

Knights Care (2) Limited

# The Maple Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 16 and 27 January 2017. The first day of inspection was unannounced, which meant that the staff and registered provider did not know that we would be visiting.

The Maple is a purpose built care home. It provides residential care and accommodation for up to 63 people, including older people and people with dementia. Accommodation is provided over three floors, with each floor having private bedrooms with en-suite facilities, and communal bathrooms, lounge and dining areas. The home has a secure garden area and private parking facilities. At the time of inspection there were 57 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some care records were not fully completed or accurate. Checks undertaken by the registered manager and staff were not always documented.

Comprehensive audits of the service were undertaken and actions followed up, however they had not identified all of the issues we found. Feedback was sought from people and their relatives via surveys but no action plans were produced as a result of their findings.

Systems were in place for the management of medicines so that people received their medicines safely. Arrangements were in place for recording the administration of medicines however, some further improvements were needed in the guidance and records for topical medicines. We have made a recommendation about this.

Risks to people arising from their health and support needs or the premises were assessed, and in most instances plans were in place to minimise them. These were regularly reviewed to ensure they met people's current needs. However, we found that risk assessments were not in place in every instance and the registered manager told us this would be addressed. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

During our inspection we observed there to be enough staff to meet people's needs. However, we received mixed feedback from people who used the service and staff who stated sometimes there were insufficient staff, particularly on a night. We discussed this with the registered manager who told us they were looking into it. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began working at The Maple Residential Care Home. Staff were given effective supervision and a yearly appraisal.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep

people safe.

Staff received training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and understood the requirements of the Act. This meant they were working within the law to support people who may have lacked capacity to make their own decisions. The registered manager understood their responsibilities in relation to DoLS.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. However, one person who was a vegetarian had not been appropriately catered for. The registered manager was taking action to address this. People told us they had a choice of food at the service, which they enjoyed. We saw no evidence of menus on the tables or pictorial menus, which would aid a person who may be living with dementia or have a memory impairment to make every day choices.

The registered manager worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, district nurses and other professionals. However, we found for one person medical advice was not sought in a timely manner.

We observed positive interactions between people and staff. Staff were patient, kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People and their relatives spoke highly of the care they received. People had access to a wide range of activities, which they told us they enjoyed.

Procedures were in place to support people to access advocacy services should the need arise. The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any concerns.

Care plans required further work to ensure information was person centred and people's life history and preferences were included. We have made a recommendation about this.

There was a clear complaints policy in place and we saw evidence of the correct procedures being followed to investigate complaints.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to record keeping, effective auditing and quality assurance. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People received their medicines as prescribed, but there were minor concerns about some guidance and some records.

Risks to people were updated to reflect their current needs, but not all risk assessments were in place.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The registered manager carried out pre-employment checks to minimise the risk of inappropriate staff being employed. Staffing levels needed further monitoring on a night shift.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

There were some systems in place to support people to maintain their health and people had a balanced diet provided. However, special diets were not always catered for and medical advice not sought in a timely manner for people who had lost weight.

Staff received training to ensure that they could appropriately support people, and were supported through supervisions and appraisals.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

Staff encouraged people to maintain their independence, which

was appreciated by people and their relatives.

People and their relatives spoke highly of the care they received.

The registered manager supported people to access advocacy services when needed.

### **Is the service responsive?**

The service was not always responsive.

People's needs had been assessed and care plans described how they should be supported. However, care plans required further work to ensure information was person centred

People were supported to access activities and follow their interests.

The registered provider had a clear complaints policy and people and their relatives knew how to raise issues.

**Requires Improvement** 

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

The service was not always well-led.

Records were not always comprehensive.

The registered manager carried out regular checks to monitor and improve the quality of the service but they did not highlight all of the issues we found.

Staff felt supported by the registered manager.

The registered manager understood their responsibilities in making notifications to the Care Quality Commission.

**Requires Improvement** 

# The Maple Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 16 and 27 January 2017. At the time of our inspection 57 people were using the service.

The inspection team consisted of one adult social care inspector, a pharmacy inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner.

During the inspection we spoke with 11 people who lived at the service and nine relatives. We looked at five complete care plans, five care plans around medicine information only, and 12 Medicine Administration Records (MARs). We spoke with ten members of staff, including the registered provider, registered manager, deputy manager, training manager and care staff. We looked at six staff files, including recruitment records.

