

Hoyland Hall Limited

# Hoyland Hall Residential Home

## Inspection report

Market Street  
Hoyland  
Barnsley  
South Yorkshire  
S74 0EX

Tel: 01226745480

Date of inspection visit:  
30 September 2016

Date of publication:  
26 October 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Hoyland Hall is a large detached property set in its own grounds in a pleasant residential area of Hoyland close to the centre of town. The home is registered with the Care Quality Commission [CQC] to provide care and accommodation for up to forty older people.

The inspection took place on 30 September 2016 and was unannounced. At the last inspection on the 21 May 2014, the registered provider was compliant with the regulations we assessed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 registered manager was present throughout the inspection.

During this inspection we identified concerns about the management of the service. The registered provider had regularly completed a range of audits to maintain people's safety and welfare, this had impacted on monitoring the quality of the service. Audits had failed to recognise some carpets and décor were in need attention and repair.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). You can see what action we told the provider to take at the back of the full version of the report.

We found some areas of the home's environment required attention and improvement to make sure they were clean and hygienic. Equipment; furniture and the two sluices in the building were found to be dirty. There was a lack of hand washing facilities available in nineteen of the thirty occupied rooms in the en suite facilities; this was commented on by visiting professionals.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Premises and Equipment). You can see what action we told the provider to take at the back of the full version of the report.

Once identified the provider took prompt action to ensure the sluices were stripped for refurbishment, hand washing gels, paper towels and pedal bins were put in place and updates of infection control training arranged for all staff.

Staff received training related to their role and were knowledgeable about their responsibilities. Staff had the skills, knowledge and experience to support people with their care and support needs.

We found the staff recruitment and selection procedures were robust and helped to ensure people were

cared for by staff who were suitable to work in the caring profession.

Staff had received training to identify abuse and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the mental capacity Act 2005 [MCA] and Deprivation of liberty safeguards [DoLS].

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People told us they were happy with the variety and choice of meals available to them. During the inspection, we saw regular snacks and drinks were provided between meals.

Care plans were organised and identified the care and support people required. Staff had maintained detailed supplementary records to monitor people's fluid and food intake and repositioning support. Care plans had been kept under review and updated when necessary.

We saw arrangements were in place that made sure people's health needs were met. People had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded quickly when people had experienced health problems. People received their medicines as prescribed and medicines were held securely.

Staff respected people's privacy and dignity. We received positive comments from people who used the service and their relatives about the staff team and the approach they used when supporting people.

There were systems in place to manage complaints and people who used the service and their relatives told us they felt able to raise concerns and complaints. The registered manager had consulted with people who used the service, their relatives and professionals for input on how the service could continually improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Systems to protect people from the risk of infection were not robust. Sluices in the service were dirty and equipment was not stored appropriately.

Medicines were administered safely and stored securely.

People were supported by staff who had been trained to recognise the signs of abuse and how to report this. There were sufficient staff provided to care for and support people who used the service.

### Is the service effective?

**Good** 

The service was effective.

People who used the service were cared for by staff who had access to training, supervision and appraisal to enable them to feel confident in their role.

We saw people's health and nutritional needs were met: they had access to a range of community health professionals for treatment and guidance.

Staff understood the principles of the Mental Capacity Act 2005 [MCA], which meant they promoted people's rights and followed least restrictive practice.

### Is the service caring?

**Good** 

The service was caring.

People were involved in making decisions about their care and the support they received.

We observed care was provided to people in a kind and caring way and their independence was promoted.

### Is the service responsive?

**Good** 

The service was responsive.

People received personalised care that was responsive to their needs and wishes.

People knew how to make complaints and these were recorded and responded to appropriately.

People were encouraged to participate in activities within the service and were involved in the planning of these.

### **Is the service well-led?**

The service was not consistently well led.

Although there was a quality monitoring system, this had not been wholly effective in highlighting shortfalls and taking action to address them.

