

Four Seasons (Bamford) Limited

Dene Grange

Inspection report

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Northumberland
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22 December 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 and 22 December 2016 and was unannounced. This meant the staff and the registered provider did not know we would be visiting.

Dene Grange provides accommodation for up to 48 people who require nursing or personal care. At the time of our inspection there were 47 people who were using the service. The home is divided into four separate units over two floors.

At our last inspection of Dene Grange in June 2015 we reported that the registered providers were in breach of the following:-

Regulation 17 Good governance

Regulation 18 Staffing

Following the last inspection on 3 June 2015, the registered provider sent us an action plan and told us what improvements they intended to make. At this inspection we found there were some improvements. However we also found there were further regulatory breaches.

There was a registered manager in post. 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.

We found people's medicines were administered by staff who were trained in medicines administration and had been assessed as competent. Medicines were appropriately stored and we observed people being given their medicines with patience and kindness.

Staff underwent the appropriate checks before they began working in the service. There was evidence of the checks carried out on staff files. This meant the registered provider had checked to see if staff were fit to work in the home.

We found a number of concerns in relation to the maintenance of the building and reported our concerns to the regional manager and the registered manager who made arrangements for the work to be carried out. Audits carried out to monitor the quality of the home had failed to address these deficits.

People's cared documents were up to date and accurate. We found relatives had been involved in ensuring people's care plans met their needs. Staff were given guidance in the care plans and where people's needs were more complex the registered manager had arranged training from the community nurses.

We saw the food presented to people at meal times looked appetising and nutritious. People were

encouraged and supported to eat by staff. However we found some people had to wait for the support they needed to eat as staff were supporting a number of people.

The service had in place a complaints process. This was displayed in the home and available for people to use. Since our last inspection the registered manager had received one complaint and had carried out a thorough investigation before replying to the complainant. This meant people could be assured their complaints would be appropriately dealt with.

Relatives told us the staff were caring towards their family members. Professionals who visited the service also described the staff in positive terms. Our observations during the inspection included staff demonstrating kindness and respecting people's dignity and privacy.

Staff were aware of people's dietary needs and were able to tell us about which people were vulnerable to weight loss and what actions had been taken. They knew which people were prescribed food supplements and when these were to be offered.

We saw the home had made referrals to other services which supported people, for example the behaviour support team, dieticians, chiropodists and opticians. Local nursing teams confirmed the staff if they had concerns they would ask them to visit the person.

Since the last inspection the registered manager had changed the staffing structure of the home. They had introduced more senior roles. Following this inspection we have recommended the registered provider and the registered manager review the levels of staffing to check if there are enough staff on duty to meet people's needs.

The staff survey showed over the majority of staff had confidence in the manager to do the best for the home and they would recommend the home to other people.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

The service was safe not always safe.

We found repairs were required to the home to make sure people were safe.

People were given their medicines in a safe way by staff who were trained and assessed as competent to administer medicines.

Staff underwent a robust recruitment process before they were permitted to work in the service.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were provided with appropriate levels of training, support and supervision to enable them to provide the care needed by people living in the home.

The service had made referrals to other professionals to meet people's physical and emotional health care needs.

The home was meeting the requirements of the Mental Health Act 2005 and had applied to the appropriate authority to deprive people of their liberty and keep them safe.

Good ●

Is the service caring?

The service was caring.

Relatives were complementary about the caring showed by staff towards people in their care,

We saw people's dignity and privacy was respected throughout the inspection.

Staff treated people with kindness and worked with people to promote their emotional well-being.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Relatives had been involved in people's care planning. Care plans addressed people's individual needs and were reviewed to check that they continued to be relevant on a regular basis.

Additional support had been provided to staff to enable them to follow guidance on how to care for people with specific needs, for example catheter care.

The registered provider had in place a complaints procedure which was displayed in the entrance way. The registered manager told us they preferred to address people's concerns at an earlier stage than a formal complaint. Relatives told us staff had been responsive to their co

Is the service well-led?

The service was not always well led.

Audits were used to monitor the quality of the service. However the audits had failed to identify the deficits we found in the maintenance of the building.

Professionals we spoke to during the inspection confirmed they had good working relationships with staff in the home.

