

Mr Simon Dickinson and Mrs Christine Dickinson

Northlands Village Rest 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?

Good



Overall summary

This inspection took place on 10 September 2015 and was unannounced. We last inspected Northlands Village Rest Home on 3 October 2013 and the service was judged to be fully compliant with the previous regulatory standards.

Northlands Village Rest Home provides personal care only, at the time of our inspection there were 15 people living at the home including one person receiving respite

care. The home offers short to long term care. Accommodation is on two floors and provides fifteen single rooms. There are additional lounges, a dining room and a quiet library. A passenger lift provides easy access to first floor areas. Northlands is situated close to the village of Great Eccleston and is within easy reach of shops and local amenities, including the health centre.

Summary of findings

There was a registered manager in place at the time of our inspection. 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.

People told us they felt safe at the home and with the staff who supported them. One person told us, "Yes I feel safe, it's my home and I will stay here until the end of my days." Another person said, "I'm very safe, they (staff) are patient, more patient than I am."

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We observed staffing levels to be sufficient to meet the needs of the people at the home. People we spoke with and their relatives told us they had no concerns with regards to staffing levels. We discussed staffing levels with the registered manager of the home who told us that staffing did flex according to the needs of the people in the service and we were shown examples of this.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the senior carer who had responsibility for administering medication on the day of the inspection and observed medication being given to people over the lunch time period. All the medicines given were done so in a discreet manner and it was evident that the senior carer knew people well and how best to approach people when administering their medicine. We checked medication administration records (MAR) to see what medicines had been given.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat.

A number of the staff we spoke with had worked at the home for a number of years and we saw that staff retention rates were very good. Staff we spoke with all

told us that they received good support from the manager of the home and peers. We saw that staff did receive training however some key areas were out of date such as safeguarding and Infection control.

We saw that policies and procedures were in place in respect of the MCA and DoLS however staff had little understanding of either. Staff we spoke with had not received training on the MCA and DoLS. Care staff were only able to give general answers about how they would obtain valid consent and had no detailed knowledge of the MCA or DoLS. We have made a recommendation regarding this.

We saw that people were involved in every day decisions about their life and how their care was delivered. We observed staff asking people what they would like to do at various times throughout the day and people told us they could ask staff for assistance and it was received in a timely manner.

Some of the information in people's care plans was too brief or we could not find evidence that care plans were being followed or backed up by appropriate risk assessments or reviews. We have made a recommendation about this?

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them. Details of local advocacy services were available within the entrance / reception area of the home. We were told that advocacy was discussed with those people who may want to access it when they first came in to the home or if their circumstances changed.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. We saw that the home had a complaints procedure and that it was made available to people, this was confirmed when speaking with people and their relatives. It was also on display within the home.

There was a registered manager at the service at the time of our inspection and we found no outstanding registration issues during the planning of the inspection.

None of the people living at the home or their relatives spoke negatively about the owner, manager, staff or culture within the home and people and relatives told us they could approach managers or staff with any issues they had.

Summary of findings

We found one breach of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 relating to Fit and proper persons employed.

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

The home did not have effective recruitment practices in place to ensure that staff were appropriately checked to ensure they were safe to work with vulnerable people.

We observed staffing levels to be sufficient to meet the needs of the people at the home. People we spoke with and their relatives told us they had no concerns with regards to staffing levels. We discussed staffing levels with the registered manager of the home who told us that staffing did flex according to the needs of the people in the service.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the senior carer who had responsibility for administering medication on the day of the inspection and observed medication being given to people over the lunch time period. All the medicines given were done so in a discreet manner and it was evident that the senior carer knew people well and how best to approach people when administering their medicine. We checked medication administration records (MAR) to see what medicines had been given.

Requires improvement



Is the service effective?

The service was not always effective.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Care staff's knowledge of MCA and DoLS was limited. However, nobody living at the home at the time of our inspection was subject to a DoLS authorisation.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat.

