

Sanctuary Care Limited

Riverlee 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?

Good



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection that took place on the 14 and 17 November 2014. At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Riverlee Care Home provides residential and nursing care for up to 75 older people over three floors and specialises in dementia care. The home is located in the Royal Borough of Greenwich. At the time of our inspection there were 73 people using the service.

During our inspection we found that the provider had breached two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can

Summary of findings

see what action we told the provider to take at the back of the full version of the report. We have also made several recommendations to the provider where improvements to the service should be made.

Policies and procedures were in place for safeguarding adults from the risk of abuse. However people were not always protected from the risk of abuse because action was not taken in a timely manner to address reported concerns, record them and refer to health and social care professionals as required.

Premises were not always kept clean and adequately maintained. Areas of the home posed potential hazards for people with limited mobility or poor eyesight.

Systems were in place to monitor the safety of equipment used within the home and maintenance records showed work was carried out on equipment. Monthly checks on equipment such as wheelchairs, hoists and slings, bathing equipment, stair lifts and bed and bedrail equipment were conducted and up to date.

Assessments of people's needs were conducted and risk assessments reflected their individual needs. Care plans we looked at were up to date.

We found that prescribed medicines at the home were stored appropriately and records were kept of medicines received, administered and disposed of. Records we looked at were accurate and up to date.

The home's practice raised health and safety concerns regarding the handling of blood and bodily fluid specimens. This was because specimens were not stored correctly or transported safely.

Staff were supported appropriately through regular supervision and annual appraisals. Staff received training and had completed an induction programme in line with the provider's policy.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. We observed staff supported people appropriately at meal times and knew people's needs and who required support to assist with eating. We observed the lunch time meal was well organised and there was a relaxed atmosphere making it an enjoyable experience for people using the service.

Care plans and records did not always allow for people to sign to demonstrate that they had consented and were in agreement with their plan of care. Care plans did not always contain a completed Mental Capacity Act assessment (MCA) or best interests record to demonstrate staff had appropriately assessed people's capacity.

We observed positive interactions and communication between staff and people using the service. People we spoke with using the service told us they were happy with the care provided and staff were kind and caring.

People received personalised care responsive to their needs. Daily records were recorded which detailed support offered throughout the day and activities people engaged in. Care plans we looked at were organised well and easy to follow painting a personalised picture of individuals.

The home demonstrated some elements of good practice and management. There was a registered manager in post at the time of our inspection and there was a full complement of staff with noted good staff retention to meet the needs of people using the service.

People using the service and their relatives were asked for their views about the service and participated in the providers 'resident satisfaction survey'. There were systems and processes in place to monitor and evaluate the quality of care and support people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Policies and procedures for the safeguarding of adults from the risk of abuse were not always followed and action was not taken in a timely manner to address reported concerns.

Medicines were stored appropriately and records were kept of medicines received, administered and disposed of. Records were accurate and up to date.

Staffing levels were sufficient to meet the needs of people using the service and there were systems in place to evaluate and monitor staffing levels within the home.

Safe recruitment procedures were in place that ensured staff were suitable to work with people using the service.

Requires Improvement



Is the service effective?

The service was not always effective.

Care plans did not always contain a completed Mental Capacity Act assessment or best interests decision record where appropriate.

Premises were not always kept clean and adequately maintained.

Appropriate staff training had been conducted and staff had completed an induction programme in line with the provider's policy.

People were provided with sufficient amounts of nutritional food and drink to meet their needs.

People using the service were supported to maintain good physical and mental health and had access to health and social care services when required.

Requires Improvement



Is the service caring?

The service was caring.

Staff were knowledgeable about people's needs in relation to their disability, race, sexual orientation, culture and gender.

Care records demonstrated that staff supported people to access community services and people and their relatives were consulted.

People's end of life care needs were met and records evidenced that the home worked well with health care professional to ensure that people's preferences about end of life care were met.

Good



Summary of findings

Is the service responsive?

The service was responsive.

Staff were responsive to people's needs and in cases where people were not able to vocalise their choice or support, staff communicated effectively using methods suited to individuals.

People were supported to engage in meaningful activities that reflected their interests and supported their well-being.

Complaints received were dealt with appropriately and used so that improvements could be made to the care and support people received.

Good



Is the service well-led?

The service was not always well led.

Although the provider had procedures in place to evaluate the quality of the service provided we found they were not always followed or were effective. The registered manager did not always ensure that processes were followed to protect against key identified risks described in this report.

