Three Gables

Three Gables

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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Three Gables is a care home that provides accommodation for up to 19 older people who require a range of care and support related to living with a mental health condition. This includes a dementia type illness and behaviours that may challenge others. On the day of the inspection 16 people lived there. There is a registered manager at the home who is also one of the partners of the business. 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.

This was an unannounced inspection and took place on 17 and 18 November 2014.

Staff knew people well; they had a good knowledge and understanding of the people they cared for. They were able to tell us about people's care needs, choices, personal histories and interests. However, when people's

Summary of findings

needs changed not all the information had been recorded in their care plans. This meant there was no guidance for staff to ensure consistency or demonstrate evidence that people's care needs were met.

The home was clean throughout. Visitors to the home told us, "It's always really clean." However, staff did not have always have access to appropriate hand washing facilities throughout the home. They did not always use appropriate protective equipment such as aprons when they were in the kitchen to help prevent cross infection.

There was information about individual risks to people and guidance for staff to follow. However, equipment had been stored throughout the home but there were no risk assessments to show that people's safety had been considered in relation to these areas.

Care was provided to people by a sufficient number of staff who were trained and supported to keep people safe. Staff had received training in how to recognise and report abuse. They told us what procedures to follow should they have any concerns. Staff told us and records showed they received regular training and supervision. They said they felt supported by the registered manager. Recruitment records showed that appropriate checks were in place to ensure staff were suitable to work at the home.

Medicines were stored, administered and disposed of safely by staff who had been trained to do so.

Staff had a good understanding of people's nutritional needs. However, people who required support did not always receive appropriate assistance in a timely way.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People had access to health care professionals including GP's, district nurses and mental health workers to meet their specific needs. Staff told us and healthcare professionals confirmed people were referred to the appropriate health care professionals.

People appeared happy and relaxed in the company of staff and other people. It was apparent that staff knew people well and had developed caring relationships with them. People told us that staff "Were kind." However, we observed some instances where staff could have treated people in a more respectful way.

Although there were some checks and audits in place there were no care plan or maintenance audits to help the registered manager identify, assess, manage and monitor the quality of service provision.

The registered manager told us how they were involved in the day to day running of the home. People and staff told us the registered manager was always available. We saw there was an open, relaxed atmosphere in the home where staff felt supported.

There were a number of breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

There was not enough appropriate hand washing facilities to prevent cross infection.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough staff on duty to meet the needs of the people.

Appropriate checks where undertaken to help ensure suitable staff worked at the service.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

People said the food was good and they had enough to eat and drink. Staff understood people's nutritional needs. However, people did not always receive appropriate assistance and support to meet their nutritional needs in a timely way.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had received the appropriate training and support to carry out their roles.

People were supported to have access to healthcare services this included the GP, district nurse and chiropodist.Findings here>

Is the service caring?

Requires Improvement

Some aspects of the service were not caring.

We observed occasions where people were not treated with respect.

Staff understood people's needs and preferences.

People were supported by staff who were kind and knew them well.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Staff had a good knowledge of the people who used the service. However, some people's care plans had not been updated to show their current needs. This meant there was no guidance for staff to ensure consistency or demonstrate evidence that people's care needs were met.

Summary of findings

People were supported to maintain relationships with friends and family and people's wishes in respect of their religious needs were respected.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

Although there were some systems to assess the quality of the service provided these were not effective.

The registered manager had created an open, relaxed atmosphere in the home where staff felt supported.

Staff were able to raise concerns and know they would be listened to.

Three Gables

Detailed findings

Background to this inspection

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

This was an unannounced inspection by two inspectors and took place on 17 and 18 November 2014.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received a PIR after the inspection. We considered information which had been shared with us by the local authority. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During the inspection four people told us about the care they received. Some of the people we spoke with were living with a dementia type illness and were unable to verbally share their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with seven members of staff which included the registered manager and deputy manager. Following the inspection we spoke with four healthcare professionals including a GP and a district nurse, four further visitors.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records, medicine administration, records training records for all staff and recruitment records for four members of staff. We also looked at staffing rotas, minutes of meetings with people and staff, menu's, and records relating to the management of the service such as audits and policies.

Requires Improvement

Is the service safe?