The registered manager reviewed all incidents and accidents so learning could take place.

People were given the opportunity to give feedback on the care and support provided.

The registered manager had a visible presence within the service. People who used the service, their relatives and staff told us the registered manager was approachable.

**Requires Improvement** 

# Hoyland Hall 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 was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and 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 unannounced inspection took place on 30 September 2016. The inspection was carried out by two adult social care inspectors.

The local authority safeguarding and quality teams were contacted as part of the inspection, to ask them for their views on the service and whether there were any on-going concerns. They had no concerns at the time of the inspection. We also looked at information we hold about the registered provider.

Before the inspection, the registered provider completed a Provider Information return [PIR]. This is a form that asks the registered provider to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur.

During our inspection we spoke with the registered provider, the registered manager, a cook, a laundry assistant, a senior carer and three care staff. We also spoke with five people who used the service, six relatives and a visiting professional.

We looked around all areas of the service and spent time observing care. We used the Short Observational Framework for Inspection [SOFI] as a way of observing care to help us understand the experience of people

who were unable to talk with us.

We looked at the care files which belonged to four people who used the service and other important documentation such as; incident and accident reports and medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

A selection of documentation relating to the management and running of the service was also reviewed. These included three staff recruitment files, the training record, staff rotas, minutes of meetings with staff and people who used the service, complaints, communication books, quality assurance audits and responses to surveys.

# Is the service safe?

## Our findings

People told us they felt safe living in Hoyland Hall and staff treated them well. Comments included, "I feel safe here, it's the staff they are kind." Another person told us, "I do feel safe here with the girls [staff]" and "I feel really safe here." We asked visitors if they felt people were safe at the service and they told us, "I have no worries about my relative's safety. I feel they are safe at all times." Others told us, "Yes, as we have peace of mind that they are getting looked after properly", and "Very safe."

We received positive comments from people who used the service and their relatives when we asked them about staffing levels. Comments included, "If you ask the staff to do anything they will do it, anything at all." Others told us, "Yes there are enough, you only have to ask and they are there", "You only have to use your buzzer and they come as quickly as they can, it is not a problem at all.", "I have never had any occasion to worry about the staffing levels. Staff are always attentive, caring and competent."

When we asked people who used the service and their relatives about the cleanliness of the service we received positive comments. These included, "My room is kept lovely and clean", "The home is kept clean and tidy at all times", "The home is always clean and tidy, no odours" and "Yes, they keep it lovely for me."

We found areas of the environment and infection control practices needed to be improved. During our inspection we spoke with a health and social care professional who told us their visits were well supported by staff. They shared with us an issue about the lack of hand wash in people's bedrooms and they had to use the treatment room to wash their hands. Failing to provide products for people to wash their hands after carrying out care procedures increase the risk of spreading infections through the home.

When we asked them about the cleanliness of the service they told us they had no issues apart from the downstairs sluice. They showed us the downstairs sluice; we found a number of issues. These included: a malodour, catheter stands being stored on the floor, an unidentified brown substance spilt in the lockable wall mounted cupboard, a stained odorous urinal bottle, a dirty sluice and wash basin, no running water to the wash basin, a full offensive smelling bin and equipment used to test urine samples, being stored on the washbasin. These issues had also been identified by a second inspector completing a tour of the building with the registered manager.

The sluice on the second floor of the building was also found to be in a similar state, with catheter care equipment in sterile packs being stored on the floor directly next to the sluice, so each time the sluice was flushed airborne spores would disperse around the room and could contaminate this equipment. Catheter stands were also seen to be stored directly onto the floor.

We found a soiled valance in an unoccupied bedroom and this was immediately removed by the registered manager. In the upstairs lounge we found chair and settee cushions had not been removed during cleaning, so food debris was found underneath.

An upstairs bathroom had been refurbished and was being used by people who used the service with



support from staff. In the bathroom we found two metal brackets protruding from a wall and a length of waste pipe which was open at the end. These both presented a potential risk of injury.