Quality assurance audits were conducted on a regular basis and satisfaction surveys were conducted on an annual basis providing opportunities for people to provide feedback about the service.

Requires Improvement



Riverlee 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 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.

Prior to the inspection we reviewed information we had about the service. This included reviewing previous inspection reports, statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us. We also spoke with local commissioners of the service and local safeguarding teams to obtain their views.

The inspection team consisted of two inspectors and a specialist advisor. There were 73 people using the service on the day of our visit. We spoke with eight people using the service, four visiting relatives and two visiting

professionals. We looked at the care plans and records for 14 people using the service and four staff records. We spoke with 12 members of staff including the registered manager, regional manager, relations officer, care workers, senior care staff, staff nurses, chef and kitchen staff, maintenance workers and domestic staff.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at areas of the building, including some people's bedrooms with their permission and all communal areas. We observed how people were being supported with their meals during lunchtime and tested the call bell system. We looked at the records relating to the management, leadership and monitoring of the service.

Is the service safe?

Our findings

People using the service spoke positively about the service and told us they felt safe within the home. Comments included “The staff are so kind and support me with anything I need”, “All staff are good. I never have to ask for anything twice”, “I’ve lived here for many years and love it. Everyone is so friendly. I feel very safe.” However we identified some concerns about safety during the inspection.

Visiting relatives told us they were happy with the care and support provided and were confident their relatives were safe. One person said “I visit the home most days. On a few occasions I’ve flagged up some concerns, but no system is perfect and the main thing is they listen and rectify the problem straight away.” Another person told us “The manager and staff are all very helpful and work very hard to keep people safe and well. Staff always keep us informed about any issues or concerns.”

Although the provider had policies and procedures in place for the safeguarding of adults from the risk of abuse including how to recognise types of abuse and what action to take, people were not always protected from the risk of abuse because these were not followed. Steps were not always taken to address reported concerns, record them and refer to health and social care professionals as required. For example one person had suffered an accident during the night which had not been reported or followed up on until a visiting relative reported it. The provider later alerted the local authority who investigated and made recommendations but the home failed to notify the Care Quality Commission (CQC) regarding the accident. Another record we looked at showed that one person using the service made several concerns about their care known to staff. These were investigated by the provider however they failed to report the concerns to the local authority and the CQC. This meant concerns could not be monitored by CQC or investigated if necessary by the local authority.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were systems in place to monitor the safety of equipment used within the home. Maintenance records showed work carried out on equipment. These were up to date with items listed and recorded as completed. Monthly checks on equipment such as wheelchairs, hoists and

slings, bathing equipment, bed and bedrail equipment were conducted. Staff we spoke with told us that the equipment in the home was well maintained and response times from maintenance staff was good.

Electrical, gas, equipment and health and safety checks were conducted on a weekly, monthly quarterly or annual basis. Records demonstrated boiler and water temperature checks were conducted. Portable appliance testing was carried out and kept up to date. Legionella testing, air conditioning servicing and fire equipment checks were routinely conducted and recorded.

There were appropriate procedures in place to deal with foreseeable emergencies. People using the service had care plans that contained personal emergency evacuation plan’s (Peep). These directed staff and emergency services on how to support people to evacuate the premises in an emergency. Fire alarm tests were carried out on a weekly basis and fire drills and emergency evacuations were also conducted. Records confirmed tests were completed and recorded that staff response times were good.

Individual risk assessments were completed highlighting areas of needs and risks to people using the service. These included moving and handling, malnutrition screening tool (MUST), pressure ulcer risk assessment (Waterlow), medication, physical dependency, use of equipment and a general risk assessment. Staff were aware of assessments and details of how they should support people appropriately in order to minimise the risks recorded and were able to explain the risks that particular people might experience when care was provided including actions taken to prevent or reduce the likelihood of risks occurring.

People told us they received their medicines at the correct times and were happy with the staff supporting them. One person said “They always bring my tablets to me the same time every day. There has never been any problems.” Another person told us “The staff are all very good. They always remember to give me my tablets.”

Prescribed medicines at the service were administered and disposed of safely. Records we looked at were accurate and up to date. Medication Administration Records (MAR) had been completed and corresponded with the amount of medicines left. MAR charts contained a resident identification photograph ensuring staff correctly identified

Is the service safe?

people when administering medicines. They also contained people's full name, room number, any known allergies, a risk assessment for medicines prescribed and details recorded if swallowing medicines posed risks.