Our findings

People appeared relaxed and comfortable in the company of staff and other people who lived at the home. One person told us, "It's very homely here, I wouldn't want to leave." Visiting health care professionals told us they believed people were safe at the home. One told us about the care people received and said, "They give safe, holistic care."

There was not enough appropriate hand washing facilities at the home. There was a communal shower room which included a toilet and a hand basin and this had a fabric hand towel for people to use. Staff told us this shower room and toilet was used by four people in the adjoining bedrooms. The infection control policy stated that fabric towels should not be used. A second bathroom on the first floor contained people's personal toiletries which were not named therefore staff were not sure who they belonged to. This could leave people at risk of harm from cross infection. We discussed our findings with the registered manager who told us paper hand towels were not in use as this was 'institutional' whereas this was where people lived. However, there was no system in place to ensure that there was always a clean fabric hand towel in place.

Protective clothing was available however staff did not always wear this when they went into the kitchen. The first part of the kitchen included an area where care staff were able to make drinks for people. However we also saw care staff entering the kitchen area where food preparation took place. This could leave people at risk of harm from cross infection as staff had not taken appropriate precautions because they did not use protective clothing.

People were not protected from the risk of infection because appropriate guidance had not been followed. This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff wore protective aprons when meals were being served and during mealtimes. There were dedicated cleaning staff and the home was clean throughout with no malodorous smells. Staff demonstrated an understanding of infection control procedure including what actions they would take to prevent the spread of any infectious illnesses. They said, and we saw, there was an adequate supply of gloves and aprons for them to use.

Staff received safeguarding adults at risk training and regular updates. They understood signs of potential abuse if they had concerns they would report this, if appropriate, to the registered manager or deputy manager. All staff we spoke with were confident that the managers would take the appropriate action on any issues raised. They told us if their concerns related to the managers then they would report this to external services. Staff told us the contact numbers for external referral were displayed in the office. One staff member told us, "I would be nervous to report externally but I know I would do it because it's about the people here."

Items such as a mattress, a curtain pole and old doors were stored in communal areas on the first floor and a stairway to the second floor. We were told there were limited storage facilities at the home. On the stairway to the second floor there was access to the loft space. The door, which was not locked, was at waist height and could be accessed from the stairway. We raised this with the registered manager who said they would remove the stored items and carry out risk assessments to show staff had considered people's safety in relation to these areas.

We saw risk assessments were in place in people's care plan. These included mobility, nutrition and skin integrity. For example one person who was at risk of falling either spent a lot of time walking around or on other days would not mobilise at all. The care plan informed staff if this person wished to walk then staff needed to accompany the person. If the person declined to mobilise then staff were instructed to use the hoist to assist the person to transfer from their bed to the chair. If this person declined to mobilise there was guidance for staff to ensure the person was sitting on a pressure relieving cushion as they had been identified at risk of developing pressure wounds. A risk assessment for a person who required regular pressure area care was in place. This person had pressure relieving equipment in place and care was delivered appropriately. Staff told us if they had concerns about people's pressure areas then appropriate healthcare professionals would be contacted.

There were systems in place to deal with emergencies which meant people would be protected. There was guidance for staff on what action to take and each person had their own personal evacuation and emergency plan. The home was staffed 24 hours a day and there were local arrangements in the event the home had to be evacuated.

Requires Improvement

Is the service safe?

There were adequate staffing levels in place to provide care and we observed that staff were available to people when they needed them. However, at lunch time we saw that people were left waiting for staff to support them with their meals. The registered manager told us that recent recruitment had taken place over the past few months to provide enough staff to cover the introduction of a twilight shift. The registered manager had identified that there were not enough staff to support people going to bed at a time of their choice therefore an extra member of staff worked between 7.30pm and 10.30pm. The staffing rota showed there was a consistent amount of staff on duty each shift. This included a senior member of staff or a manager. In addition to care staff there was a cook for lunch and evening meals and dedicated housekeeping staff. There was an activities person who provided activities four days a week. This person was also a member of the care staff and was able to provide cover if for example a member of staff was absent from work. On the first day of our inspection a member of care staff had been unable to work therefore the activities person supported people with their care needs before undertaking her activities role. This meant people received care from staff who knew them and their care needs. A visiting professional told us whenever they visited the home there always appeared to be enough staff. They said, "I've visited at the weekend and wondered what it would be like, but it's always the same."