We checked records relating to the management of the service and looked at a sample of policies and

procedures. We also completed observations around the service, including staff interactions with people at mealtimes and during activities.

# Is the service safe?

## Our findings

People we spoke with said they felt safe living at the service and visiting family members told us they thought their relatives were safe. People told us, "I was born at the same time as the Queen and I am as safe as her." "Yes, very safe," and "Of course I feel safe."

Appropriate arrangements were in place for recording of oral medicines. Staff completed medicines administration records correctly after people had been given their medicines. When people had not taken their medicines, for example if they refused or did not require them, then a clear reason was recorded.

Several people were prescribed creams and ointments. Body maps described to staff where and how these preparations should be applied. We saw examples of these but they did not all show clear guidance for staff. These records help to ensure that people's prescribed creams and ointments were used appropriately. The manager told us they were working on improving them.

We looked at the current medicines administration record for one person prescribed a medicine with a variable dose, depending on regular blood tests. Written confirmation of the current dose was kept with the person's medicines administration record (MAR) sheet. Care staff were able to check the correct dose to give. Staff had recorded that this medicine had been given correctly. Arrangements were in place for the safe administration of this medicine.

For a medicine that staff administered as a patch, a system was in place for recording the site of application. We saw this was fully completed for one person however we could not be sure that the application site had been rotated as records did not specify this. This is necessary because the application site needs to be rotated to prevent side effects.

We found that where medicines were prescribed to be given 'only when needed,' guidance to inform staff about when these medicines should and should not be given was available. This information ensured that people were given their medicines in a safe, consistent and appropriate way.

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators where items of medication were stored. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. Eye drops, which have a short shelf life once open, were marked with the date of opening. This meant that the home could confirm that they were safe to use.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. The manager completed regular audits that had identified some of the same issues found during our visit. However, there were some issues that had not been picked up during audits. Where issues were identified, an action plan was in place to address them.



We recommend that the registered manager refers to best practice guidelines to ensure clear guidance is in place for staff regarding the application of creams and the correct recording of patch application.

Risks to people were assessed and plans were put in place to minimise them. People were assessed in areas such as falls and moving and handling. However, risk assessments were not in place for everyone. For example, one person had lost a significant amount of weight and there was no risk assessment in place to prevent further weight loss. We discussed this with the registered manager who told us they would review people's records to ensure all appropriate risk assessments were in place.

We saw evidence of fire drills taking place monthly and across the year all members of staff were involved in these. The registered manager told us they were working with the local fire authority to look at ways of improving these exercises in line with the recommendations made at the most recent fire safety audit.

Personal Emergency Evacuation Plans (PEEPs) were in place documenting evacuation plans for people who required support to leave the premises in the event of an emergency. We saw that the emergency file where these documents were stored included PEEPs for some people who were no longer at the service and the registered manager assured us this would be updated and monitored regularly.

The premises were assessed and monitored to minimise risk to people's safety. Fire and environmental risk assessments had been carried out. The necessary checks on areas such as gas safety, electrical testing and hoist maintenance had been conducted and the appropriate certificates were in place. Records confirmed that monthly checks were carried out on emergency lighting, fire doors, water temperatures and window restrictors.

This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as a flood or a fire that might force the closure of the service. This meant that contingencies were in place to ensure that people would continue to receive appropriate support in emergency situations.

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. The registered manager said they reviewed this for any trends, and would take action if a need was identified. By monitoring in this way it had been recognised that a greater staff presence was needed in the second floor lounge and further checks were needed on people between 3am and 4am. As a result of this the registered manager had instructed staff to complete regular checks during this time. However, there was no way to ensure these extra checks were taking place as staff were not recording them. When we fed this back to the registered manager they confirmed they would put a system in place to monitor this.

The service had up to date policies on safeguarding and whistleblowing. New staff were given the opportunity to familiarise themselves with these policies as part of their induction. The registered manager told us they were introducing a 'policy of the month' system to ensure that existing staff were familiar with the most recent policies. Following our inspection the registered manager confirmed this system had been implemented focusing on the safeguarding policy first.

Staff received safeguarding training and demonstrated a good understanding. Staff were able to describe the different types and signs of abuse. One staff member told us, "I would look for bruising or if people were

becoming withdrawn and tearful, sometimes it shows in body language or people becoming more confused. I would always report any concerns to the manager."