An upstairs shower room had a plastic chair in situ which was badly stained with lime scale deposits. One of the downstairs bathrooms in the process of being refurbished, was found to be unlocked; this meant people could access the room and could be at risk from equipment being stored there.

Six wheelchairs, two chair cushions, four pressure cushions and a hoist were all found to be stored below a back staircase. A 'rotunda' stand stored under the stairs was found to have a dirty footplate. We observed this piece of equipment being used by staff, but none appeared to notice this.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Premises and Equipment). People were not living in a clean and hygienic environment and systems to support effective infection prevention were not safe.

We found areas within the building where although carpets were clean they were beginning to wrinkle up into ridges which could potentially present a trip hazard to people accessing these areas. Areas of the environment had been identified as requiring update or repair and we saw during our inspection that work was in progress to complete the refurbishment of bathrooms and redecoration of bedrooms.

All other areas of the service and other equipment was found to be clean and tidy. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary. We also saw that hand sanitising gels were positioned on walls at intervals along corridors for staff and visitors use.

When the registered provider arrived at the service we completed a further tour of the building with them and shared our findings. We spoke with the registered provider and the registered manager and they provided assurances this would be dealt with immediately. The registered manager showed us information to demonstrate they had booked an update of Infection Control training for staff for the week following our visit.

The following day we received photographs from the registered provider showing the upstairs bathroom had a new washbasin fitted, so the protruding brackets and pipework were no longer visible and the downstairs sluice had been stripped out in preparation for full replacement. Hand washing gels, paper towels and pedal bins had been ordered for the remaining nineteen occupied rooms without these. The provider sent us further photographs on 6 October to show these had been received and had been fitted to all rooms.

On the day of our inspection there were 30 people using the service. The staffing rota indicated there was one senior and three care staff on shift morning and afternoon. This reduced to a senior care staff and two carers during the night. As this shift started at 7.30 pm, this meant there were three staff on duty from this point until 7am. There were separate staff for catering, domestic, laundry and maintenance tasks and the registered manager was supernumerary. Staff we spoke with told us the current staffing levels were adequate to support the needs of the people who used the service.

During the inspection we spoke with staff and they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff had clear lines of accountability and told us they could contact the registered manager out of hours if necessary. We looked at training records which showed staff had received training in how to safeguard a person from abuse and how to recognise abuse.

Care records indicated risk assessments were completed for specific areas such as mobility, falls, moving and handling, tissue viability, nutrition and specific seating positions.

We looked at how accidents and incidents were monitored. We saw accidents and incidents were recorded on a report form and included learning from the event. For example outcomes showed the involvement of healthcare professionals and the introduction of technology such as sensor mats, following a fall. This showed the registered manager had systems in place to monitor people's safety and seek support and guidance to manage risks.

The recruitment files for three staff who worked at the service were looked at and we found that safe recruitment processes had been followed. We saw appropriate Disclosure and Barring Service (DBS) checks and references had been sought prior to staff commencing work in the service. This meant as far as practicable, staff had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were administered as prescribed. We saw the recording was accurate and medicines were checked in and out of the building as required. Regular audits were undertaken to ensure the correct procedures were followed. Medicines were kept securely and stored appropriately. There were care plans for the use of 'as required' medicines such as pain relief. Record showed staff received regular training with regard to the safe handling and administration of medicines.

# Is the service effective?

## Our findings

People told us they were able to access health professionals when needed. They also told us they enjoyed the meals provided by the service. Comments included, "They give you so much food, I am putting weight on, it is so good," and "The food is lovely, there is plenty of choice for me." Other people told us, "We can see the doctor whenever we need to, the staff will arrange it for us", "I see the doctor if I need to and the chiroprapist," "I'm well looked after."