The staff survey demonstrated nearly all of the staff were confident in the manager and would recommend the home to others.

Requires Improvement ●

Dene Grange

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 21 and 22 December 2016 and was unannounced. This meant the registered manager and the staff did not know we would be arriving.

The inspection team consisted of two adult social care providers and an 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. During this inspection the expert by experience had experience of people with dementia type conditions.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

During the inspection we spoke with three people who used the service, nine relatives. We also spoke with ten staff including the area manager, the registered manager, the Care Home Assistant Practitioner (CHAP), two nurses, five senior carers and carers. Before the inspection we also spoke with two professionals who visit the home, and a further two who were visiting the home during the inspection.

We looked at four people's care documents in detail, personal hygiene and daily care records for a further six people and other documents associated with the management of the home.

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.

Is the service safe?

Our findings

We talked to relatives about the safety of their family members in the home. One relative said, "We feel dad is safe." Another relative said "Mam is absolutely safe here." During the inspection we carried out observations of people who used the service, we found they were confident to approach staff and did not display any distress reactions when staff approached them.

We looked at the building and found there were maintenance records in place. One relative told us, "There has been a light out in mum's bathroom for over a week." We found the alarm call boxes outside of people's bedrooms did not always have plastic coverings. The registered manager asked the maintenance person to provide covers and during the inspection brought in a specialist to determine if people were at risk. The specialist advised people were not at risk if they put their fingers in the gaps. We looked in the shower rooms and found two shower rails held up by insulating tape, these were insecure. Repairs were again carried out by the maintenance person. Also on this floor a small kitchen containing a kettle, hot water and a fuse box was not locked and the lock appeared to be broken; the door was signed 'Danger Electric Shock' and also signed as a 'Fire Door.' In the toilets and bathrooms we saw the alarm cords had been tied back or tucked behind radiators which made inaccessible to people. We pointed this out to the registered manager and the necessary adjustments were made.

We looked at the fire exits from the building and found moss had grown through the fire escape flooring making the safe route out of the building potentially a slip hazard for people. Under one fire escape wood was being stored. We tracked the fire escape route to the assembly point and found the route was not paved. Instead we found a muddy uneven pathway with overgrown vegetation in places across the path. This meant the fire escape route from the building placed people at risk. We brought this to the attention of the registered manager and the area manager who began to put in place arrangements to rectify the situation. Since the inspection the registered manager has confirmed with us the work is going ahead to improve the pathway to the assembly point.

We looked at the cleanliness of the home and found there were some areas which required attention for example bathroom floors and bedrails. We showed the dirty bed rails to the regional manager who suggested the black marks on the bed rails stemmed from the bed head and foot joins. We pointed out in one person's toilet the enamel had worn away and the toilet was stained brown.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the service was in breach of regulation 18 and one nurse was required to administer medicines to 39 people. Since the last inspection the registered manager explained to us they had restructured the staff team, and introduced more senior carers and Care Home Assistant Practitioners (CHAPs) into the structure of the staffing to assist with medicines. This meant people were getting their medicines promptly.

We talked to relatives about the staffing levels. One relative said, "Can be a bit like the Marie Celeste when it's busy around here." Other relatives said, "There seems to be a lack of staff on some days" and "Never notice a lack of staff, but I do find they're very responsive." Each person had a dependency tool which described the level of support each person needed. We found one person's dependency tool to have been inaccurately calculated, however the inaccuracy related to them being attributed with higher dependency needs than had been assessed. The registered manager had in place a tool called the Care Home Equation for Safe Staffing CHESS which brought everyone's dependency levels together and then gave the manager the number of staff hours required. The manager showed us they were providing above the required hours. We carried out observations of people's meal experiences. We found there were 12 people in one unit who were supported by two members of staff and a staff nurse. Seven people were present in the dining room and five people remained in their rooms. Two of the people required 1:1 assistance to eat and drink because of their complex needs. This left a number of other people, who also required some level of assistance, waiting lengthy periods for support during the meal. However we did not observe anyone being put at risk due to low staffing levels.