All staff we spoke with said they would feel comfortable and have no issues whistleblowing (telling someone) if they found anything inappropriate going on. Staff told us, "Whistleblowing information is in the staff room, although I have never had to use it while I have been here," and "Whistleblowing to me is for when something is being done the wrong way. If I didn't like something I saw I would report it to my senior."

The registered manager told us the service was staffed by three senior care staff and seven care assistants during the day. The staff were split across the service with a senior on each floor, two care assistants on the ground and first floor and three care staff on the top floor. On a night shift there were two senior care staff and four carers who worked between all three floors. The rotas we looked at confirmed that these levels were regularly maintained.

Agency staff were occasionally used to cover staff shortages but the service always used the same agency who provided details of pre-employment checks and experience of staff provided.

We asked people and their relatives if they thought there was enough staff on duty. One person we spoke with said, "There is plenty of staff available when I need them, I just press by buzzer and they come straight away." Another person said, "They come when they are not busy," And another person said, "They seem to be more short staffed on a night time and there is nothing worse than being desperate to go to the toilet and someone (staff) is late coming." One relative we spoke with said, "There are enough staff but they are always busy." Another relative said, "They sometimes need an extra person, they need someone sitting in the lounge."

One member of staff we spoke with said, "There is enough staff now, but there never used to be." Another told us, "There can be staff issues if there is sickness but they (management) always try and cover it."

We passed on these comments to the registered manager and registered provider who said they would revisit the staffing dependency tool and check staff numbers.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Previous employment dates were not clearly recorded due to the design of the forms and we fed this back to the registered provider who told us they would make the necessary changes. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people working with children and vulnerable adults.

We found the service clean, tidy and well maintained. Staff had completed training in the prevention and control of infection. There was personal protective equipment such as gloves and aprons available to staff and we observed these being used appropriately.

## Is the service effective?

### Our findings

We asked people what they thought of the food. Comments included, "I like fish and chips," "There is a good choice, salmon and roast beef are my favourite," and "Good meals with plenty of choice, I don't want for anything."

People were supported to maintain a healthy diet. A four week menu was in place and food was prepared by a full time chef. The menu was varied and nutritionally balanced. We spoke with the chef who knew if anyone had any allergies or was on a special diet such as diabetic, mashed or pureed. The chef told us if someone did not want what was on the menu that day they would make them something else and we saw that the menu included alternative options of omelette, jacket potato or salad.

We spoke to one relative who told us their family member was vegetarian and on the first day of our inspection they had been given fish fingers for lunch and a prawn sandwich later in the day. It was recorded in this person's care plan that they were vegetarian however no vegetarian option was on the menu that day and alternative arrangements had not been made. We fed this back to the registered manager who told us they would address this immediately. Following our inspection we received confirmation that staff were to receive further training on nutrition. The menu had been updated to include vegetarian options and an information sheet had been produced clearly explaining to staff what people with a vegetarian or partially vegetarian diet would and would not wish to eat.

Although the four week menus were on display in communal areas there was no information relating to that day's menu in the dining room and no pictorial menus that would particularly benefit those people living with a dementia. We discussed this with the registered manager and following our inspection they confirmed they had ordered chalk boards to display the menu in each dining room and menu picture cards.

We observed a lunchtime meal. People could eat where they wanted either in the dining room, lounge or own room. Staff were very attentive and there was a calm, relaxed atmosphere. People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as doctors, the district nurse, dieticians, speech and language therapist, dentists and opticians.

People were regularly weighed to monitor their nutritional health. The registered provider's policy stated medical advice should be sought if a person lost 2kg or more. We saw that one person had a lost significant amount of weight, over 7kg in ten days. Records showed that staff had tried to contact their doctor every day for six days. Due to bereavement at the surgery no appointments were available for telephone consultations and it was ten days before medical advice was obtained. We discussed with the registered manager our concerns over the delay in obtaining a consultation and the failure to recognise the urgency of the situation. The registered manager reiterated that these were exceptional circumstances in respect of the GP surgery being unavailable but confirmed they would look for alternative avenues to obtain advice if a similar situation were to arise in the future.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 take 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 this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection 43 people had a deprivation of liberty safeguard authorisation in place.