Relatives we spoke with told us, "My relative has put on over two stone since moving into the service, need I say more", "My relative really enjoys the food," and "Meals are well balanced and nutritious, we are always offered homemade cakes during our visits and we get an invitation to go there for Christmas lunch." When we asked them about their relatives being able to access their doctor and other health professionals they told us, "Yes the doctor is always called for when this is needed", "When I visit the service I have often seen the doctors come and go", and "If my relative doesn't feel well the doctor is always called. When this happens, the staff always contact me prior to the visit and give me the option of being present for the GP's visit."

Case files indicated people had access to a range of community health care professionals such as GP's, community nurses, dieticians, falls team, speech and language therapists, physiotherapists and emergency care practitioners. People were also supported to attend outpatient clinics.

Professionals told us staff followed their instructions and any recommendations made, for example a bed is considered too low, then action would be taken promptly by the registered manager, to replace it.

We looked at supervision and appraisal records and saw staff received regular support and had an annual appraisal regarding their personal development. We spoke with the registered manager and staff who told us regular staff meetings and supervision were offered to staff. This was to ensure they were following procedures and care plans in place, but also to assist staff to further develop.

Staff told us they felt supported by the management and they were able to raise concerns or issues and these would be acted upon. We looked at the training records for all of the staff who worked at the service and saw the majority of essential and more diverse training had been undertaken and kept updated. Staff we spoke with told us, "The training is good and we have regular updates and competency checks of our skills. Another told us, "We are well supported with supervision and staff meetings."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). There were eleven people who used the

service who had DoLS authorised by the supervisory body and a further three applications had been submitted. The DoLS were in place to ensure those people get the care and treatment they need and there was no less restrictive way of achieving this.

We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation.

We found Do Not Attempt Cardio Pulmonary [DNACPR] forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly available at the front of the care file.

Staff we spoke with all understood the need to support the rights of people who have been assessed as having reduced mental capacity and their role was to support people's freedom and independence as far as possible. Staff told us they always asked people's consent before they provided care or treatment and continued to talk to people while they assisted them so they understood what was happening. They told us they respected people's right to refuse care and treatment and never insisted they accept treatment against their wishes. We observed this in practice when one person declined the offer of support from a carer to change an item of clothing after having their lunch. We noted the carer returned some time later to offer support which was then accepted.

We found people's nutritional needs were met. The registered manager used a recognised nutritional risk monitoring tool to determine if people had increased nutritional needs. This also gave them guidance about when to involve a dietician and appropriate intervals between monitoring people's weight. Care plans were in place to guide staff in how to support people's specific nutritional needs and in discussions it was clear they knew people's needs well. For example, they explained how they fortified foods for people who were at risk of losing weight and provided soft and textured diets for people with swallowing difficulties. We saw a range of drinks and snacks were offered mid-morning and afternoon.

We observed the lunchtime experience and saw the cook served meals, while staff supported people to sit where they wished. Staff were observed sitting with people offering gentle prompts and encouragement to eat their meals. Everyone appeared to enjoy their lunch. We visited the kitchen and saw it was clean, tidy and well stocked with foods and fresh produce. We were told all meals were home cooked and freshly prepared. There were cleaning schedules in place to guide staff to ensure people were protected against the risks of poor food hygiene. The current food rating was displayed advertising its rating of five. Services are given their rating when a food safety officer inspects it. The top rating awarded is five, which meant the service was found to have good food hygiene standards.

## Is the service caring?

### Our findings

We asked people who used the service if the staff team were caring and treated them with dignity and respect. Comments included, "It's a very nice home, very caring. It's the staff they are kind, they help, you have only to ask and they are there." Others told us, "Yes I do, they talk to me and look after me", "I have made a lot of friends, I was not able to walk, now I can again and I'm gaining my independence."

Relatives told us, "Always, for example they always knock on doors and wait for a reply before entering." Others commented, "We celebrated her birthday here with her, just a private family affair, it was great." And "My relative's dignity and privacy is respected at all times."