We therefore recommend the registered provider reviews the staffing levels for the home.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. 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 also helps prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Risk assessments were in place for people who used the service and described the identified hazard, the level of risk, current control measures in place and recommendations for further action to reduce the risk. Risk assessments included mobility and risk of falls, pressure damage and diet and nutrition. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

The registered provider also had in place a whistle-blowing policy. Whistle blowing is where staff tell someone about their worries. The registered manager told us there were no current investigations into concerns raised by staff.

We saw a copy of the registered provider's safeguarding people from abuse policy, which was in place to ensure people were protected from all forms of abuse. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibility with regard to safeguarding and staff received training in the protection of vulnerable adults. One relative told us of a safeguarding incident which staff had reported and which involved another member of staff. They told us it was dealt with quickly and efficiently and they were happy with the outcome. This meant the registered manager had taken appropriate actions when a member of staff raised concerns. We found the registered provider understood safeguarding procedures and had followed them.

We looked at the management of medicines in the home. People's medicines were stored in locked

cupboards and locked trolleys. Medicines requiring cold storage were stored in a locked refrigerator. Trolley and refrigerator temperatures were recorded and within appropriate levels. Medicines were recorded on a medication administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. We found the MARs we saw were complete and up to date.

We observed medicines being administered to a person in the dining room. The staff member was wearing a red tabard which indicated they were not to be disturbed whilst giving people their medicines. The staff member displayed patience and kindness as people took their medicines. We found staff were trained in medicines management and competency checks had been carried out to ensure they were safe to give people their medicines.

The registered provider also had in place a staff disciplinary policy which described how they could address any inappropriate behaviour to people in the home. The registered manager told us they had no on-going disciplinary investigations.

Accidents and incidents were recorded electronically for the registered manager to review. We found the staff had recorded these on the electronic system and they were immediately transferred to the registered manager to review. The registered manager then reviewed each incident and where necessary took action to reduce the likelihood of reoccurrence.

Throughout the inspection we saw a number of family members visit people in the home. One relative told us they were able to visit the service when they liked. We saw them being welcomed into the home and greeted by staff. Relatives were able to meet with their family members in their own room or in communal areas of their choice. This meant the home met the requirements of Article 8 of the Human Rights Act – the right to respect for private and family life.

Is the service effective?

Our findings

One relative told us, "I have seen lots of new staff members over the last three years, but they always seem to fit right in and follow the ethics of the place." We found staff new to the service underwent an induction period which gave them time to get to know the home and the people who used the service. We found further support to staff was arranged through training, supervision meetings with their line manager and appraisals. A supervision meeting takes place between a staff member and their line manager to discuss any concerns they may have, review progress and identify any training needs. This meant staff were given appropriate support.

The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of new care workers. We found new care workers were required by the registered provider to complete the certificate. The registered manager had in place a training matrix which demonstrated which staff had received training and when training required updating. The registered manager was able to keep a track of staff training and if it was up to date. Since the last inspection staff had undergone training in the registered provider's Dementia Framework. The home had received the registered provider's internal accreditation for good practice in caring for people with dementia type conditions. One professional told us the staff understanding of dementia, "Had improved."

One relative told us, "I have seen a lot of challenging behaviour from some residents, but I'm always surprised by the skill and humour the staff handle the situation with." This demonstrated staff had the skills levels to support people whose behaviour challenged the service.

We looked at the communication systems in the home and found the service had in place diaries for people's appointments and handover records between shifts. We spoke with one professional who told us, "Communication has improved."

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 so that they can 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). We checked to see if the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff had been trained in the Mental Capacity Act and people had in place capacity assessments. The registered manager demonstrated they had a good understanding of DoLS and had made applications to the required authority to deprive people of their liberty

We saw the interior of the building was accessible with wide corridors and hand rails. The registered

manager had recently won the registered provider's annual award for being the Dementia Champion of the year. We saw they had made adaptations to one corridor of the home where people had their own brightly coloured doors to assist orientation to their rooms. Doors which led to cupboards and been made to look as if they were parts of the corridor wall. This prevented people living with dementia trying to access doors. Instead their eyes were drawn along the corridor. At the end of one corridor an indoor garden had been developed as point of interest. We saw this had been included in the fire risk assessment and a fire extinguisher had been provided in the area.