Staff retention rates were very good with a number of staff having worked at the home for several years. Staff we spoke with all told us that they received good support from the manager of the home and their peers. However we found there were some gaps in training.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence. Observations we made and the people we spoke with confirmed this happened.

Good



Summary of findings

People were supported to express their views and wishes about how their care was delivered.

Is the service responsive?

The service was not always responsive.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. We saw that the home had a complaints procedure and that it was made available to people, this was confirmed when speaking with people and their relatives.

There was evidence that activities took place both within the home environment and externally. We were that throughout the summer weekly trips out took place around the surrounding areas. People we spoke with conformed that they had the choice to go out on trips if they wanted to.

Some of the information in people's care plans was too brief or we could not find evidence that care plans were being followed or backed up by appropriate risk assessments or reviews.

Requires improvement



Is the service well-led?

The service was well-led.

None of the people living at the home or their relatives spoke negatively about the manager, staff or culture within the home and people and relatives told us they could approach managers or staff with any issues they had.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service such as medication, care plans and infection control.

We saw evidence that regular maintenance of equipment was carried out, for example the lift was under contract with a lift inspection service and was last inspected regularly on 6 May 2015. There was a maintenance diary in place and work was being undertaken to replace windows on the day of our inspection.

Good



Northlands Village Rest 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 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 September 2015 and was unannounced.

The inspection was carried out by two adult social care inspectors, including the lead inspector for the service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the

inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service, such as notifications informing us about significant events and safeguarding concerns.

We spoke with a range of people about the service; this included four people who used the service, two relatives of people using the service, seven members of staff, including the registered manager, cook and care staff.

We spent time looking at records, which included four people's care records, six staff files, training records and records relating to the management of the home which included audits for the service. We also looked to see if the home had relevant, up to date policies and procedures in place and asked staff if they were familiar with them and knew how to access them if they needed to.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, “Yes I feel safe, it’s my home and I will stay here until the end of my days.” Another person said, “I’m very safe, they (staff) are patient, more patient than I am.”

Relatives we spoke with told us they had no concerns with the safety of their loved ones. One relative told us, “As soon as we stepped through the door we knew it would be right for my (relative). We have no issues at all with the care or anything else here.” Another relative said, “Safety is not even something we consider as a problem. My (relative) isn’t a person who settles well anywhere but the consideration has been amazing, even the little things are taken into account.” Whilst comments were positive from people and their relatives we found some areas of concern during our inspection regarding recruitment practices.

We looked at the personnel records of four members of staff. All had a signed contract of employment on their file and an application form. However one person had no references on their file and we could find no evidence of any being asked for as this section was blank on their application form. Another file had no record of a Criminal Records Bureau (CRB) or Disclosure and Barring (DBS) check recorded. We were sent evidence of this member of staff’s CRB check following the inspection. Two people’s employment history was only very recent going back for only a few years, there was no evidence that this had been checked. Staff files were seen to be quite unorganised without a contents sheet or checklist which meant that information was not easy to find or to audit to ensure that all stages of the recruitment process were completed. We also found no interview records or notes to show that candidates had been through a formal interview process. We were told that the candidate’s application formed the basis of interviews but there was no evidence to prove this.

This was a breach of regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about

care practices. One member of staff told us, “I’ve not had any concerns with people’s safety but if I had any issues I would speak to Sue (registered manager). She is always on hand, she is brilliant. She care for us all, resident’s and staff.” Another member of care staff said, “I have never seen any safeguarding issues. I would go to the manager in the first instance and if I wasn’t happy with their response I would go to Lancashire County Council.”

We saw that there had been two safeguarding referrals made by the home within the previous twelve month period prior to our inspection. Both had been closed down by the local authority. The local authority had no concerns with the home in regards to safeguarding issues when we spoke with them. The home had up to date safeguarding policies and procedures. Staff told us they had received safeguarding training however training records showed that this training had taken place a number of years ago. Following our inspection the registered manager contacted us to say that they had been in contact with the local authority to enquire about safeguarding training for all staff.