When we asked staff about the MCA they were able to give us an overview of its meaning. Staff told us, "MCA and DoLS are for the protection of the residents, if I was unsure about anything I would read the paperwork again," "Best interest decisions are about doing what is best for the resident and looking at the whole picture," and "DoLS are in place if we are depriving people of their liberty, you have to anticipate their needs and act in their best interests."

DoLS authorisations and records were well maintained by the registered manager who also ensured that renewals were sought in a timely manner.

We asked people if they thought staff had received training relevant to their roles. One person who used the service said, "Yes they (staff) are well trained."

Staff we spoke with told us they received training that was relevant to their role. One member of staff said, "Training is regular and kept up to date." Another said, "Training is good they get you up doing activities, which is how I learn, not just sitting doing paper work." The training manager told us, "This home is very positive about training. If anyone fails to attend the registered provider will speak to them."

We reviewed staff training records and saw that staff had completed mandatory training which included safeguarding vulnerable adults, the MCA, DoLS, dignity and respect, equality and diversity, fire safety, food safety and moving and handling. Mandatory training is training the registered provider thinks is necessary to support people safely. Training was regularly refreshed to ensure it reflected current best practice. Records confirmed that staff training was either completed or planned. Staff also received competency checks in, for example, medicine administration.

New staff undertook an induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. All new staff were assigned a mentor, to offer support and guidance.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervisions took place every two months and included areas such as safeguarding, medicines and training needs. One staff member said, "Supervision sessions are good you get a refresher of training, the manager asks how we feel and if we have any problems. We have appraisals every year, you get feedback on how you have done your job and get praised if you do a good job; I feel valued and appreciated."

## Is the service caring?

### Our findings

People and their relatives told us they were very happy and the staff were kind and caring. People using the service told us, "The staff are caring and respectful and on whole very good," and "It is a wonderful home I cannot fault it." Relatives we spoke with said, "My [relative] gets looked after very well here, so does everyone," "Staff are so lovely no matter what you ask they do it straight away," and "I know my relative is well looked after, that means I can sleep at night knowing someone is there to care for them."

One staff member we spoke with said, "I think we provide really good care and it shines through. Residents are happy and it is a really happy environment."

We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. One person we spoke with said, "The staff all knock on the door for my dignity."

Staff were able to describe ways in which they ensured people's dignity was maintained. One staff member said, "When we do personal care and when GPs visit we take people into their own rooms, I always explain what I am going to do." Another told us, "To protect privacy and dignity I make sure I close doors, blinds and curtains. I also cover people with a towel when doing personal care."

Staff encouraged people to maintain their independence. One staff member told us, "To encourage independence when doing personal care, I give people the flannel to use themselves. I also encourage independence when people are eating,"

Staff spoke knowledgeably about people and their individual care needs. Throughout the inspection we observed staff interacting with people in a kind and caring manner. As staff moved around the service they talked with people and comforted them if they became distressed.

Relatives could visit the service at any time. One relative said, "[Name] has lots of visitors as we're a big family. We are made welcome at any time of the day or night."

The registered manager told us that new 'staff champion' roles were to be introduced, including the appointment of five dignity champions and five dementia champions. Memos had already been sent to staff asking for expressions of interest and this was to be implemented by March 2017.

At the time of inspection no one at the service was using an advocate but we saw that information was available on how people could access an advocate. Advocates help to ensure that people's views and preferences are heard.

## Is the service responsive?

### Our findings

During our visit we reviewed the care records of five people. Records showed people had their needs assessed before they moved into the service. This assessment consisted of checks on the person's mobility, communication needs and what support the person needed on a daily basis. This ensured the service was able to meet the needs of people they were planning to admit to the service. Care plans had been developed following this initial assessment.

Care plans provided basic guidance for staff about people's varied needs and how best to support them. However, they did not contain sufficient information about the person's likes, dislikes and personal choices and so they were not person centred. Person centred care is care that is centred on the person's own needs, preferences and wishes. We discussed this with the registered manager who told us that a new computerised care plan system was being introduced shortly after our inspection and they would use that opportunity to ensure more person centred content was included when transferring information over. One staff member said, "Care plans are quite good, they are informative but I am looking forward to the computerised system."

We recommend that the service seek advice and guidance from a reputable source, about person centred care planning.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care. One member of staff told us, "Handovers are very good. We have 15 minute handovers between shifts that all staff attend."

