

Denehurst Care Limited

Passmonds House

Inspection report

Edenfield Road
Danehurst
Rochdale
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



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

Passmonds House provides accommodation and support for up to 35 people. Poppy unit, situated on the first floor is a designated unit for people living with dementia. The home has been extended to offer accommodation, in two double and 31 single rooms. Twenty-two of the rooms have en-suite facilities. The home also provides three lounges and two dining rooms. The home is set in its own grounds adjacent to Denehurst Park and is approximately 1½ miles from Rochdale town centre. Parking is provided to the front of the house. Ramped access is provided to all entrances.

We last inspected this service on 14 January 2015 and found the service did not meet the regulations for safety and suitability of premises, Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities); Regulations 2010, consent to care and treatment, Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Records, Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; and staff training Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Summary of findings

We issued requirement notices that required the provider to make the necessary improvements in relation to the safety and suitability of premises, consent to care and treatment. Following this inspection the service sent us an action plan to tell us how they were going to meet the regulations.

The service did not have a registered manager. The person in charge had applied to register with the Care Quality Commission and was awaiting her disclosure and barring service check to be returned before her application could be submitted. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was brought forward due to concerns raised by a member of the public. The concerns raised were people being moved around in wheelchairs without footrests, which we found on inspection, the quality of food and people not having choice when going to bed. We did not find the quality of the food was poor or people did not have choice of when they went to bed.

During this inspection we found two breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People who used the service said they felt safe at this care home. Staff had been trained in safeguarding topics and were aware of the need to report any suspected issues of abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

We found the ordering, storage, administration and disposal of medication was safe.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

People told us the food served at the home was good and they were offered choices about what they ate. We saw there was a good supply and choice of food.

New staff received induction training to provide them with the skills to care for people. All staff were well trained and supervision sessions had begun with the new manager to discuss and training or work based issues they felt they needed to discuss.

The manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals. There had been seven DoL's notifications in the last twelve months.

The home was warm, clean, well decorated and generally fresh smelling although three rooms had a strong odour of urine. We were told the people in these rooms were incontinent. The garden was accessible for people with mobility problems and safe for people with dementia to use in good weather.

The home was reasonably well decorated and furnished. However some bedrooms contained broken items of equipment and one communal area was being used as a store room.

Electrical and gas appliances were serviced regularly. Each person had an individual emergency evacuation plan and there was a business continuity plan for any unforeseen emergencies.

We observed there was a good interaction between staff and people who used the service. There was some good natured banter exchanged during the day between staff and people who used the service.

We observed that staff were caring and protected people's privacy and dignity when they gave personal care. We saw that staff gave people choice such as what clothes they wanted to wear and people came into the lounge later in the morning because they wanted a lie in. We did not see people being put to bed before we left at 18:30.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and were reviewed. Some work needed to be done to try to ensure all people who used the service (or a family member) had had the chance to agree to their care and support.

Summary of findings

We saw that people who used the service and their families were able to attend meetings to have a say in how the home was run. The manager was also planning to send out quality assurance questionnaires to further obtain their views.

Policies and procedures were updated regularly and management audits helped managers check on the quality of the service.

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.

There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local protocol. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Good



Is the service effective?

The service was not always effective. Some of the bedrooms we visited had damaged cupboards, drawers and toilet seats and one communal room contained moving and handling equipment (hoists) which did not provide a homely atmosphere and could be a tripping hazard.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoL's and should recognise what a deprivation of liberty is or how they must protect people's rights. The provider had informed us of the seven applications they had made.

People who used the service told us food was good and they were given sufficient food and drink to meet their nutritional needs.

Staff were well trained and supported to provide effective care.

Requires improvement



Is the service caring?

The service was caring. People who used the service and the family member we spoke with thought staff were helpful and kind.

We saw that staff always asked for consent before undertaking any personal care and explained to people with dementia what they needed to do.

We observed there was a good interaction between staff and people who used the service.

Good



Is the service responsive?

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

Good



Summary of findings

People were able to join in suitable activities which were arranged by staff.

Meetings were held three monthly with people who used the service to have their say in how the home was run.

Is the service well-led?

The service was not always well led. A manager was not currently registered with the Care Quality Commission.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Requires improvement



Passmonds House

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by two inspectors on 27 October 2015.