Staff files contained appropriate information for safe recruitment. This included an application form, references, the completion of a disclosure and barring service (DBS) check to help ensure staff were safe to work with adults.

People had been protected against the risks associated with the unsafe management of medicines. We looked at the Medication Administration Record (MAR) chart for each person. A (MAR) chart states what medicines people had been prescribed and when they should be taken. These had been completed fully and signed by staff. There was guidance in place for people who had 'as required' (PRN) medicines for example when they had pain. These informed staff what the medicine was for and how often people were able to take it. We observed staff ensuring people had taken (and swallowed) their medicines before completing the MAR chart. Medicines were stored securely in the office in a locked cupboard. Two people self – administered some of their medicines. There were risk assessments in place which demonstrated people were safe to do so. Staff told us they received medicines training before they were able to administer medicines. One staff member who had recently started to give medicines told us they had undertaken their training and the first time they had given medicines to people they were supported by the deputy manager however formal competency assessments were not recorded.

Requires Improvement

Is the service effective?

Our findings

People received care from well trained and supported staff. People said staff were "Very kind." A visiting professional said, "Staff are always very easy to talk to. They speak in a proactive, open and honest way, they are well aware of what's going on." Staff told us they received regular training and supervision but they did not have to wait for supervision to come round if they needed to talk with the manager. They said they felt supported by the registered manager and deputy manager.

Although the registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) we saw that a MCA had not been completed for one person. This person had bedrails in place. Bedrails may be used to reduce the risk of a person accidentally falling or rolling out of bed they are not used to prevent people getting out of bed. Staff told us this person did not have capacity and had therefore been unable to participate in the decision to use the bedrails. This is an area that needs to be improved to ensure this is the best way to care for this person.

During the inspection we saw staff asked people for their consent before offering help. They made sure the person was content with the care that had been provided. Where restraint had been previously required in relation to providing personal care for one person we saw appropriate referrals had been made and a DoL's authorisation had been in place. This had now been removed and there was clear guidance on how to support this person with no or minimal restraint.

The Mental Capacity Act 2005 is an act introduced to protect people who lack capacity to make certain decisions because of illness or disability. One member of staff said they did not have a clear understanding of MCA but all staff were able to tell us how they supported people who did not have capacity to make decisions. One staff member said, "You get to know what people want even if they can't say." When people moved into the home mental capacity assessments were not undertaken. However, when specific decisions were required or there was change in the person's health then referrals to appropriate professionals had been made. One person recently had a mental capacity assessment which identified the person lacked the capacity to make the decision about going out on their own. Therefore a best interest meeting was held and a DoL's authorisation was now in place. Systems had been put in place to ensure the restrictions were minimal. This person was supported to go out into the community and participate in activities that they enjoyed.

At lunchtime people ate in either the dining room or a dining area in the small lounge. Staff told us this decision had been made based on people's needs. We saw that people in the dining room were more able to express their choices. We observed the mealtime was relaxed and people were chatting with each other and with staff. One person who was at risk of losing weight, because they were reluctant to eat, had fallen asleep. They did not receive assistance from staff for 12 minutes as staff were busy serving meals to other people. This person then ate very little of their meal. We raised this with the registered manager who told us they would discuss it with staff. This meant this person had not been supported to be able to eat and drink sufficient amounts in a timely way. This needs to be improved upon to ensure people receive support with eating their meals in a timely way. When lunch was served people in the small lounge received appropriate guidance and support to eat their meal.

People told us that the food was good. One person said, "The food is very good and I'm fussy, the staff will always get you a cup of tea if you want one." There was information in the kitchen about people's dietary likes and dislikes. Nutritional assessments were in place and these identified people's food and drink preferences but there was no information about where people liked to eat their meals. Staff had a good understanding about what people liked to eat and drink and any specialist diet they required. If people did not like the meal provided we saw alternatives were offered.