People said they were happy with the activities on offer and had choice of whether to join in or not. Comments included, "I enjoy playing dominoes and cards and going out for trips," and "I don't want to do anything but watch television, although they do continually ask me to join in." One relative we spoke with said, "People play skittles, bowls, every Friday they have tea dance, they play bingo and the activity staff do a lot of things with them. The activity staff are good."

Activities included a weekly afternoon tea dance. This was taking place on the second day of our inspection and we saw people laughing, singing and dancing. Activity staff made sure everyone was engaged and included, even those people in wheelchairs enjoyed 'wheelchair dancing.' The session we observed was very lively and well attended. People told us they regularly attended these events and how much they enjoyed them.

There was a clear and comprehensive policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. The registered manager had received one complaint since January 2016 which was still being investigated at the time of our inspection. All complaints were fully investigated and correctly recorded in line with the registered provider's policy.

The registered manager had received a number of compliments and we saw several thank you cards. One relative we spoke with said, "My family member is well looked after they are clean and fed and entertained. They seem happy, but obviously like everyone else they have bad days which the staff help them through."

People we spoke with were happy with the care they received and although they knew how to complain, they had not had to do so.

## Is the service well-led?

### Our findings

The service had a registered manager in place.

We asked for a variety of records and documents during our inspection. We found the majority of these to be well maintained, easily accessible and stored securely. However, we found that some care records were not fully completed or accurate. We saw some care files contained a number of blank documents. For example some of the files we looked at contained a blank DNACPR form. The registered manager told us the files had been built to a standard format so some documents had been included even though not required. This was confusing and made files more difficult to follow. People's level of need was not always accurately recorded on dependency assessment forms. This information was used to calculate staffing levels and so it was important to ensure its accuracy. We saw that for one person fluid balances had not been recorded accurately and these discrepancies had not been picked up.

The registered manager told us they regularly conducted spot checks on night staff. However, they did not record these visits and therefore were not able to evidence when they had taken place or any issues that had been found. The night time checks done by staff were also not being recorded. This meant that the registered manager could not ensure extra checks that had been recommended were taking place. The registered manager and the registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the operation of the service. The registered manager carried out a number of monthly audits in areas such as medication, falls and pressure sores. Health and safety and infection control audits were also carried out every quarter. Detailed records of the audit findings were kept by the registered manager and action plans completed. The registered provider also conducted spot checks and did a walk around of the home during weekly visits. Although the audits undertaken were comprehensive they had failed to pick up on all of the issues we identified during the inspection.

Feedback was sought from people and their relatives through annual questionnaires. The last survey took place in August 2016 and although feedback was analysed, an action plan was not drawn up to respond to the feedback. The registered manager had also introduced in house surveys to be done more regularly. A survey of the food was done in November 2016 and a cleanliness survey was done in January 2017. Feedback from both these surveys was generally positive but again no action plan was drawn up to address any negative comments.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good Governance.

Following our inspection the registered manager produced an action plan to address the concerns that were raised with them during feedback. We have since received confirmation from them that all actions have now been completed. These changes will be reviewed at our next inspection to ensure they have been



implemented and sustained.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Meetings took place every month for staff and people who used the service. For the people who used the service topics discussed at meetings included activities, food, decorating, complaints and upcoming events. Staff meetings covered areas such as health and safety, nutrition, rotas and training. Staff we spoke with said, "Staff meetings are positive we suggest things and they are adopted," and "Staff meetings always have an agenda and you always have chance to ask questions."

We saw the registered manager interacted well with people. People and their relatives were very complimentary about the registered manager. One person said, "[Name] is very approachable, they pop into the dining room to see us and ask if there are any problems." One relative we spoke with said, "The manager is always busy but approachable; I would feel comfortable going to them with anything."

We asked staff what they thought of the registered manager. Staff we spoke with said, "[Name] is a brilliant manager, very supportive if I have any problems they try their best to solve them for me," and "[Name] is lovely, I would go to them if I had a problem, they sort things out straight away."

All the staff we spoke with said they were really happy working at the service. Staff said, "I love it here, I love the residents and helping them," and "I love my job, I love the atmosphere and the way the service is run, it is proper care not just a job."

The registered manager had built links with the community, for example, the local church visited weekly and local schools came in to sing to people. The service also held an annual summer fayre and invited local residents to attend.

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 17 HSCA RA Regulations 2014 Good governance  Systems and processes in place to monitor and improve the quality of the service were not effective and records were not always accurate or complete.