MAR charts were completed appropriately with staff signatures recorded. MAR charts showed that only staff who were trained to do so administered medicines. Homely remedies such as paracetamol were available and there were records to monitor the use of these medicines. There were protocols in place for the use of PRN (as required) medicines. The protocol was personalised for individuals and included details such as how often the medicines should be repeated and expected outcomes such as pain relief. For example one person's PRN protocol informed staff to administer insulin if their blood sugar test results indicated it was required. The guidance for staff on this was clear with records of actions taken.

We observed that covert medicines were in use on one of the units. There were records of the decision to administer medicine covertly, which had been completed by the GP and evidence that best interests meetings were held in regards to this with the GP and family members in attendance as appropriate. Covert medicines were given in food and drinks and staff were aware of how to give and record the use of medicines administered in this way.

Medicines were stored safely and we looked at a sample of medicines on each of the units. All medicines we saw were within their expiry date and labelled as appropriate. We saw temperature recording processes in place to monitor the temperatures of medication room refrigerators. There were information leaflets about medicines used within the home for staff to refer to and access for staff to use the British National Formulary (BNF) guide.

We spoke with a visiting GP, who told us they visited the home on a weekly basis and upon request. We enquired when medicines were reviewed and nursing staff told us that medicine reviews were conducted every two to three months or when changes were evident in a person's behaviour or condition by the GP.

We noted that blood and specimen samples were being collected by nurses and transported to the GP practice by maintenance staff using public transport. We spoke with several members of staff and enquired what packaging was used for transportation of specimens. We were told that all specimens were collected using a specimen pot and

placed in a sealable plastic bag then sealed in an envelope. This practice raised health and safety concerns regarding the safe handling of specimens. There was a risk they were not stored at the correct temperature and a risk of accidental spillage and cross infection. There were no systems in place to deal with patient confidentiality and spillages or breakages during transportation.

We recommend that the provider refers to current best practice, in relation to the safe handling and transportation of bodily fluids and samples.

Staffing records confirmed that infection control training was conducted annually and staff we spoke with told us that infection control training was provided and updated regularly. We saw one person with an infectious illness who was being nursed appropriately. We noted personal protective equipment was available outside of the room and waste disposal facilities were located inside the room. There were details in the person's care plan guiding staff on how to best care for the person to prevent the risk of cross infection. Doctors recommendations were recorded and being followed appropriately.

People and their relatives told us there were enough staff available to meet their needs. One person said, "I am very happy living here. I am looked after well by all the staff. The home is run well and staff do a good job." A visiting relative told us "I visit my relative all the time. There is always enough staff around and they do a very good job." During our inspection we tested several call bells at different locations within the home. Response times were good and staff were attentive to people's needs.

Comments we received from staff about staffing levels within the home were generally positive. One person told us "We work well together as a team. There is usually enough of us but on the odd occasion when a member of staff is unwell we are short." We spoke with the registered manager who told us that staffing levels were calculated by the number of people using the service and their needs. There were sufficient numbers of staff working on the day of our visit to ensure people were kept safe and well and staffing rotas we looked at confirmed this.

Safe recruitment procedures were in place. Staff had undergone required checks before starting to work at the home. Staffing records contained disclosure and barring

Is the service safe?

checks, references, confirmation of staff's identity, evidence of the right to work in the UK and previous employment history including evidence they were physically and mentally fit for work.

Is the service effective?

Our findings

Premises were not always kept clean and well maintained. We noted that bath and shower room facilities in particular on all three floors were not adequately decorated or kept in good condition. We observed that one shower room had a drain exposed and there were odours from the drain present. There was also peeling paint from the showroom walls and ceiling. Another bathroom had a toilet that was out of order, soap dispenser that was broken and lino flooring that was torn and worn which could pose a trip hazard. Infection control audits recently completed identified showrooms and bathrooms were in need of new flooring and that paintwork was in need of refreshing. However we noted this had not been actioned. Evidence of actions plans for remedial works were not in place.

The environment in some areas of the home for people with limited mobility or poor eyesight was a potential hazard. We saw in two disabled Bathrooms and a sluice room that light bulbs had blown and had not been replaced. In a quiet lounge area we noted wall paper was torn and the carpet was worn and stained. In one medication room a cupboard under sink had a broken door although nothing was stored in the cupboard. We also noted that one toilet had damaged flooring and holes in the tiles. We looked at the home's maintenance records to see actions taken however we noted that the required repairs had not been documented.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Mental capacity assessments were being completed and applications for Deprivation of Liberty Safeguards (DoLS) were being made in accordance with the Mental Capacity Act 2005 (MCA) and DoLS to deprive people of their liberty where necessary. At the time of our inspection we noted that one authorisation for DoLS was in place and others were referred to the local authority as appropriate.