We observed staffing levels to be sufficient to meet the needs of the people at the home. People we spoke with and their relatives told us they had no concerns with regards to staffing levels. We discussed staffing levels with the registered manager of the home who told us that staffing did flex according to the needs of the people in the service. One example that was given was for end of life care. We were told that no-one was left alone during end of life and that an extra member of staff was brought in to provide this care. We were also told that the night shift had change from our previous inspection. Previously there had been one member of staff who worked a waking shift whilst the other slept and was called upon when needed. Both members of staff now worked a waking shift to ensure that those people who needed two carers to support them were available.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the senior carer who had responsibility for administering medication on the day of the inspection and observed medication being given to people over the lunch time period. All the medicines given were done so in a discreet manner and it was evident that the senior carer knew people well and how best to approach people when administering their medicine. We checked medication administration records (MAR) to see

Is the service safe?

what medicines had been given. The MAR was clearly presented to show the treatment people had received. Medicines were stored in a locked cabinet in the dining room. All the people we spoke with told us they received their medicines on time and knew why they were taking their medicine.

We found the home to be very clean and tidy and the environment calm and relaxing. We spoke with the domestic on duty that day who told us that there were two domestic workers who worked six days per week between them. Domestic staff were on duty from 9am to 1pm Monday to Saturday. The member of domestic staff we spoke with told us that they were happy in their role and that they had the equipment they needed to carry out their duties effectively. People we spoke with were happy with the cleanliness of the home and we received very positive comments some of which were as follows; "It's very homely and very clean", "It's like an A1 hotel" and "The cleanliness is very good and my clothes are always washed and ironed to a good standard." Relatives we spoke with were also happy with the environment and we received positive comments from them with regard to cleanliness of the home, bedrooms and laundry.

There was work taking place in the home on the day of our inspection. A window in the upstairs bathroom was being replaced as part of ongoing work to replace glazing in the home. The work was seen to be done quickly to avoid disruption to people.

The staff toilet on the ground floor did not have any hand washing facilities either in the form of a hand basin or hand gel dispenser. When we asked the registered manager about this we were told that carers had their own hand gel and then used the hand basin in the kitchen to wash their hands. The toilet was also used by visitors to the home. This meant that unless visitors to the home carried hand sanitation they would be entering the kitchen area after using the toilet to wash their hands therefore posing a potential infection control risk. We fed this back to the registered manager who told us that this had not been

previously raised as an issue but they would speak to the owners. We were contacted a few days after the inspection and were told that a hand basin was being fitted in the downstairs toilet the same day.

Staff we spoke with had good knowledge of fire procedures and were able to identify which people could mobilise to the fire evacuation point outside the building. There were some people who needed help to mobilise and if they were on the first floor we were told they would be taken to a specific point upstairs which was protected by fire doors. Staff also told us that fire alarms and drills were practiced. We noticed that nearly all people's doors were wedged open during our inspection and that a fire door on the first floor was also wedged open. Lancashire Fire and Rescue Service (LFRS) had last completed an inspection in January 2015 and the document stated that the use of door wedges and hooks should cease with immediate effect. We were told that people liked to have their doors open so they could mobilise easily into their rooms however this contravened the advice given by LFRS. The LFRS also gave an action to ensure that adequate procedures and protocols were in place for the evacuation of the premises in case of fire and that all the people at the home had Personal Emergency Evacuation Plans (PEEPS) in place. We found some brief references within people's care plans regarding their mobility in an emergency situation however we found no evidence of PEEP's in any of the care plans we looked at. We have made a recommendation about this.

We were contacted by the registered manager of the home the week following our inspection and were told that all bedroom doors would be fitted with fire doors which would close when the fire alarm sounded. This work was to take place as soon as the labour was available as the materials had already been sourced by the home owners.

