visits to restaurants and shops. We saw nurse call alarms were within easy reach of people who needed staff assistance and noted that there was a designated staff team on each floor of the home so that assistance could be provided promptly if required. We saw wheelchairs and mobility aids were accessible where needed so people could be safely assisted to join in the activities provided and access different areas of the building.

The care plans we looked were person centred, with individual information on people's wishes in relation to how their care was provided. The care plans showed how people liked to spend their time and how they liked to be supported.

At the point of admission information was gathered to ensure a meaningful care plan could be constructed. Evidence we saw suggested that people who used the service and their relatives contributed to the initial care plan. People’s assessment of care needs covered such areas as nutrition, mobility, personal hygiene, socialising and any predisposition to falls.

In one care plan we saw that a person’s tissue viability was in doubt. The person had been assessed using an appropriate assessment tool which indicated a moderate risk and the need for monthly monitoring. We saw that the assessment was reviewed monthly.

People who used the service, their relatives and staff told us that since the new registered manager had taken up post the service had become more responsive to people needs and they could raise complaint and concerns knowing that they would be taken seriously and resolved to everyone’s satisfaction.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with. However, when we looked at the complaints register we found in at least two instances the procedure had not been followed. For example, we found that although in both instances an internal investigation had been carried there was no evidence to show the complainant had been made aware of the outcome of the investigation or that it had been resolved to their satisfaction.

This breached Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us that discussions and meetings had been held with the complainants but acknowledged the correct procedures had not been followed. The registered manager told us the shortfalls in the system had already been identified through the quality assurance monitoring systems in place and in future all complaints would be dealt with in line with the organisations complaints procedure.

People who used the service and their relatives told us they were aware of the complaints procedures and would not hesitate to make a formal complaint if necessary. One person said, “All the staff are very approachable and although I have never had to make a complaint I am sure if they would act appropriately if I had concerns about the care I receive.” Another person told us, “I am very pleased with the care I receive but if I had any problems I would without doubt raise them with the registered manager or nurse in charge for them to sort out.”

Requires Improvement

Is the service well-led?

Our findings

We saw since the last inspection in June 2014 a new manager had been appointed and registered with the Commission. The staff we spoke with told us the registered manager was very approachable and had started to implement changes which would improve the quality of the service provided. The staff also told us the registered manager operated an open door policy and they could contact them at any times if they had any concerns.

We spoke with the registered manager who told us that they wanted to create a culture within the home that encouraged and enabled both staff and people who used the service to raise concerns or ideas for improving the service.

At our last inspection of the service in June 2014 we found that the quality assurance system in place was not being carried out effectively and records and reports relating to people's care and treatment and the management of the service.

On this inspection we found improvements had been made to records and reports completed by staff in relations to people's care and treatment and they now provided accurate and up to date information. In addition, we saw evidence of a rolling programme of meaningful audits which should ensure a reflective and quality approach to care. Audits carried out by the registered manager included medicines, care plans, accidents and incidents and infection control. We saw the registered manager also checked the staff training matrix and supervision schedules on a routine basis to make sure they provided accurate and up to date information.

However, although we found shortfalls in the service identified in the body of this report had already been identified through the quality assurance monitoring systems in place action had not always been taken to address matters. This raised concerns about the effectiveness of the quality assurance monitoring process. This was discussed with the registered manager who told us the systems in place were robust but because they had only been in post a short period of time they had been unable to action all the concerns highlighted through the audit process. They confirmed prompt action would now be taken to address any outstanding issues.

We saw the quality assurance manager visited the service on at least a monthly basis and carried out a quality assurance audit. We looked at the last audit carried out and saw it highlighted both good practice and any shortfalls in the service which needed to be addressed either by the registered manager or other individuals within the organisation. The registered manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to people who used the service and their relatives to seek their views and opinions of the care and support they received. The registered manager confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made.

We looked at the results of the last relatives survey dated July 2014 and saw that 13 survey questionnaires had been returned. We saw that while the majority of comments received were positive there were several areas were people felt improvements to the service could be made. The report showed the quality assurance manager had acknowledged the shortfalls in the service and had put an action plan in place to address them. We saw the organisation also carried out a staff survey on an annual basis which gave them opportunity to air their views and opinions of the service and measured the level of engagement they had with the organisation.

The registered manager confirmed the results of all quality assurance surveys were made available to everyone who used or visited the service and they were proactive in seeking people's views and opinions of the care and facilities provided. This showed us the provider had appropriate systems in place to obtain the feedback of people who used or were employed by the service.

We saw since taking up post the registered manager had arranged two meetings with people who used the service and their relatives to discuss a range of topics including menus, activities, care provision and consent to care and treatment. In addition, we saw staff were held on a regular basis to ensure all staff were kept up to date with any changes in policies and procedures which might affect the management of the service or the care and treatment people received.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **Management of medicines** The registered person did not ensure people were protected against the risks associated with medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Consent to care and treatment** The registered person did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints **Complaints** The registered person did not have suitable arrangements in place to ensure complaints were investigated, recorded and resolved to the satisfaction of people who used the service or persons acting on their behalf.