During the inspection we spoke with seven people who used the service, four visitors, the senior team leader, two care workers, the cook, the laundry assistant, the manager and the area manager.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We had also received some information of concern about the care of people on the dementia unit.

We did not request 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 any improvements they plan to make. This was because the provider would not have had sufficient time to complete the PIR.

During the inspection we carried out observations in the public areas of the home and undertook a Short Observation Framework for Inspection (SOFI) observation during the lunchtime period on the dementia unit. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for 10 people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

People who used the service told us that Passmonds was a safe place to live. One person said, “I feel safe here, any restrictions are for our safety.” The relatives of one person said, “She’s well cared for and safe.”

On arrival at the home we saw that a person was being pushed in a wheelchair without footplates. This practice is dangerous and increases the risk of injury to people using the service by trapping their feet or causing friction injuries. Moreover, we saw that the person in the wheelchair was not sitting on a pressure relieving cushion. This person was sat for at least ten minutes whilst he was waiting for staff to transfer him to an armchair. We did not see any further incidents of this type throughout the day.

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local authority safeguarding procedures. This meant they had access to the local safeguarding team for advice and report any incidents to.

We discussed safeguarding with three members of staff and found they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed.

The staff team had access to the 'Whistle Blowing' policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern. The senior team leader told us they would report any concerns to the manager and was confident that immediate action would be taken.

We examined three plans of care during the inspection. We saw that there were risk assessments for falls, moving and handling, nutrition and tissue viability (the prevention or treatment of pressure sores). The risk assessments highlighted people’s needs around these areas and any care or treatment was recorded in the plans of care. Where necessary specialist advice was sought from professionals such as dieticians and tissue viability nurses. There were no people at the home who had a pressure sore.

We looked at three staff files in total. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

Members of staff who had received appropriate training were responsible for the management of medicines at the home. We saw that medicines were stored securely which reduced the risk of mishandling. The temperature of the storage area was checked and recorded daily in order to ensure medicines were stored according to the manufacturer’s instructions. We looked at the medicines administration records of 10 people who used the service and found they included details of the receipt and administration of medicines. A record of unwanted medicines returned to the pharmacy was also available. However, we saw that handwritten instructions on one of the MAR charts we looked at had been signed but not witnessed to indicate that the directions had been completed correctly. We saw that a running total of the amount of medicine in stock for each person was kept in order to check that people were being given their medicines as prescribed. Some people were prescribed medicines to be taken when required for example pain killers. We saw that written instructions for staff to follow regarding the use of such medicines was kept with the medicines of administration record. This helped to ensure that people were given their when required medicine correctly.

During the inspection we saw that people did not have to wait long when they needed assistance from staff. We saw that a member of staff was always present in the lounge on both units of the home. This meant people were properly supervised which helped to promote their safety and ensure their needs were met. One visitor said, “There’s always staff about.” The manager explained that currently members of staff worked on both units of the home but expressed her intention to have a designated staff team for the dementia unit. This would ensure that care was consistently provided by staff that people who used the service knew well. On the day of the inspection there was

Is the service safe?

the manager being supported by a registered manager from another service, six care staff, a cook, a domestic assistant and laundry worker. The off duty showed this was the normal staffing levels for this service.

We noted that a personal evacuation plan (PEEP) was in place for each person who used the service. These plans provided brief directions for staff to follow about the support each person required to safely evacuate the premises in the event of an emergency. The manager was advised to review these plans and provide clearer and more person centred directions.

There was also a business continuity plan in place which provided information for staff about the action they should take in the event of an emergency.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training.

The manager conducted audits for infection control and there were hand washing facilities in strategic areas for staff to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. The home was warm and clean on the day of the inspection.

We looked at the servicing and certification of gas and electrical equipment and found it was up to date which meant it was safe to use. The fire alarm was serviced and tested regularly and fire drills were undertaken to ensure staff knew what to do in the event of a fire. Hot water outlets were temperature regulated and radiators did not pose a threat of burning people. Windows had a restrictive device fitted to stop any accidents.

The laundry was sited away from any food preparation area and contained sufficient equipment to keep people's clothes clean. There was a facility for sluicing soiled clothes and different coloured bags were used to separate contaminated waste and laundry. A person was employed specifically to do the laundry.