The registered provider had policies in place relation to promoting privacy and dignity. In discussions, staff were clear about how they promoted privacy and dignity. They described how they would close curtains and doors, and keep people covered during personal care. They also described how conversations such as GP's or district nurses would be held in private with health professionals. The registered manager told us, "Staff ensure that people's rights are preserved and always make sure that privacy and dignity is maintained. We feel that we treat everyone that comes to Hoyland Hall with kindness and respect and we involve them and their families in all aspects of their care."

People told us they had choices about aspects of their lives. They told us, "They ask me first, they want to know what I want, [about care and daily living choices]", "I can choose when I want to get up and when I go to bed, or whether or not I join in activities, and it is up to me." And "I am able to make the same sort of choices that I did at home, nothing has really changed, in that respect."

We spent time in the lounge areas of the service observing the interactions between staff and people who used the service; staff were kind and caring in their interactions. They used positive and encouraging words to motivate people to undertake daily living tasks. When one person became disorientated the staff were seen to offer gentle reassurance and encouragement, which the person responded to.

Family and friends told us they were made to feel welcome. Relatives told us there were no restrictions on visiting and they could visit as they liked and were welcome to join in any activities that took place in the service. They told us they were involved in supporting staff with the development of 'Life Books' for their relatives, where photographs and information about people's lives were collected and put together to describe their lives before coming into the service.

People told us they were involved in their care and attended their reviews. We saw in care records people's choices in relation to end of life care documented.

All of the bedrooms within the service were for single occupancy and had en suite with a wash hand basin and toilet. We saw bedrooms were personalised with photographs, ornaments and other belongings and reflected the personalities of the people who occupied them. One family was in the process of personalising a room for their relative with some of their favourite things, to make it more homely for them, before coming

into the service

People who used the service and their relatives confirmed they were involved in decisions about their care. The registered manager confirmed they support people where necessary to access independent advocacy services if they needed assistance in making decisions about their life choices.

The registered manager was aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. People's care files and medication records were held in locked cupboards in the treatment room. The registered manager confirmed computers were password protected to aid security.

## Is the service responsive?

### Our findings

People told us they felt able to complain and their complaints would be addressed. Comments included, "If I wasn't happy about something I would complain and I would expect to be listened to." Another person told us, "I have no complaints, but if I did I could talk to any of the girls."

In discussions with relatives we were told, "I have had occasion to speak with staff about a concern I had. It was dealt with quickly, professionally and without issue." Another person said, "I have raised a concern and it was managed great. I wouldn't hesitate to raise any other concerns if needed."

People who used the service and their relatives told us there were some activities available. Relatives told us there were different activities advertised within the service and they were invited to attend and gave examples of a beach day and visiting entertainers. Comments included, "I like to do my own thing, I enjoy doing my tapestries and sitting on the patio when it is warm." Another person commented, "I played bingo yesterday and they brought my friend down from upstairs to play too."

Posters were displayed throughout the service advertising bun decorating, chair aerobics, bingo and a Halloween raffle. The service had a hairdressing room and a hairdresser visited twice a week.

We saw people had their needs assessed prior to admission to the service. These contained a range of information for example, how staff would need to support the person to maintain a safe environment, how the person communicated their needs, nutritional concerns, mobility, continence, sleep pattern, personal hygiene and dressing. There were also risk assessments to identify specific areas of concern, for example skin integrity, falls, moving and handling, nutrition and the use of bed rails. There was also information about people's life histories, family relationship details, their interests and hobbies and what was important to them.

Care plans were produced from the assessments and these contained good personalised information to enable staff to have clear guidance in how to support people and to meet their needs. The care records were organised and information was fully accessible. We saw care records had been evaluated and updated when people's needs had changed.

We saw people who required closer monitoring in specific areas had charts for staff to complete. This enabled senior staff and the registered manager to check if there were any concerns, for example with food and fluid intake, pressure relief and any behaviours which may be challenging. We found the completion of monitoring charts was well maintained.

