Azar Younis

Firs Residential 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

We carried out this inspection on 10 February 2015 and it was unannounced.

Our last inspection of the service took place on 09 December 2013, when we found the service was not meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Consent to care and treatment.

Firs Residential Home provides personal care and accommodation for up to 33 older people. The home is on one level and has 25 single and four double bedrooms. At the time of our inspection, there were 20 people living at the home.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection, the registered manager was not the person who was managing the service. We spoke with the manager about this, who told us the provider was looking to recruit a new manager, who would register with CQC as the registered manager.

Summary of findings

We found the service ensured people were protected from abuse and followed adequate and effective safeguarding procedures. We found care records were personalised and contained relevant information for staff to provide person-centred care and support.

We found some concerns about the decision making process regarding the use of restraint at the home, where the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had not been followed.

The management of medicines was unsafe and there was no auditing of medication systems and processes.

We found the culture at the service was not monitored, through supervision of staff values and behaviour, although staff told us they felt confident in speaking with the manager and provider, should they see any instances of bad practice.

There was no monitoring system in place to identify staff had received training relevant to their role. Staff had not received supervision on an individual basis nor had their performance appraised.

During our inspection, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People were protected against bullying, harassment, avoidable harm and abuse. We found risks to people were managed and reviewed and that there were sufficient staffing levels at the home.

The home was clean and equipment was well maintained. There was an on-going refurbishment plan in place at the home for redecoration, which we saw evidence of being carried out during our inspection.

The management of medicines had not always been dealt with safely.

Requires improvement

Is the service effective?
The service was not always effective.

We found people who lived at the home were supported to have sufficient amounts to eat, drink and maintain a balanced diet. We also found people were supported to access other healthcare services.

Staff training was not monitored and there was a lack of supervision and appraisals carried out at the home.

Consent to care and treatment was not always sought in line with legislation and guidance.

Requires improvement

Is the service caring?
The service was caring.

We observed staff had developed caring, positive relationships with people who lived at the home. We saw people were supported to express their views regarding their care and support and that people's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs. We saw people were encouraged to be involved in activities to avoid social isolation and promote inclusion.

Good

Is the service well-led?
The service was not always well-led.

We found staff and people were not actively involved in developing and improving the service.

There was no registered manager at the service.

Requires improvement

Summary of findings

There were insufficient audits carried out at the home and no trend analysis conducted of accidents, incidents, complaints and compliments.

Firs Residential 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.

This inspection took place on 10 February 2015 and was unannounced. The inspection team was made up of one Adult Social Care inspector and one Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of the inspection a Provider Information Return (PIR) was not available for this home as we had not yet requested one from the provider. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Prior to our inspection, we spoke with stakeholders from the local authority Joint Commissioning Team. Stakeholders told about previous safeguarding incidents at the home, which we checked during our inspection. Stakeholders told us they had no current concerns for people's safety.

Before our inspection, we received some concerning information regarding the use of restraint at the home. We checked this during our inspection.

During our inspection, we spoke with the manager, the deputy manager/activities co-ordinator, a senior care assistant, a care assistant and the cook. We also spoke with four people who lived at the home, one relative of a person and a district nurse who visited the home on the day of our inspection.

We looked at the care records of five people who lived at the home and the staff personnel records of four staff members. Following our inspection, the provider arranged an audit of medicines at the home by a pharmacist. We received this information electronically after our inspection had taken place.

Requires improvement

Is the service safe?

Our findings

We asked people who lived at the home if they knew what keeping safe meant and if they knew how to report any concerns. People we spoke with told us they knew how to keep safe and were able to explain what they would do if they had any concerns. This included speaking with the manager or speaking with the local authority. One person told us; "I love [the home]. I feel safe here." One relative we spoke with told us; "I feel [my relative] is safe and well cared for. She is very settled. It's marvellous here."

We asked two people who lived at the home if they felt there were enough staff. Both people we asked told us they felt staffing levels at the service were adequate. One person told us; "They always have time for us. If I need the toilet or anything, I just ask and they help me straight away."

During our inspection, we spoke with five staff members about safeguarding at the home. All five members of staff were able to explain to us about the different types of abuse, the signs to look for and what they would do if they had any safeguarding concerns. This demonstrated staff were knowledgeable about safeguarding and knew how to protect people from abuse and avoidable harm.