Is the service effective?

Our findings

One person said, “The meals are very good we have a choice. There’s plenty to eat.” Another person told us that she had a special diet and said, “The meals are nice.”

We saw that lunch time on the residential unit was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers were attentive to people’s needs and offered encouragement and support when necessary.

The people on the residential unit were offered a choice of meal and both looked appetising, warm and nutritious. Both meals were of a good quality and people appeared to enjoy the meal. We looked at the food supplies and found there was a good selection of fresh, frozen, canned and dried foods including fresh fruit. The cook said she ordered food several times during the week and usually received all she asked for.

At lunch time on the dementia unit we carried out a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During this time we observed that staff were usually attentive to people’s needs. However, we saw that staff leaned over people as they were eating in order to serve food to people at the opposite side of the table or to clear away dirty dishes. This was not respectful and disruptive to the people who were eating. We saw that one person who was served their pudding had to wait before they were given a spoon.

We saw that one person who was served a pureed meal had eaten very little before the plate was removed without asking the person if they had finished. The relatives of two people on the dementia unit expressed concerns about the pureed meals served. One of these relatives said, “There’s enough food and pureed meals have improved but they’re not very good.”

At tea time on the dementia unit we saw that one person was served a meal of mashed potato and pureed meat. People who were able to choose were offered soup and a choice of sandwiches. One care worker said that at lunch time the person’s relative had said that chocolate mousse was not an appropriate dessert and this was offered again at tea time. This lady was then offered pureed fruit.

Discussion with the cook confirmed that she was aware of people’s individual preferences and any special diets such as diabetic. Menus were planned in advance and offered a choice of meal. The cook said that alternatives to the menu were always available if people wanted something else. We saw that fresh fruit and vegetables were available in order to ensure that people received a varied and balanced diet. We saw that hot and cold drinks and snacks were also available throughout the day.

Plans of care showed that people’s weights were recorded monthly. We saw that two people had been put on a weekly weight recording regime when a risk was identified and advice sought from professionals such as the person’s GP

The kitchen had achieved the 5 star rating at their last environmental health visit which meant kitchen staff followed very good practices.

During the inspection we observed members of staff gaining people’s consent and cooperation before any care or support was given. We saw that staff explained what they wanted the person to do before they undertook the task. One person told us that staff knocked on their bedroom door and waited for permission before entering the room. The manager told us she was updating care plans with people who used the service or a family member. The manager was recording any meetings to discuss care with people who used the service or family members and it would be good practice for them to sign the plans of care. One family member told us she had been consulted about her relatives care.

We saw that where people’s needs required additional support staff contacted various professionals such as specialist nurses. People were also supported to attend hospital appointments or routine visits to dentists, opticians and podiatrists. People had their own GP and we saw records of their visits.

Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment

Is the service effective?

they need, where there is no less restrictive way of achieving this. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find.

At the time of our inspection authorisations for a DoLS decision had been made for three people who used the service and the service were waiting for fifteen more applications to be reviewed by the relevant authorities. We had received seven notifications for DoLS applications during the year. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. There was readily available information about the advocacy service. An advocate is an independent person who will act for someone who lacks mental capacity and/or has no relatives to protect their rights.

New staff were given an induction prior to working alone with people who used the service. Staff had to complete a work book and have their competencies signed off to show they were able to do the tasks. New staff were supported by experienced staff (shadowed) until they were thought competent to work with vulnerable adults.

Three members of staff told us about the training they had received. Three staff files showed training included moving and handling, fire prevention, dementia care, safeguarding adults, food safety, medicines administration, infection control, first aid, the management of people whose behaviour may be difficult and nationally recognised vocational qualifications in health and social care.

The members of staff we asked told us they had not been having regular supervision meetings with the previous manager. The current manager had only been in post for a short time and had commenced supervision with some staff and earmarked supervision for all staff. Supervision must be undertaken regularly for all staff to ensure their training or any other work based issues could be identified and their performance discussed.

This is a breach of regulation 18 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as appropriate support, training, professional development and supervision was not provided to enable staff to carry out their duties.