There was a complaints procedure which was displayed in the service. This described how people could make a complaint and how to escalate this if required. The staff had access to a complaints policy and procedure to guide them to manage complaints. This included letters for acknowledgement and forms to record the details of the complaint, investigation and outcome.

## Is the service well-led?

### Our findings

People who used the service and their relatives knew the registered managers name and told us they were visible within the service. Visitors told us there was a good atmosphere in the home and both management and staff were approachable. When we asked people how they were consulted about the service, they told us they were invited to regular meetings and asked to complete surveys about the service. Following this, information would be collated and shared with them through newsletters or at meetings. Comments included, "I have filled in questionnaires and spoken with staff regarding the home. If improvements have been recommended they appear to have been met." Another told us, "Yes, I come to meetings and complete the forms, but the staff are very good at asking us if everything is okay."

There was a quality monitoring system in place and regular compliance audits had been undertaken. However the audits in relation to the environment were brief and lacked full analysis and had failed to identify poor infection control measures in both sluices and the lack of hand washing gels, paper towels and pedal bins in people's bedrooms. The storage of wheelchairs and cushions under the stairs had not been recognised as a potential fire risk, nor the issues with cleanliness on the rotunda and seating in the upstairs lounge.

Audits of the environment completed by the registered provider had identified areas of the environment for example carpets that were beginning to lift, peeling wallpaper and bathrooms in need of refurbishment. Although refurbishment work was being undertaken, there were no clear timescales for identified work to be completed. Improvement was required to ensure a robust quality assurance system was in place and any shortfalls identified had clear timescales for action to be completed. Audits used needed further review to ensure all areas of the service were reviewed, including the sluice areas. Cleaning schedules also required further review to ensure they included the sluice areas and were fully effective.

Not ensuring the service had a robust quality monitoring system was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). You can see what action we have asked the registered provider to take at the end of this report.

The registered provider told us they visited the service regularly and acknowledged that neither their or the registered managers audits had identified the issues with the sluice and shortfalls of the cleaning schedule. They offered assurances that this would be addressed and prompt action would be taken to make the necessary improvements.

The registered manager sought people's views in a variety of ways. They told us they had an open door policy and people could talk with them whenever they wanted. People who used the service, their relatives and staff we spoke with confirmed this.

Meetings were held for residents and relatives in order to gain their input and views of the quality of the service. People who used the service, their relatives and professionals were also involved in completing questionnaires about their experience of the service and any improvements they would like. A recent survey



completed by relatives had identified the possibility of different activities being introduced to the service. The registered manager had taken this on board and was working with people who used the service and their relatives to review the current activity programme. A 'sea side' day had been trialled where people had experienced all the usual things associated with a visit to the sea side on the patio of the service, including, sand, fish and chips and ice creams. This had been successful and enjoyed by everyone who had participated in the event.

There were regular staff meetings in place to inform, involve and consult staff. Staff told us they were able to suggest ideas or give opinions on any issues. They told us when they attended meetings the registered manager would go over new policies and procedures or discuss good practice.

When we asked the registered manager about their management style. They told us, "I am fair and all for the promotion of residents choice. I work within the MCA framework and ensure staff have training. I keep up to date with good practice guide lines and ensure this is shared with staff. My door is always open."

The registered manager was supported by the registered providers and received monthly supervisions.

We noted the registered provider had complied with the legal requirement to provide up to date liability insurance. There was a business plan in place to demonstrate how the registered provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely in urgent circumstances, such as the outbreak of fire.

The registered manager was aware of their responsibilities in notifying the Care Quality Commission and other agencies of incidents which affected the safety and welfare of people who used the service. We have received notifications in a timely way.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People who use services and others were not protected against the risks associated with poor infection control practices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not have effective systems and processes in place to: assess, monitor and improve the quality and safety of the services provided. Regulation 17(2) (a)