We looked at the care records of five people who lived at the home. We found these care records contained risk assessments covering relevant areas to protect people from discrimination, including people's age, disability, race and religion. For example, in one care record we looked at, we found the person's 'Personal profile', which read; "[Person] is Catholic and attends Holy Communion, which is performed at [the home] by a lady from the church." This example demonstrated the service had taken account of this individual's diversity.

We checked to ensure policies were in place to ensure any use of restraint was appropriate. We found a restraint policy that had been reviewed in 2014, stating that staff should only use restraint as a last resort or in defending themselves or other people who lived at the home from physical harm. Before we carried out this inspection, we received some concerning information about one person who lived at the home being 'strapped' into a wheelchair. We spoke with the manager about this who told us these measures were in place to manage the risk of falling for the person, due to previous falls occurring. The manager told us this had been discussed with the person's family and they were happy with the actions taken to reduce the risks of falling. We also spoke with the local authority about this, who told us they had investigated and were happy with the action taken by the home. However, we found some issues in this area as no Mental Capacity Assessment or Deprivation of Liberty Safeguard (DoLS) authorisation was in place. You can find full details of these issues in the 'Is the service effective?' section of the report.

We looked in care records to see how people's risks were managed and how they were involved in this process. In all five care records we looked at, we found assessments were in place and had been reviewed with appropriate frequency. This included risks of associated with falls, mobility and moving and handling. We also saw evidence that people had been involved in their risk assessments and the outcomes of these assessments had been discussed and agreed with people and their relatives.

We asked the manager what methods there were to share information on people's risks. The manager told us they had 15 minutes handover time at the end of each shift, where any issues, concerns or risks were discussed. We spoke with staff about this, who confirmed this to be the case. We also looked at the formal methods used to communicate information about issues, concerns and people's risks. We found daily records were well maintained and contained relevant information that staff needed to be aware of.

We checked to see that accidents and incidents were fully investigated. We found an accident log that recorded all accidents and incidents, with details of when, where, how and why the accident or incident had occurred. We also saw this log detailed any injuries that were present as a result of the accident or incident. When an entry had been made into the log, staff signed and dated it each time. We saw that, as a result of some of these accidents or incidents, action plans and care plans were implemented to reduce the risks of the accident or incident occurring again. For example, we saw several entries for one person, where they had had a fall. We looked in this person's care record and, as a result of the falls, a care plan had been put in place. This demonstrated the service ensured that, where there was a risk of the same accident repeating itself, action was taken to reduce this risk.

We spoke with the manager and looked to see if there was any analysis of accidents and incidents carried out at the home. However, we found there was no analysis carried out

Requires improvement

Is the service safe?

of accidents and incidents to identify any themes. The manager also confirmed to us that this did not take place. Analysis of accidents and incidents is important in identifying any areas for improvement or areas of bad practice.

This demonstrated a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Before we carried out this inspection, we had received some concerning information regarding the premises and environment of the home. We checked this during our inspection. We found the environment to be clean and free from offensive odours. We also found the premises to be suitable for its purpose and issues previously identified were being addressed, including a gradual redecoration of the home. We also found equipment at the home to be well maintained.

We looked at the staffing levels used at the home and found there were enough staff on duty, each shift. On the day of our inspection, staffing consisted of; one manager, one senior care assistant, two care assistants, one laundry person, one domestic/cleaner, one cook, one kitchen assistant, one handyman and an activities co-ordinator. We also spoke with people and their relatives and asked them if they felt there were enough staff to meet people's needs. Everyone we spoke with told us they felt the home had enough staff to meet people's care needs and provide a personalised service. One person told us; "They always have time for us. If I need the toilet or anything, I just ask and they help me straight away." On the day of our inspection, one staff member had called in sick. We saw the activities co-ordinator took on the role of a care assistant in order to maintain the home's staffing levels.

We looked at the staff personnel files for four members of staff at the home. We found the home carried out all relevant pre-employment checks, including reference checks from previous employers, photographic identification, proof of address and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant the service followed safe recruitment practices.

We looked at medicines at the home. We asked the manager about unlicensed (over-the-counter) medicines at the home. The manager told us that, where people required medicines, they were obtained from the pharmacist, through the persons GP and that no unlicensed medicines were administered unless agreed by a GP.