Staff training records we looked at confirmed staff had received training in MCA and DoLS. We spoke with the registered manager who was aware of the Supreme Court ruling on the 19 March 2014, about the meaning of the Deprivation of Liberty. Staff we spoke with were aware of people's capacity and the use of best interests meetings to make decisions when people lacked capacity to consent. However care plans and records we looked at did not

always demonstrate that people were involved and were in agreement with their plan of care. Some care plans did not contain a completed MCA or best interests decision record when this was appropriate or required.

We recommend that the service refers to the Mental Capacity Act 2005 codes of practice in relation to meeting the specialist needs of people living with dementia or fluctuating mental capacity within the home.

We saw people were supported by staff that had appropriate skills and knowledge to meet their needs. People told us staff were good and knowledgeable on how to support them with many people able to give examples. One person said "I am happy at the home and looked after well. Staff really know me, what I like and don't like and they even bring me my favourite cross word puzzle books."

Comments we received from visiting relatives were positive. One person said "I am happy with the care provided. My relatives always seems well and cared for and the staff seem to know their jobs well." Another person told us "I visit often and have a good relationship with staff. Most are caring and are knowledgeable in how to support my loved one."

Staff members new to the home completed an induction programme. Staff we spoke with told us this included introductory and mandatory training with practical experience working alongside an experienced member of staff. Training records showed that staff had completed the induction programme and all areas of mandatory training in line with the provider's policy. Staff were supported to train colleagues and during our visit we met with a member of nursing staff who was providing training to a group of staff. They told us that had completed a training course called 'train the trainer'. This enabled them to teach other members of staff within the home. Training being delivered was 'equality and diversity' and we were shown the teaching materials used which included a video and text books.

Staff were supported appropriately through regular supervision and annual appraisals. We spoke with the registered manager who told us that staff received one to one supervision on a regular basis in line with the provider's policy. They told us that they also conducted

Is the service effective?

clinical group supervision for senior and nursing staff every six months to discuss practice issues. We saw that supervision records were kept and appropriate clinical supervision was provided to nursing staff.

People were provided with sufficient amounts of nutritional foods and drink throughout the course of the day to meet their needs. People we spoke with told us they enjoyed the meals provided and there was choice. One person told us “I enjoy the food here very much. There is always a choice and if I don’t like what is on offer there are alternatives.”

During our visit we observed people requesting different types of drinks and snacks to meet their preferences. Staff were quick to respond to requests and supported people with choices. People’s individual needs were considered and accommodated for. Adaptive cups and cutlery were available so people who required support to eat and drink could do so independently or with minimal assistance.

People’s nutritional needs were met. The home had a main kitchen which prepared the meals for lunch and supper. We spoke with the chef and a kitchen assistant. They told us that menus worked on a rotation basis and there were different menus for summer and winter months. Kitchen staff were knowledgeable about people’s special diets and worked to accommodate needs successfully. They told us that food was supplied to the home fresh every week and food served at the home was cooked fresh. The Food Standard Agency visited the home in April 2014 and rated them five stars.

People’s preferences and individual needs were catered for. People had a choice of two main meals at lunch and supper and we saw menus were displayed on tables within each dining room. People could choose from the menu a day in advance and recorded menu choices we looked at reflected people’s requests and dietary requirements. For example, one person required a soft diet which was

prepared. Care plans were effective in identifying people’s dietary requirements, monitoring people’s weight, carrying out nutritional risk assessments (MUST) and noted changes in people’s nutritional health needs.

We observed staff supported people appropriately to eat and drink sufficient quantities to meet their needs. Staff knew people’s needs and who required support to assist with eating. We observed the lunch time meal was well organised and people were provided with a relaxed atmosphere and enjoyable experience.

People had access to healthcare professionals as necessary. Visits by the local doctor and other health professionals such as chiropodist and community psychiatric nurses were recorded on the professional visits record form within people’s care plans. One person’s records showed that staff sought appropriate health care professional intervention when a pressure ulcer required attention. A nurse, dietician, doctor and the local authority were all appropriately referred to for support.