We talked to people about the food. One relative said, "The food is excellent here", and "It is always nice and plenty of it." We observed people eating their meals. We saw the food looked appetising and the meals were well balanced. People had a choice, but if they did not want to eat what was on the daily menu they were given alternative choices. Staff were able to tell us which people were diagnosed with conditions where a specialist diet was required for example diabetes. Staff also knew which people were at risk of weight loss and demonstrated referrals had been made to dieticians for advice. Where people had been prescribed food supplements these were appropriately recorded. We saw, when required people had in place food and fluid charts to monitor their intake and ensure they were receiving appropriate amounts of hydration and nutrition.

We saw in people's ensuite bathrooms charts for staff to complete regarding a mouth freshener. The regional manager explained to us that some people who used the service due to their dementia type conditions experienced difficulty in brushing their teeth. The home had participated in a project to improve people's welfare, and where people experienced difficulties they had a deodorising mouth freshener made available to them.

We spoke with relatives about staff meeting people's health needs. One relative said, "We are regularly informed about changes in medication or treatment" and "Staff listen and act upon it and respond straight away." We also spoke to visiting professionals about people's health care needs. We saw where people had additional health needs the service made referrals to the GP or local community nursing team. One professional told us staff worked alongside them to carry out, for example, the required observations of people's behaviour to measure people's period of anxiety.

We saw in people's records there was evidence that other health professionals had been contacted appropriately including dieticians, challenging behaviour team, Speech and Language Therapy team (SALT) and tissue viability nurses. This meant the home was working with other professionals to address people's health needs.

Is the service caring?

Our findings

Relatives we spoke with during the inspection were complimentary about staff members' approach to people living in the home. One relative said, "The relationship with dad and the staff is spot on, in fact, excellent." Another relative said, "We don't think we could get better staff anywhere." Other comments included, "My family and I are very happy to have mum here and would be very reluctant to move her", "The staff here are more responsive, caring and pleasant," "This place is first class", "I think it's outstanding, the staff are tremendous," and, "The staff have helped my [relative] so much."

We saw people's appearances demonstrated they were being cared for. They were dressed in clean and tidy clothes which were coordinated and were of an appropriate size. We saw people were wearing their jewellery. One person said, "My [relative] is always dressed properly, clothes coordinated."

We found relatives were involved in the service. They had been invited and contributed to people's care records to ensure they were accurate. One relative told us about a special birthday celebration arranged by the home in which they were involved.

Relatives had acted as natural advocates for their family members to tell the service about their needs and preferences. One person told us they had requested a safety rail for their family member's bed and this had been sourced by the service. This meant the service had listened to relatives. The registered manager was able to demonstrate to us a good understanding of advocacy.

Information on the registered provider and the home was displayed in the entrance way to the home and were accessible to visitors. During our inspection staff provided people with information about what was happening next. For example staff invited people to the table to have their morning drinks and offered them the opportunity to wash their hands. Staff talked to people what was for meals and their plans were for the afternoon. They reminded people about their relatives visiting. We observed staff supporting a person to transfer using a hoist; they gave the person an explanation of what was happening and provided reassurance. Staff told us about the kind of things people liked to talk about and we observed conversations taking place on these topics with kindness and humour. This meant staff engaged people in conversations which were relevant to them.

We saw in people's care plans guidance was given to staff to tell them how to promote people's independence for example how a person could help dress or wash themselves. We saw staff guided people to the dining table or seating in the lounges and promoted their independent mobility.

People who used the service had been asked what they would like to do to celebrate the service achieving the Dementia Framework Accreditation. The registered manager told us one person had asked for the celebration to be "Posh". We saw the decision had been made by people using the service and the staff to have a ballroom evening. Photographs of the event showed us staff had got dressed up in ball gowns, people were dressed in party outfits and there was dancing. Party food had been prepared by the catering staff.

One person who was new to the service was displaying signs of being disorientated. Staff spoke to us and understood the adjustments the person had to make in moving into the home. They engaged the person in conversation and used distraction techniques to ease their distress. One professional told us a senior clinician had recently visited the home to carry out training with the staff. They had commented the staff were very relaxed when people with dementia type conditions entered the training room during the session and had allowed people to move around without trying to divert them out of the room. One professional told us they found the staff to be, "Compassionate" and they had observed staff sitting with people to encourage them to take a drink. This meant the staff were able to demonstrate how they were able to promote a people's well-being.