We checked the controlled drugs at the home and found these to be correct, when checked against administration records (MAR) charts. Controlled drugs are prescribed medicines that are controlled under the Misuse of Drugs legislation to prevent them from being misused, obtained illegally and causing harm. We also checked other prescribed medicines at the home. The National Institute for Health and Care Excellence (NICE) guidance states; "Health and social care practitioners should ensure that records about medicines are accurate and up-to-date." We carried out a stock check of the home's medicines and found that six of the nine medicines looked at contained incorrect amounts, when checked against MAR charts. Following our inspection, we spoke with the provider about this. The provider arranged for a pharmacist to carry out an audit of the home's medicines and we were sent a copy of this audit. The audit carried out by the pharmacist identified the same concerns that we had found and implemented an action plan for the home to address these issues.

We carried out a walk around of the service, which included looking in people's bedrooms. We found in some bedrooms prescribed emollient creams. Storage instructions on these creams stated that they should be stored at 25 degrees centigrade or below. There was no temperature monitoring facility in people's rooms, so it could not be confirmed that these creams had been stored safely. This meant medicines stored in people's rooms may not have been effective due to no temperature or storage monitoring being carried out.

We looked in care records to ensure the home had clear procedures in place for giving medicines, in line with the Mental Capacity Act 2005. However, we found no care records contained mental capacity assessments to demonstrate that a person had, or lacked, capacity to give consent to receiving their medicines. This meant the home did not comply with the Mental Capacity Act 2005 in regard to medicines and the administration of.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires improvement

Is the service effective?

Our findings

People we spoke with told us they received their care and support in the way they wished. One person told us; "If I need anything, I can tell [care staff] and they try and sort it out. Everyone likes things doing differently so I just tell them the way I want something doing and they do it."

We asked two people if they had been involved in their care planning. Both people we spoke with told us they had been asked for their input. One person told us; "They ask us about everything. Little things like when I want to go to bed. It's nice to be able to choose and not just be told."

We spoke with a district nurse who was visiting the service during our inspection. They told us; "It's lovely here. All our staff love to come here. The residents are very well looked after."

We asked the manager about training provided at the home. The manager told us staff had recently received training in moving and handling, of which we saw evidence. We saw this training had been provided by an outside organisation that provided sector-specific training and guidance.

We asked the manager if they had a training matrix to record and monitor the training needs at the home. The manager told us there was no training matrix in place. This meant there was not a system for us to check that staff were up to date with training required for their role.

We looked in staff personnel files to see how staff were supported by the manager. We found staff did not receive regular supervision or appraisal. In three of the four staff personnel files looked at, we found no supervision or appraisal had taken place since 2011 and in the other staff personnel file, we found no supervision or appraisal had taken place at all.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We spoke with the manager about this, who told us they were currently in the process of sourcing training from the local authority for all staff on this subject. However, at the time of our inspection, staff had not received this training.

These examples demonstrated a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as staff had not received adequate training.

We looked in people's care records and found no record of any mental capacity assessments being undertaken. Before we carried out this inspection, we had received some information of concern from a relative of someone who lived at the home, informing us they had witnessed one person 'strapped' to a wheelchair and attempting to get out. Although this had been discussed and agreed with the person's family and social work team, there was no mental capacity assessment, best interest meeting decision or DoLS authorisation in place for this person. This meant the home did not have relevant assessments and authorisations in place to restrict this person of their freedom, and were doing so unlawfully. We spoke with the manager about this, who told us they would ensure a mental capacity assessment was carried out for the person and, if this assessment demonstrated the person lacked capacity, a DoLS application would be sent for authorisation or for a best interest meeting decision.

This example demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the service did not carry out relevant assessments to determine people's capacity to consent.

We looked at the menu board at the home and found that meal times were appropriately spaced and contained food that was nutritionally valuable. We also saw the menu board had information stating that if a person did not wish to eat what was written on the menu, to inform the cook what they wanted and this would be catered for. We asked people who lived at the home about the food they received. Everyone we spoke with told us the food was nice and that they had a choice. People we spoke with told us they enjoyed meal times and that the food always tasted good. One person told us; "The food is well cooked. I don't always like what's on the menu but we can choose something else. If I don't like what's for dinner, I tell [staff] what I want and they make sure I get it."