People told us they were supported to maintain good physical and mental health and had access to health and social care services when required. One person said “The doctor always visits here. If I am not feeling well, staff ask if I want to see the doctor and they come. It’s very good.” We spoke with the visiting GP who told us they had two consultation sessions at the home every week. They informed us that morning sessions were held for people that are unwell or have suffered a fall and afternoon sessions were for patient reviews, repeat medications and meetings with visiting relatives. Care plans showed people’s health was monitored and referrals were made to health and social care professionals when required. We saw that people using the service were referred to and in receipt of support from community mental health teams and community psychiatric nurses.

Is the service caring?

Our findings

We observed positive interactions and communication between staff and people using the service. People told us they were happy with the care provided and that staff were kind and caring. One person said “I am not able to get about much unless I use my wheelchair. Staff support me to get around and with anything I need. I am well looked after and allowed to make choices about my daily routine and what I want to do.”

We observed staff displayed dignity and respect towards people addressing them by their preferred names. We saw a member of staff allowed one person time and space to use the toilet with dignity. We saw positive interactions between staff and people in communal areas throughout the home and noted communal areas were warm and relaxed environments. People were supported to dress appropriately and we observed staff seeking consent before assisting. Staff knocked on people’s doors before entering their rooms and sought permission to enter. We noted that people had a ‘memory box’ displayed outside their doors. These were filled with people’s personal pictures and objects and promoted orientation and awareness of the surroundings for people who had difficulty in remembering.

People and their relatives told us that staff considered individual needs and they felt listened to. They felt comfortable discussing any issues with staff that concerned them about how their care was provided. One person told us “I am happy living here. The staff are all very caring and listen to what I say. I like my hair done every week and staff know this and support me.” A visiting relative said “We visit at different times due to our work. There are no restrictions on visiting and staff are always welcoming. On a Friday we bring in fish and chips from the fish shop as our relative loves this and twice a week we take them out.”

Staff were knowledgeable with regards to people’s needs in relation to their disability, race, sexual orientation, culture and gender. Care records demonstrated that staff supported people to access community services and

practice their religion. Care plans also showed that people and their relatives had been consulted about how they wished to be supported and were involved in decisions about their care and support.

We observed that staff were responsive to people’s needs and in cases where people were not able to vocalise their choice or support, staff communicated effectively using methods suited to individuals. For example we saw one member of staff using body language and speaking slowly to someone using the service so they were able to understand what was being asked of them. One member of staff we spoke with told us how they communicated with someone they worked with who had dementia and found it difficult to express themselves. They told us they used body language and pictures to effectively communicate. They said “I know certain gestures they do and can tell if they are happy or need support. I know when they are happy because they have a wonderful smile.”

There were arrangements in place to meet people’s end of life care needs and record any advance decisions people had in place. The home worked well with health care professionals and in particular a local authority health care commissioning group to ensure that people’s preferences about their end of life care were accounted for. Care plans showed that where people had wished too, details of their end of life care was documented. Staff told us that end of life care plans were completed with individuals and their family where appropriate. Do Not Attempt Resuscitation forms (DNAR) were completed with individuals, their GPs and family members where appropriate.

Residents meetings were held on a monthly basis and minutes of meetings held were written in a way that supported people who used the service to understand and access. The registered manager told us that a relative or an advocate was also present at residents meetings to ensure that everyone had a voice and was heard. Relatives meeting were also held on a quarterly basis and minutes of the meetings were shared with people attending. People were provided with the opportunity to discuss issues regarding the care provided and the general running and maintenance of the home. Where issues had been discussed action plans were put into place to ensure desired outcomes were met.

Is the service responsive?

Our findings

Staff knew how to meet people's needs that were identified in their care plans. People spoke positively about staff and the care they received. Comments included "The staff are lovely and the home is managed well", "Staff are supportive", "I enjoy the food and there is always enough even for me", "I like it here. I'm happy" and "There is always staff around to help. I feel they support me very well."

People were involved in planning their care. Some people we spoke with were aware they had care plans in place to meet their identified needs and had been involved in the planning of their care. Visiting relatives we spoke with confirmed that they were also aware of people's care plans and where appropriate had been included in reviews that were conducted.