We recommend that all bedroom doors and fire doors are to be shut at all times in line with the advice given by LFRS until replacement doors are fitted. We also recommend that PEEP's are written for every person in the home, staff are made familiar with them and that they are kept in an accessible place for staff.

Is the service effective?

Our findings

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. One person told us, "It's very homely and clean with excellent staff and excellent food." Another person said, "We get three food choices for tea and there are different meals, they have fish and chips on a Friday and a roast dinner on a Sunday. The cook is very good and asks us what we want". Relatives we spoke with also commented positively about the food in the home. One relative told us, "I often eat with (relative), this is no problem. The food is always excellent." We ate with people at lunchtime and found the food to be of good quality. Staff were attentive to people's need and assisted people to eat if this was necessary.

We spoke with the cook who had been at the home for over ten years. They were knowledgeable about the dietary needs of the people at the home and knew who needed pureed diets or soft diets, as well as how many people needed sugar controlled diets due to diabetes. They confirmed there was nobody at the home who needed a specialist diet for religious purposes. The home operated a set menu which ran on a three weekly basis. There was one hot food option served at lunch but if people wanted anything different then this was arranged for them. There were several options at breakfast including a cooked breakfast and the evening meals usually consisted of sandwiches, soup or salad.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw that policies and procedures were in place in respect of the MCA and DoLS however staff had little understanding of either. Staff we spoke with had not received training on the MCA and DoLS. Care staff were only able to give general answers about how they would obtain

valid consent and had no detailed knowledge of the MCA or DoLS. One of the senior carers we spoke with had some understanding of the MCA and DoLS, however they were the only one of the people we spoke with who did. The training list we were provided with showed a lack of training on the MCA and DoLS. Whilst staff were witnessed to put the principles of the MCA into practice, their knowledge of what they were doing and why was limited. We discussed this with the registered manager and owner of the service who were both aware of this issue and keen to source the relevant training for staff. Whilst none of the people at the home currently lacked capacity to make decisions for themselves we discussed one person who had recently moved to another home whose behaviour warranted a DoLS referral. We were contacted shortly after the inspection by the registered manager who told us that they were sourcing training for MCA and DoLS through discussion with the local authority.

A number of the staff we spoke with had worked at the home for a number of years and we saw that staff retention rates were very good. Staff we spoke with all told us that they received good support from the manager of the home and peers. We saw that staff did receive training however some key areas were out of date such as safeguarding and Infection control. Whilst it was evident from observing staff that they were knowledgeable about people's needs and preferences we saw that formal support for staff, such as training and supervision, needed to be embedded into the homes systems to ensure that staff were given the information and skills they needed to provide the care people needed. We were contacted by the home manager following the inspection to confirm that training was being sought via the local authority which included safeguarding refresher training for all staff.

We discussed with a senior carer who was the lead member of staff for training and induction how staff were inducted when they began work at the home. We were told that staff were introduced to all the people living at the home, made familiar with the layout of the home, fire regulations and the policies and procedures. New staff were supernumerary for the first few shifts to ensure that they were comfortable and confident in the role and then shadowed if this was felt necessary. We saw that a staff induction file was in place and included information on infection control, medication, risk assessment procedures and complaints as well as a number of other areas. All except one member of staff we spoke with had worked at the home for a number of years

Is the service effective?

therefore we did not discuss the induction process with those who had worked at the home for a long period. One member of staff who had started work several months prior to our inspection confirmed with us that they had received a two day induction and had been taken through the process that had been described to us.

The layout of the building was suitable for the needs of the people living at the home. The majority of rooms (ten) had en-suite facilities and there were two lounge areas and a

separate dining room. A passenger lift was in place and people had level access to an outside garden area. Corridors were free of clutter and the home was clean, neat and tidy.