Records showed that staff received regular supervision and training. The deputy manager showed us the training records for staff, these demonstrated that training was in place and ongoing. This included safeguarding, moving and handling and infection control. Staff also received training to meet people's needs effectively, this included dementia awareness and managing behaviours that may challenge others. Most of the training was provided online which staff were able to access at work or at home. Two staff members told us they preferred to work at home. They said they could work at their own pace and return to areas they were not sure off. This gave them a better understanding of what they were learning. The deputy

Is the service effective?

manager reviewed training update needs each month and informed staff what training they needed to undertake and update. The deputy manager was able to monitor the online training to ensure staff were undertaking the training updates required. For example from the training records we saw that out of twenty one staff seven had not received an update during the past year. However, from the online system we were able to see that staff had started to update their training. The deputy manager told us if staff did not undertake training then this would be addressed through supervision. Time would be set aside during their working day to ensure it was completed.

People were weighed regularly and where people had lost weight they had been referred to the GP for advice. If people were unable to be weighed staff used the mid upper arm circumference to measure and assess weight loss or gain. The registered manager told us how they had used this technique for one person with support from the dietician. They were able to see this person's weight had gradually increased. Food charts were in place for people who had lost weight or who staff felt were at risk of not eating adequate amounts to monitor how much people were eating. . There were risk assessments which identified people's dietary requirements, whether they required a pureed diet or support with eating and drinking. For example one person had been identified at risk of choking because they ate very quickly. There was guidance to support staff which included remaining with this person during mealtimes and ensuring that food was in bite size portions. We saw that this happened and the person received the appropriate support.

People were supported to have access to healthcare services and to enable them to maintain good health. The registered manager told us and care records showed external healthcare professionals were involved in supporting people this included GP's, district nurses, mental health team and chiropodist. One person had shown a change in their mental health needs, there were appropriate referrals and discussions with the person's mental healthcare professional. We saw that staff had followed the advice given. Staff had identified that the person's health had not improved and further discussions had taken place. We spoke with four healthcare professionals who told us the staff referred concerns to them appropriately when a need was identified. One said, "They call when it's appropriate to do so and follow any advice I've given." Another said, "Staff are very good, they follow advice and inform us appropriately of any changes in people's conditions, liaison is very good." People who told us about their health needs said they were able to see their doctor when necessary.

Requires Improvement

Is the service caring?

Our findings

People who lived at the home were supported by kind and caring staff. People who were able to told us staff were very good. One person said, "The staff are very kind." Another person told us, "We're very lucky here with the staff, they're very easy going." Visiting healthcare professionals told us people were well cared for. A visitor told us there was a, "Bright, positive and caring atmosphere at the home."

We heard staff chatting to people about their day and making plans for someone's birthday. People were happy and comfortable in the company of staff. Visitors we spoke with told us they were always made welcome when they arrived at the home. One visitor said, "Staff are always very welcoming when I arrive."

Although we saw staff talking with people in a caring and professional manner there were occasions in the small lounge when limited interaction took place and people were not always treated with respect. We saw that people who used the small lounge were less able to communicate their needs and required more support than people in the main lounge. Staff told us that these people could also display behaviours that challenged others. It was not clear how the decision to use this lounge had been made or whether people had been involved in this decision. On another occasion people had been provided with activities such as a book or newspaper however the staff member present did not participate in these activities with people. One person was observed, sitting at the table looking at the same picture in a magazine. Staff told us, "(The person) likes looking at pictures." However, there was no evidence that this activity was a positive experience for this person. In the small lounge one person was seated at the table half an hour before the meal was served. This person waited at the table alone, they did not have any interaction with staff. Staff explained this person was slow when they mobilised which is why they sat them at the table early.. We felt this did not show respect or dignity to this person as they had not been involved in making the decision to sit at the table at that time.

Staff told us about one person who had lived at the home for a number of years. They said they used the knowledge they had built up about this person to support them in their daily choices. This person liked to listen to music. Care plans showed and staff told us this person liked classical music. We heard the radio playing in this person's bedroom however it was on a pop music channel.

People's dignity and independence were not always respected. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff knew people they were caring for very well. They were able to tell us about people's care needs, choices, their personal histories and interests. They told us how they communicated with people who were less able to express themselves. We heard one person was making a particular sound, we observed staff discreetly asking the person if they needed to use the bathroom. Staff consistently asked this person whenever they made this sound. A staff member had found a picture in a magazine which they gave to a person. They explained that the person particularly liked the pictures. Other staff were heard to comment positively to the person about the picture.