Requires improvement

Is the service effective?

We looked in care records to see how the service monitored people's nutritional intake and weights, should they have been at risk of becoming nutritionally compromised. We saw care records contained a weekly record of people's weights, which was maintained and updated. However, we found weight charts were not always recorded with adequate information. We saw the chart asked if there had been a weight loss or gain since the person had been last weighed. On all weight charts, a tick had been placed in either the 'loss' or 'gain' box, but the amount of weight lost or gained was not recorded. This meant that, although weights were taken each week, it was not possible to quickly identify if there had been a significant loss or gain. We spoke with the manager about this, who told us they would ensure all staff entered the amounts of weight lost or gained each week on every person's chart.

We also found a dependency tool was completed for each person at the home each month. This dependency tool contained information on how much assistance was required in different areas of people's care and treatment, including eating and drinking. This demonstrated the home recorded people's needs in regards to their nutritional intake.

We carried out observations at lunch time and saw that food served was hot. We saw that people enjoyed their meals and were not rushed to finish their food.

We saw people were supported to access relevant healthcare professionals in order to meet their day to day needs. During our inspection, we saw a district nurse attended the home to provide clinical care to one person, where their needs had identified a requirement for professional medical intervention. We also saw details in care records of GP's and Community Psychiatric Nurses having visited the home to meet people's health care needs. This demonstrated the home ensured people were able to access relevant health services, when required.

Good

Is the service caring?

Our findings

People we spoke with told us they felt staff treated them with kindness and compassion. People also told us they felt staff listened to them and had their opinions taken into account. One person told us; "I can be a bit fussy but staff know me well enough to know what I like. If I want something different, I tell them and they do it."

We asked people if they were able to choose what clothes they wore and if staff respected their choices. Everyone we spoke with told us they chose their own clothes or asked staff to choose clothes from their wardrobes. We also asked people if they could choose what activities they took part in. Everyone said they could decide if they wanted to be involved in activities at the home. One person told us; "If I don't want to do something, I just tell [staff] and they leave me be. I do enjoy bingo though. I like playing bingo with everyone, it makes me feel like we're a family or like I have loads of friends." Another person told us; "Sometimes, my relatives come and join in with the activities too. It's good that they're allowed to and aren't stopped just because they don't live here. It makes me enjoy it so much more."

During our inspection, we carried out some observations of the interactions between staff and people who lived at the home. We saw staff clearly knew people well and were able to tell us about people's preferences. We heard one staff member at lunch time speaking to a person who lived at the home say; "Guess what [person]! It's your favourite on the menu today – raspberry gateau."

We saw that people had their privacy and dignity respected. We overheard one person asking a staff member for assistance to use the toilet. We saw the staff member dealt with this in a discreet manner, speaking quietly but clearly to the person.

During our observations at lunch time, we saw that one person who lived at the home was cold. We saw one member of staff speak to this person and ask if they would like a blanket. The person said they would. We saw the staff member leave the room and return shortly afterwards with a blanket for the person. This demonstrated staff took practical action to relieve people's discomfort.

We looked in care records to see how people were involved in the planning of their own care. We saw people had been involved in this, providing details of their likes, dislikes and personal preferences. For example, in one care record, we read; "[Person] did a lot of work in schools, helping children." We also read; "[Person] enjoys joining in activities where possible and enjoys sitting in [their] chair and singing." This demonstrated there were arrangements in place to ensure people were involved in personalising their care.

We asked the manager if information was provided to people on advocacy services that were available. An advocate is a person who speaks on someone else's behalf when they are unable to do so for themselves. The manager told us there was information on the notice board in the home but no information was provided to each individual. We checked the notice board and saw there was information about advocacy.

We wanted to see how information about people was treated with confidentiality. We saw care records were stored in a locked cupboard at the home. We also saw a sheet at the front of each care file stating that the file contained confidential information and should not be accessed by unauthorised persons. This demonstrated information about people was treated confidentially and respected by staff.

We spoke with staff and asked how they promoted people's independence. One staff member we spoke with told us; "I just make sure that I encourage people to do as much for themselves as they can. If they need help, I'll help but I encourage them to do things for themselves first."