We recommend that all staff receive appropriate training in relation to the MCA and DoLS to ensure that they are familiar with the codes of practice and latest guidance in respect of current court decisions to ensure that nobody in the home is unlawfully deprived of their liberty.

Is the service caring?

Our findings

During our inspection we observed good interaction between the care staff and people who lived at the home. People spoke well of the staff and told us they treated them with dignity and respect. One person said, "They (staff) are wonderful." Another person told us, "It's home to me... It's a perfect retirement". Relatives we spoke with were also complimentary about the staff working at the home and the atmosphere and culture within the home. One relative told us, "Staff are very receptive to people and any concerns." Another told us, "The atmosphere in the home is very good and communication is first rate. I've never heard any member of staff raise their voice or be sharp, there is never any impatience in their voice."

We asked people if they were involved in how their care was planned. Most of the people we spoke with were unsure if they were involved with care planning but it was not an issue for them. We saw within people's care plans that those who were able to had signed a 'consent to care and treatment' record and had been involved in putting together their care plan as well as ongoing reviews. We spoke with relatives regarding care planning to see if they were involved. The relatives we spoke with told us they were, one relative told us, "I have a good relationship with the home and they know when to involve me and when not to. They don't ring me about every little thing but the important issues are always discussed with me."

We saw that people were involved in every day decisions about their life and how their care was delivered. We

observed staff asking people what they would like to do at various times throughout the day and people told us they could ask staff for assistance and it was received in a timely manner. One person told us, "I prefer it here than living with my own family."

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them. Details of local advocacy services were available within the entrance / reception area of the home. We were told that advocacy was discussed with those people who may want to access it when they first came in to the home or if their circumstances changed.

People were enabled to make end of life plans to ensure that care and support was provided in a person centred way and in line with their wishes. The home liaised closely with local palliative care and district nursing teams as well as local hospices when appropriate. We saw that three members of staff had accessed the 'Six steps to success' end of life training via the local hospice. The six steps training programme for care homes is nationally recognised end of life training delivered by local palliative care experts to help staff deliver bespoke end of life care.

Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. Policies were in place to support all of these areas. We spoke with staff and asked them how they ensured that people's dignity and respect were maintained at all times. Staff were knowledgeable in this area and talked us through day to day issues such as assisting people with personal care, bathing and eating.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. We saw that the home had a complaints procedure and that it was made available to people, this was confirmed when speaking with people and their relatives. It was also on display within the home. The majority of people spoken with told us they felt confident that any issues raised would be listened to and dealt with appropriately. One person told us, “I would speak to Sue (Registered Manager) but I have never had a reason to complain.” Another person told us, “Sue is around most of the time but I would just speak to a member of staff if I had any concerns.” One person we spoke with said to us, “I’ve never had to complain but I hope they don’t alter anything as that they can only make it worse.” Relatives we spoke with all knew how to raise issues and told us that if they ever did have any questions or concerns that they were dealt with quickly. None of the relative’s we spoke with had made a formal complaint to the home.

There was evidence that activities took place both within the home environment and externally. We were that throughout the summer weekly trips out took place around the surrounding areas. A trip had taken place the day prior to our inspection which had consisted of travelling to three or four local villages and then stopping off for an ice-cream. People we spoke with conformed that they had the choice to go out on trips if they wanted to. Within the home we saw that there were daily activities taking place such as bingo, singing and a weekly visit from a hairdresser. A few people had been accompanied to a funeral on the day of our inspection so they could pay their respects to a former resident of the home. We also saw that external entertainers came into the home such as musicians and there were frequent visits from one person who brought owls into the home. We saw that people were supported to maintain their own interest and hobbies. One person was a keen artist and we saw them painting in their room. Two people were able to go out independently to the local market and others were supported to do so if they wished. Staff told us that families visited often and took their relatives out with them. There were no restrictions on visiting times for families.