Staff understood the needs of people who were unable to express themselves verbally due to their dementia type illnesses. Some people had lived at home for a number of years and had previously been able to make their own decisions. Staff used the knowledge they had gained to help them make choices. For other people they discussed their likes and dislikes with family and friends to help build a picture of the individual. People were comfortable in the company of staff and responded positively when staff engaged with them. Staff had a good understanding of how people's mental ill health affected them on a daily basis. We saw how they supported people to maintain their independence. One person had returned from hospital following a fall. Staff told us they had supported and encouraged this person to regain their confidence and walk around the home independently again.

Staff supported people to dress in their personal style and people took pride in their appearance. People who were able, told us they chose how they spent their day. One person said, "I can get up when I like and go to bed when I like." One person told us they liked to take part in the activities that were provided. Staff told us about people's daily routines they knew when people liked to get up and when they liked to come to the lounge. We saw one person

Requires Improvement

Is the service caring?

who was unable to verbally express their choices remained in their room throughout the day. Staff explained how this person demonstrated where they wanted to spend their time.

Staff supported people to maintain their religious and spiritual needs. These were documented in their care files. One person told us they were able to attend church services if they wished. When they were unable to attend staff arranged for them to receive religious support at the home.

All of the bedrooms were single occupancy and where people chose to they had been personalised with their own belongings such as ornaments and photographs. Staff respected people's privacy. Due to their health needs one person remained in their bedroom. Staff told us this person liked the door to remain open, except when care was provided. We saw that the door remained open throughout the day. Bedroom doors were kept closed when people received support from staff and we saw staff knocked at the doors prior to entering.

Requires Improvement

Is the service responsive?

Our findings

Prior to people moving into the home the registered manager undertook an assessment to ensure the home was able to provide them with the care and support they needed. Where possible this had been completed with the person or where appropriate their representative. People told us about the activities they took part in during the day and how they chose what they wanted to do. One person was attending a healthcare appointment on the day of our inspection. They told us a member of staff was accompanying them and they were going out for a walk afterwards.

The registered manager told us following an audit by the local authority care plans were being reviewed and rewritten in a different format. One care plan had been written in the new format for a person who was unable to verbally communicate their choices. Although it contained guidance for staff about how to support this person the information did not include personal preferences or choices for example their night-time and morning routines. Care plans did not include current information about people's needs. We saw medicines being administered to a person in a specific way and this had not been recorded in the person's care plan. This meant there was no guidance for staff to ensure consistency. The registered manager told us the care plans were reviewed monthly. However since they had introduced new paperwork these reviews had not taken place. Two further care plans showed reviews had not taken place since July 2014. From discussions with the registered manager and staff it was clear that people were involved in discussions and decisions about their care however this had not been recorded. This meant there was no documented evidence that people's care needs had been identified or guidance provided for staff.

Peoples care plans were not always accurate. As part of the new documentation staff were responsible for completing the daily notes. One care plan informed staff about individualised personal care that one person required. We saw this person had not received the care required. There was no record of why the care had not been provided. Staff told us the person had declined care and explained to us what actions they had taken however it had not been recorded.

Staff had completed a body map which showed one person had a bruise; there was no further information about how the bruise had been sustained or what actions had been taken to treat and prevent a recurrence. This meant there was no documented evidence that people's care needs had been identified or guidance provided for staff. Other daily documentation for example turn charts, food and fluid charts had been completed appropriately.

People's personal records were not accurate and up to date. This is a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In the lounges we saw that people sat in designated chairs. We asked the registered manager and staff about this. They explained that people had chosen where to sit and became possessive about their 'own' chairs. The registered manager told us they had tried to encourage people to sit in different seats but people had refused to change. We saw that the television was on in both lounges although people did not appear to be watching them. A member of staff explained they had previously attempted to switch the television off but people had requested that it remained on. This demonstrated that staff listened to people's views about how they wanted to live their lives at the home.

Care plans contained some information about people's interests, hobbies and what they liked to do before they moved into the home. People were supported to continue with these interests. One person who liked to go out for walks was supported to do this during the week. In addition if staff needed to go out this person was able to accompany them. They told us, "I like to go out and if I do go out the staff come with me."