The carpet in the quiet lounge was stained and contained moving and handling equipment such as hoists. This was not conducive to providing a homely atmosphere and could provide a tripping hazard. We asked about the system for repairing or replacing broken items. The manager conducted an audit once a month. There were two staff members who were responsible for maintenance although one was on holiday the week of the inspection.

We saw that efforts had been made to improve the signage for people with dementia to help them find their bedrooms and other facilities.

We saw the outside space had been improved with a large decking area and covered seating for people to use if they wished. This was accessible for people who may have mobility problems.

We toured the premises and saw that although the home was clean the decorations in some areas looked tired. We saw that people had personalised their own room with photographs, ornaments, pictures for the walls and items of furniture to make them look more homely. There was an unpleasant odour in three of the bedrooms which was not conducive to the wellbeing of people who used the service. We saw that in one room the handle from one of the drawers was missing. In another bedroom the front of a drawer was hanging off. We noticed that the door of the lounge on the dementia unit was propped open with the footplate from a wheelchair. We also saw that a toilet seat were broken which put people at risk of injury. We did see that some rooms had recently been decorated to a good standard and the manager said more improvements were in the pipeline although we did not see a plan for this on the day of the inspection.

This is a breach of Regulation 15 (1) (E) of the Health and Social Care Act 2008 (Regulated Activities). All premises and equipment used by the service provider must be properly maintained.

The remainder of the communal rooms were reasonably well decorated and contained sufficient domestic style furniture to provide people with comfortable seating and dining facilities.

Bathrooms and toilets had aids for people with mobility problems and were clean and tidy.

Is the service caring?

Our findings

Throughout our inspection we saw that members of staff usually spoke to people in a courteous and friendly manner and addressed people by their preferred name. One person said, “The staff are smashing.” Another person said, “They think about you personally, they don’t treat you like an object they treat you like a person.”

We observed staff interacting with people who used the service during the two days. Staff were polite and explained what they wanted the person to do before embarking on the task. We did not see any breaches of privacy when staff gave any personal care. Laughter was heard throughout the home on a regular basis throughout our inspection. We saw there was always at least one staff member in the communal areas of the service, meaning there was always someone available for service users to interact with.

We observed staff delivering personal care to people who used the service. We did not see any breaches of a person’s privacy which helped protect their dignity.

We saw that care records were stored in the office which was locked and only available to staff who needed to access them. This ensured that people’s personal information was stored confidentially.

We looked at various records throughout the service and found that staff wrote about people who used the service in a compassionate and respectful manner. We saw that people were asked about their likes and dislikes and these were documented in care records.

People were able to choose what they did, for example where they spent their day or what time they got up. We also saw that people could attend religious services of their choosing if they wanted to follow their religion in this way. People’s spiritual needs could be met within the home or the community if they wished.

We saw in the three plans of care we inspected that people’s preferred times of getting up and going to bed was recorded. Other choices in the plans included if they had an objection to the sex of a member of staff or how much assistance they needed when receiving personal care, for example, bathing. This gave people the opportunity to perform some tasks independently. At this inspection we did not see people were being put to bed before 18:30 which is the time the inspection was completed. All the people we spoke with told us they could get up and go to bed when they wished. We saw people coming in and out of the home when they wanted to.

We saw that people had an end of life plan contained with the plans of care. The plans of care contained some details of what a person would like to happen at the end of their life. We discussed this with the registered manager who as part of the updating of care plans was going to provide more details for staff to follow.

Visiting was unrestricted and meant people who used the service were able to meet with their families and friends when they wished. We saw people with their visitors on the day of the inspection.

Is the service responsive?

Our findings

One the day of the inspection we saw two service users going shopping independently and people using the outside decking area when they wanted to. There was a program of activities which included remembrance therapy on the day of the inspection, armed forces day, pamper sessions, various games, entertainers and exercise using ball games. We saw photographic records of some of the themed days and were told the next one was to celebrate Halloween.

Arrangements were in place for the manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

The manager was being supported by a registered manager from another service and attended throughout the inspection. Two of the three care plans showed people had a 'This is me' document within the plans of care, which gives staff a lot of details about a person's likes and dislikes and personal choices. Both managers were working on a document to fully find out people's backgrounds, hobbies, likes and dislikes. We saw the plans of care contained details about people's personal preferences including their preferred times of rising and going to bed, food and if they wished to be disturbed at night. The Local Authority contracts department had carried out a recent review of the service and given the manager until the end of November to update all plans of care. The manager of the service said she would have the plans completed by the set date and was liaising with the authority to reach the desired standard.