People received personalised care responsive to their needs. Staff made records of people's care and support during the day and activities people engaged in. These were completed throughout the day and were up to date. Care plans were organised well and easy to follow painting a personalised picture of individuals. Each care plan contained a "life history" and 'lifestyle passport' completed by people using the service and their relatives. These included information on how people preferred to be addressed, their likes and dislikes, details of their personal history, hobbies and interests and cultural and social needs. The provider had processes in place for assessing, evaluating and reviewing people's care needs and care plans. Reviews of care plans were conducted on a monthly basis or when required and records we looked at confirmed this.

A range of activities were provided to ensure that people were supported to engage in meaningful activities that reflected their interests and supported their well-being. There were weekly activity schedules which were displayed on each floor of the home and in the main reception area. Activity schedules listed music and singing, reminiscence with picture cards and photographs, hair dressing, walks outside dependant on weather amongst others. People using the service that we spoke with were happy with activities provided within the home. One person told us "I really enjoy the quizzes and puzzles." Another person said "The activities are fairly good. I enjoy going out especially in the summer when the weather is nice."

People told us they felt confident in making a complaint and it would be listened to and addressed. One person said, "I haven't needed to make a complaint but if I did I would speak with the manager who I know would sort it out." A relative visiting the home told us they were aware of the complaints procedure and would feel able to raise any concerns. One person said "I have raised some minor concerns before and I have been listened to. The manager and staff were quick to respond and rectify the problem."

Staff were able to explain the complaints process and actions they would take to ensure the concerns were addressed promptly. One person said "If I received a complaint I would speak to my senior or the manager after reassuring the person that their concerns would be looked at. I would also provide them with a copy of the complaints policy." Copies of the provider's complaints policy and procedure was on display at the home. Records showed that when issues had been raised these were investigated and feedback given to the complainant. Complaints received were reviewed and used so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

Although the provider had procedures and systems in place to evaluate and assess the quality of the service provided we found that these were not always followed. For example safeguarding policies and procedures were not responded to in a timely manner to address reported concerns and premises were not always kept clean and well maintained minimising risks to people using the service. The provider's quality assurance systems had not identified these issues which we found at inspection, or if issues had been identified action had not been taken to remedy them.

The home demonstrated some elements of good practice. There was a registered manager in post at the time of our inspection and there was a full complement of staff with noted good staff retention to meet the needs of people using the service. The provider produced a resident information guide which provided people with information on the provider's mission, philosophy of care, description of the home and staff, leisure and recreational activities, meals and menus and comments, compliments and complaints.

The home had an open culture that encouraged learning and good practice. The registered manager ensured they were available to staff and spent time with people using the service. Staff we spoke with confirmed that the manager was approachable and led the staffing team well. One person told us "I have worked here from many years. I really enjoy my job and like the home. We are a good team and the manager listens to us." Records we looked at showed staff meetings were held on a regular basis which provided staff with the opportunity to discuss the needs of people who used the service; share good practice and raise any issues or concerns.

People and their relatives were asked for their views about the service. People told us they were aware of the resident and relatives meetings and participated in them. One person said "I always try and go to the meetings. It's an

opportunity to find out what's going on and to air any views." A visiting relative told us "I do try to attend when possible. I find it interesting and there are sometimes guest speakers." People also told us they participated in the providers 'resident satisfaction survey'.

Resident annual satisfaction surveys were conducted and completed by people who use the service and their relatives. We looked at the results for the 2014 survey conducted. Results were positive showing that people using the service were 94% happy with the overall service, 89% of people were happy with the food served within the home and 90% of people were happy with the care and support provided.

There were systems and processes in place to monitor and evaluate the quality of care and support people received. The registered manager told us about the methods and audit tools used within the home. We saw quality assurance audits conducted on a regular basis which included care plans, medication, health and safety, infection control and food safety. These were conducted on a monthly or quarterly basis by the home manager and records we looked at confirmed this.

We noted that the provider also conducted monthly regional manager compliance visits which looked at all areas of the home. Quality assurance audits were also conducted every six months by the provider which highlighted areas of good practice within the home and areas that required improvements.

There were processes in place for reporting incidents and accidents and we saw that these were being followed. All incident and accident reports included details of the incident or accident and any follow up action required. Action plans were put into place if appropriate to monitor outcomes and learning. Accidents monitoring and falls analysis were conducted on a monthly basis and referrals to health and social care professionals were made where appropriate. This meant that people received responsive and effective care and support when required.

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	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The provider did not always ensure people were protected from the risk of abuse because they failed to respond appropriately to allegations of abuse in a timely manner.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The provider did not always ensure that premises were kept clean and were adequately maintained.</p>