People were supported to maintain relationships with friends and family. Visitors were always welcome at the home and people went out with their family for day trips and visits. People's wishes in respect of their religious needs were respected. They were supported to attend local churches, when people were unable to do this an arrangement had been made for local priests and ministers to visit for support. One person told us that they were able to attend church if they wished but they preferred to stay at home and receive the service there.

There was an activities co-ordinator who provided activities for people four afternoons a week. In addition there were a range of visiting entertainers for example carpet bowls, a magician or pet-pals. On other occasions care staff would provide activities. We observed some activities in the main

Requires Improvement

Is the service responsive?

lounge. People were having fun; they were sharing memories of their past and engaged both with the activities co-ordinator and each other. We spoke with people who told us they had come into the lounge specifically for the activities because it was something they enjoyed.

There was a complaints policy at the home. People said they did not have any complaints at the time but they were always able to speak to the registered manager if they did. They told us they were listened to and any worries were taken seriously and addressed. There had been no formal complaints during the past year.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us they could always speak to the registered manager. They said they were always available and approachable. One person said, "If I need anything I'll speak to the registered manager." Staff told us that they felt supported and listened to. Visitors to the home told us they were able to speak to the manager when they needed to. They said they were listened to and any concerns were addressed.

We saw regular gas, electrical, lift and hoist services had taken place. There were a range of polices and these were accessible to staff. There was a maintenance book where staff recorded work that was required. We saw that two fire door guards were not working and this had been recorded in the maintenance book and was being addressed. However, there was no environmental audit to identify any further maintenance issues. We saw there were other areas where maintenance was required which had not been recorded and staff were not aware of. For example a broken bathroom vent had been blocked with a towel.

Concerns in relation to documentation had been identified by the local authority. The registered manager told us about changes that were being made, this included staff being responsible for completing the daily notes. A falls chart and a behavioural chart had been introduced to log and monitor the incidents of behaviours that challenge others. The manager told us staff needed guidance in completing these. Minutes from a recent staff meeting discussed with staff how these forms should be filled in the forms would then be checked by the deputy manager and additional support given to staff as required. We saw the forms had been checked the day following the staff meeting however no further checks had taken place. There was no audit of the care plans or documentation to identify shortfalls, where staff required additional support and promote continuous improvement. This is an area that needs to be improved upon.

The registered manager and the deputy manager were actively involved in the day to day running of the home and promoted a positive culture that was open and personalised. When neither manager was working one of them was always available for staff to contact. Staff told us they were comfortable to contact either manager if they needed to. Both managers had a good knowledge of people, their needs and choices. People and staff were relaxed with them and we observed them chatting and laughing happily together. Everybody we spoke with told us they were happy to talk to and raise concerns with the managers, they said they were supportive and approachable. Staff members gave us examples of when they had raised concerns and how these had been addressed. One staff member said, "It doesn't matter what it is it can be work or personal, you just tell them you need to talk to them and they will always make time for you." Staff also said that the managers addressed their concerns and responded appropriately. The registered manager told us having a daily presence in the home meant they were aware of the attitudes, values and behaviours of staff. This helped them to maintain a positive culture as conflicts and concerns were identified and dealt with quickly.

Resident meetings took place regularly and relatives were invited to attend. The meeting in August 2014 discussed meals and if people wanted any changes to be made. Peoples care was also discussed; this did not look at individual care needs but asked people if the care they received was of a good standard. We saw that people were satisfied with the care provided.

Quality assurance surveys had recently been sent out to relatives and professionals. Although some had been returned an audit of findings had not yet been completed. The registered manager told us that previously surveys had been sent to people who lived at the home but this had caused people to become anxious. Therefore they were no longer sent. Feedback was obtained from people informally throughout the day but this was not always recorded.

We asked the registered manager what they thought they had done well. They told us the attention to the day to day care needs of people is what drives good care at the home. It also helped to promote a family feel to the home. The registered manager also acknowledged that currently the paperwork and records could be improved and this was being addressed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People who use services and others were not protected against the risks associated with the maintenance of appropriate standards of cleanliness and hygiene.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services Suitable arrangements were not in place to ensure the dignity, privacy and independence of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Accurate records were not in place in relation to the care and treatment for all service users.