We looked in detail at four people’s care plans and other associated documents. We saw that people’s care plans

were reviewed on a monthly basis and notes were written daily that documented how each person had been throughout the day. We looked at people’s care records to see if their needs were assessed and consistently met. We saw that care plans contained each person’s personal details, brief history, allergies, and important information was highlighted clearly in bold red letters at the front of each person’s file. Personal likes and dislikes were also recorded within all the care plans we looked at and there was evidence in place to show that people made choices about how their care was delivered.

However some of the information in people’s care plans was too brief or we could not find evidence that care plans were being followed or backed up by appropriate risk assessments or reviews. For example two people’s care plans we looked at contained a signed piece of paper to state that they wanted to follow a non diabetic diet. There was no evidence that the potential consequences of this had been discussed with the person or that medical advice had been sought. We were told that this had been discussed with the local GP surgery and as a result the ‘disclaimers’ had been signed by the people making the decision. We discussed with the registered manager the need to ensure that a more detailed risk assessment needed to be in place and that appropriate review dates were in place. There were other examples of reviews taking place within care plans that were simply a series of dates. Reviews of care plans needed to be more structured and any changes to care plans evidenced clearly. Again we discussed this with the manager of the home.

There were other examples of information in care plans that needed to be more detailed as well as care planning information linking in with other documentation such as risk assessments. For example one person’s care plan contained a document, which was an A4 piece of paper, that stated that a risk assessment had been carried out to allow for the windows in their room to be open at night, this was signed by both the person and the manager. However, there was no documented risk assessment that could be seen on the file. The waterlow score for the same person was “very high” which according to the documentation they should have been using a high level pressure relief mattress and being re positioned and recorded, this was not in effect. There was a high-risk care

Is the service responsive?

plan for “illness” which referred to hypertensive and high cholesterol levels stating “encourage diet low in dietary sodium and reduced fat content”, however this was not reflected in the dietary needs care plan.

We recommend that the provider takes account of NICE guidance regarding care plans and risk assessments to

ensure that all the information within them is up to date, detailed and that relevant risk assessments are in place to ensure that the needs of all the people in the home are clearly recorded and reviewed.

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection and we found no outstanding registration issues during the planning of the inspection.

None of the people living at the home or their relatives spoke negatively about the owner, manager, staff or culture within the home and people and relatives told us they could approach managers or staff with any issues they had. One relative we spoke with told us, “I am more than happy with the home, manager and staff.” We received similar comments from people living at the home when we discussed the culture within the home.

Any issues we found on the day of the inspection were discussed with the registered manager and shortly after the inspection we were contacted and told that a number of actions were being taken to address the issues discussed ranging from fire safety issues through to documentation and processes.

We saw evidence that feedback forms from people living at the home were collected each year. Some of the comments included: “I feel safe”, “I only need to ask and it’s done”, “Nothing needs changing”, “Everything is there if I need it”,

“perfect” and “The care and our wellbeing is paramount”. We were told by the manager of the home that any negative comments would be followed up and action taken as appropriate.

We saw evidence of audits taking place including medication, care planning and infection control. Generally files we looked at were disorganised, not in date order so not easy to follow. We discussed this with the manager of the home who informed us they would look at organising how information was stored.

We looked at the home’s accident and incident log. The file contained a summary of all incidents and accidents, which included the person’s name, who the accident or incident pertained to, as well as the date, time, location and nature of the incident.

We saw evidence that regular maintenance of equipment was carried out, for example the lift was under contract with a lift inspection service and was last inspected regularly on 6 May 2015. There was a maintenance diary in place and work was being undertaken to replace windows on the day of our inspection.

The organisation had a whistle-blowing policy in place which meant staff who felt unable to raise issues with their immediate manager were able to confidentially raise issues via that method and remain protected.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not ensure that recruitment procedures were established and operated effectively to ensure that persons employed were appropriately checked to work with vulnerable people. Regulation 19 (2) (a)