We looked at three plans of care during the inspection. We saw that the plans were divided into headings such as for mobility, personal care, skin integrity or incontinence. The plans of care were sufficiently well detailed for staff to

provide effective care and told us if a person needed one or two care staff to assist them. One of the plans of care had a signed agreement from the person who used the service as did some risk assessments. The plans of care had been reviewed to keep staff up to date with any changes. The manager told us she was reviewing plans of care with people who used the service or a family member and this was recorded in a separate log. It would be good practice for the section for consent in the plans of care were signed by all people who used the service or a family member where appropriate. We did see that staff explained any tasks they needed to undertake with people who used the service and waited for their agreement before they undertook them.

There was a suitable complaints procedure provided for people who used the service to voice any concerns. Nobody raised any concerns with us on the day of the inspection. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We asked Healthwatch Rochdale and the local authority safeguarding and contracts team. Healthwatch Rochdale did not have any concerns. The local authority did not respond. We looked at incidents, accidents and complaints and found the manager analysed them to ensure to spot any trends or ways to minimise risks.

The registered manager held meetings with people who used the service and their families to obtain their views. We looked at the records for the last meeting. Topics included staffing, staff training, improving the efficiency of the laundry, food and activities. We saw that from the meeting family members had raised the possibility of a dedicated staff team for the dementia unit. The manager said this was being arranged. People were given the opportunity to have their say in how the home was run. It was agreed that the meetings would be held three monthly. The manager also held meetings with family members to discuss care and support which was recorded in a log.

We saw from plans of care each person had their own GP. People also had access to specialists such as for hospital appointments or professionals for routine appointments including dentists, opticians and podiatrists.

Is the service well-led?

Our findings

The home did not have a registered manager in post. The current manager who has worked for the service for eight weeks had applied to the Care Quality Commission for and was awaiting her disclosure and barring service check to be returned before her application could be submitted. Because the service did not have a registered manager this domain cannot be judged as good. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was being supported by a registered manager within the group to improve the quality of the service. Staff told us the manager was approachable and supportive.

We looked at staff meeting records since the new manager had taken over. Topics included staff responsibilities; this was to discuss what areas staff would be responsible for such as infection control or medicines, any staff opinions or concerns, the laundry, infection control issues and daily routines.

We saw from looking at records that the manager conducted regular audits to check on the quality of service provision. These included infection control, medicines administration, care plans, cleaning rotas, weights and nutrition, the kitchen (to ensure all checks were being made and the cleaning schedule followed), accidents and incidents. From one audit new mattresses had been highlighted as being needed and the provider had supplied them. The manager had recently spotted that new commodes were needed for some bedrooms and had passed the information on to the provider.

Policies and procedures we looked at included complaints, safeguarding, medicines, choice, DoL's, mental capacity, safeguarding, the safe handling of people with health and safety and infection control in care homes. The policies we inspected had been reviewed to ensure they were up to date and provided staff with the correct information.

The service had sent out quality assurance surveys in the past. The manager was aware that this was a good way to obtain people's views and was part of her plan to implement when she had completed more important tasks. Her priorities at this time were updating plans of care, risk assessments and staff supervision.

We saw that the manager liaised well with other organisations and professions. This included Social Services and external professionals involved in the Deprivation of Liberties Safeguards.

Staff told us they attended a staff handover meeting each day to be kept up to date with any changes. This provided them with any current changes to people's care or support needs.

We saw that the manager and other senior staff looked at incidents and accidents which were kept in a file. The manager looked at the incidents and ways of reducing or minimising any risks. We saw that following such analysis a person had signed an agreement not to have other people shop for inappropriate items such as alcohol.

There was a recognised management system staff were aware of and always someone senior to be in charge for staff to go to. The manager was being supported by another registered manager from the group whilst she settled into the role.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>This matters were a breach of Regulation 15 (1) (E) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>All premises and equipment used by the service provider must be properly maintained.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>These matters were a breach of regulation 18 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Appropriate support, professional development and supervision was not provided to enable staff to carry out their duties.</p>