We spoke with the relative of one person who lived at the home and asked if they were able to visit their relatives when they liked. The relative told us there were no restrictions on visiting times at the home. We spoke with the manager about this, who told us there were no specific visiting times and that people were able to visit when they wished. They told us; "There's one lady whose daughters come and play bingo with her on an evening and she really enjoys it." This demonstrated there were no unnecessary restrictions on times when relatives and friends could visit the home.

Good

Is the service responsive?

Our findings

We wanted to know if people were aware of the complaints procedure. People told us they knew how to complain, if they had a problem. One person told us; "I'd tell the manager if there was a problem. She'd sort it out." Another person said; "There's a box on the wall where we can write things and put it in. That would be good if you didn't want anyone to know it's you who's moaning."

We looked at care records to see how people, or those acting on their behalf, contributed to the assessment and planning of their care as much as they were able to. We found all care records we looked at contained personalised information that had been obtained from the person themselves or a relative or representative on their behalf. For example, in one care record we looked at, we read; "[Person] will join in activities and always attends our bingo evenings, assisted by her daughters and will often go out with them." We also saw in all care records life history documents that contained details of the person's life, including jobs, hobbies and interests. We saw that people's needs were regularly reviewed with their input. This demonstrated people were asked for their views that enabled the home to provide a personalised approach to care and support.

We spoke with staff members and asked them how they supported people to partake in activities and follow their interests. Staff were able to explain activities that were available for people at the home and how these activities met people's social needs. Staff told us that, to avoid social isolation, entertainers were brought into the home, including live singers and musicians. We saw this on the activities board, which included details of a singer and a clarinet player. We also saw other activities facilitated by staff at the home included bingo and armchair aerobics, which provided gentle exercise for people.

In one care record we looked at, we saw information on the person's 'Personal profile', which stated; "[Person] often talks about [their] past and enjoys reminiscing." During our inspection, we saw staff and other people who lived at the home chatting to this person, which they appeared to enjoy. This demonstrated staff at the home took into account people's likes and preferences when providing care and support to maintain good social relationships.

We saw on the notice board details of the next 'residents meeting' that was to take place at the home, to which people who lived at the home and their relatives were invited. We asked the manager how often these meetings were held. The manager told us they were usually held six-monthly as they were not very well attended. We asked to see the minutes from the last meeting but were told that 'residents meetings' were not minuted. This meant it was not possible for us to see how people were encouraged to give feedback as part of these meetings.

We looked to see if the home had appropriate and required equipment available at the home to meet people's needs. We saw there were wheelchairs, slings and moving and handling aids available to assist people with their mobility needs.

We asked the manager if they had received any complaints at the home, who told us they hadn't. We looked at the complaints policy and found it to be suitable and up to date, with all relevant information, including the contact details of the Care Quality Commission (CQC) and the local authority. We asked the manager how they encouraged complaints at the service. The manager told us they did not encourage complaints but that there was a feedback box attached to the wall, where people could put complaints or compliments. We asked the manager if any questionnaires were sent out to people and their relatives for them to provide feedback on the home. The manager told us questionnaires were not sent but that people and their relatives were free to speak to the manager in their office.

Requires improvement

Is the service well-led?

Our findings

People we spoke with told us they felt they were able to speak with the manager, should they wish. One person we spoke with told us; "[Manager] is in charge and, when she's not here, a senior."

We asked people if they felt they were treated equally and if they could raise concerns with the manager or staff. Everyone we spoke with told us they felt they were treated as an equal amongst other people who lived at the home. People also told us they could raise any concerns. One person told us; "I know who the manager is and if I wanted to complain, then I would."

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place at the home. At the time of our inspection, the registered manager was not the manager in place, running the service. We spoke with the manager about this, who told us they were temporarily managing the service until a registered manager was recruited. However, we found the current manager had been managing the service since March 2013. After our inspection, we spoke with the provider, who told us they had offered the post of a registered manager to a suitable person and they would commence their employment at the home in March 2015.

We asked the manager how staff were actively involved in developing the service. The manager told us there was no formal consultation with staff on how to improve the home but that they had an 'open door policy', where people and staff were free to go to the manager's office and speak about anything they felt could be improved. We spoke with staff about how they were involved in developing the home. Staff told us if they felt there was an issue or something at the home that needed developing or improving, they could go to the manager and tell them. Staff also confirmed that there was no formal consultation with them.

We checked staff personnel files to see how the manager kept under review the values, attitudes and behaviours of staff at the home. However, due to no supervisions having taken place within the last two years, it was not possible for us to evidence that the service reviewed this or that staff received feedback from the manager in a constructive and motivating way. This also meant it was not possible for us to evidence that the service kept the vision of the home, regarding staff practice and people's experiences, under review.

We spoke with staff and asked them if they felt leadership was visible at all levels at the home. Staff told us they felt confident in speaking with the manager and registered provider. One staff member told us; "Staff management is informal. There's no formal appraisal in place and we (staff) don't have any training plans." Another staff member told us; "The manager is lovely but it would be nice to have a proper registered manager so we had more structure." This meant that, although there was management at the home, it was not effective in supporting and developing staff.

We looked at the records kept at the home regarding auditing and quality assurance. We found audits of emergency lighting and escape routes was completed weekly, a fire drill was carried out monthly and a fire equipment inspection was carried out annually. However, when we asked the manager for documentation of any other audits carried out at the home, they told us there were no other audits conducted.

We looked at the home's "Care planning and needs" policy, which stated that monthly audits of care records should be conducted by managers. However, although care records were reviewed every month, there was no formal audit of complete care records carried out.

We also found there were no audits carried out of medicines. An audit is an inspection of the systems in place, to enable themes and trends whereby systems and processes are not being followed and may require improvement. This meant had audits taken place, breaches in regulations may have been identified before our visit.

The "Care planning and needs" policy also stated that feedback questionnaires should be sent out to people who lived at the home and their families every six months, However, the manager told us that feedback questionnaires were not sent to people or their relatives on a bi-annual basis. We asked the manager for the results of the previous feedback forms sent out. The manager told us they did not have these results and this information was not available.

We checked complaints and compliments received at the home to see how they were used to drive quality across the

Requires improvement

Is the service well-led?

service. However, we found there was no formal trend analysis of complaints and compliments. This meant the service did not monitor complaints and compliments to drive continuous improvement across the home.

The information outlined above demonstrated a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision 10.—(1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to— (a)regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and. (b)identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.. (2) For the purposes of paragraph (1), the registered person must— (a)where appropriate, obtain relevant professional advice;. (b)have regard to—. (i)the complaints and comments made, and views (including the descriptions of their experiences of care and treatment) expressed, by service users, and those acting on their behalf, pursuant to sub-paragraph (e) and regulation 19,. (ii)any investigation carried out by the registered person in relation to the conduct of a person employed for the purpose of carrying on the regulated activity,. (iii)the information contained in the records referred to in regulation 20,. (iv)appropriate professional and expert advice (including any advice obtained pursuant to sub-paragraph (a)),.

This section is primarily information for the provider

Action we have told the provider to take

(v)reports prepared by the Commission from time to time relating to the registered person's compliance with the provisions of these Regulations, and.

(vi)periodic reviews and special reviews and investigations carried out by the Commission in relation to the provision of health or social care, where such reviews or investigations are relevant to the regulated activity carried on by the service provider;.

(c)where necessary, make changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to—.

(i)the analysis of incidents that resulted in, or had the potential to result in, harm to a service user, and.

(ii)the conclusions of local and national service reviews, clinical audits and research projects carried out by appropriate expert bodies;.

(d)establish mechanisms for ensuring that—.

(i)decisions in relation to the provision of care and treatment for service users are taken at the appropriate level and by the appropriate person (P), and.

(ii)P is subject to an appropriate obligation to answer for a decision made by P, in relation to the provision of care and treatment for a service user, to the person responsible for supervising or managing P in relation to that decision; and.

(e)regularly seek the views (including the descriptions of their experiences of care and treatment) of service users, persons acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines 13. The registered person must protect service users against the risks associated with the unsafe use and

This section is primarily information for the provider

Action we have told the provider to take

management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment 18. The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff 23.—(1) The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by— (a)receiving appropriate training, professional development, supervision and appraisal; and (b)being enabled, from time to time, to obtain further qualifications appropriate to the work they perform.