We observed staff spoke in gentle and kind tones towards people. People responded with smiles and were relaxed in the company of staff. One relative said, "We have found the staff to be kind and empathic."

One relative told us, "My [relative's] dignity and privacy are always respected." During our inspection we saw people's dignity and privacy were respected. We observed the registered manager support a person to ensure their dignity was protected. We found personal care took place behind closed doors to respect people's privacy.

Staff were able to describe to us people's needs and they understood their likes and dislikes. One relative said, "Staff are aware of my [relative's] needs and preferences. I find that they treat my [relative] well, friendly, without being over familiar." Another relative told us, "The staff understand my relative's condition, which is challenging."

We found staff understood people's right to confidentiality and observed them writing in people's daily notes before removing them from view. This meant people's daily records were kept confidential by staff.

Although the registered manager told us there was no one receiving end of life care at the time of our inspection they showed us a large room with an ensuite bathroom and explained they wanted to change the room into a large bedroom where relatives could stay with their family members as they neared the end of their life. One professional told us the home provided good end of life care.

Is the service responsive?

Our findings

During the inspection we looked at four people's care planning documents. We saw before people were admitted to the home their needs had been assessed to determine if the home was able to care for them and assist in their care planning when they started to live at Dene Grange. This meant guidance was given to staff on how to care for each individual person when people had made the transition into the service. Each person's care record included important information about the person, including their next of kin and GP contact details, religion, ethnicity and details of their life before they moved into Dene Grange. We saw that this had been written in consultation with the person who used the service and their family members.

We found people's care documents to be person-centred. This meant they focussed on the person's individual needs and people had individual care plans in place pertinent to their needs. These included care plans for their medicines, falls and mobility, nutrition needs, continence and skin integrity. We saw if there was a risk identified in the person's plan; the plan was accompanied by a risk assessment. This meant the service had responded to people's needs and provided additional guidance to staff when required. The care plans included the aims and goals of the plan, the person's individual needs and actions to be taken. Specific guidance was given to staff if people had additional medical needs such as a catheter and the registered manager had ensured staff were trained by a local nurse to follow the guidance. Similarly if people were at risk of choking guidance by the Speech and Language Therapy team (SALT) had been incorporated into people's care plans. Information had been passed to catering staff if people required specific diets to avoid choking.

We saw staff recorded daily progress notes such as updates on people's personal care, meals, sleep and activities. These were regularly updated during our inspection.

People's care plans were reviewed on a monthly basis. This ensured they were up to date and accurate.

The registered provider had carried out a survey of relatives which included a question on activities. Relatives who had responded about the activities for their family members had commented that they either won't take part or had indicated with improved weather people might get out and about. One relative told us, "We have no information about activities as mum is unable to participate anyway." The National Institute for Health and Care Excellence recommend cognitive stimulation is provided for people with dementia type conditions. We saw the home had in place an activities coordinator and discussed with relatives the activities in which they had seen people involved. They talked to us about outside visitors such as the local clergy visiting to hold communion with people and the other arrangements which had been put in place for entertainers. They also spoke about people having hand massages or staff sitting with people being supported with one to one attention as staff stroked their hands or having their hair done. Our inspection took place just before Christmas and we found staff had put on Christmas music. Staff sang along with the music and encouraged people to join in. This meant people were prevented from being socially isolated.

We spoke with relatives about the complaints procedure. One relative told us they did not know about the

complaints procedure whilst another said, "I'm fully aware of the complaints procedure." Another relative told us, "I've been given a booklet concerning complaints procedures." The registered manager told us since the last inspection there had been one formal complaint. We saw the registered manager had investigated the complaint and responded appropriately. The registered manager told us they preferred to work with people and their relatives to discuss their concerns before issues became a complaint. One relative commented, "Staff are responsive to requests." We saw the home had displayed in the entrance way information on how to make a complaint. This meant the registered provider was open to receiving complaints about the service.

Choice was a key theme in the home. People were involved in making everyday choices about what they wore, what they ate and what they wanted to do. We observed staff giving people choices or making suggestions about what they wanted to do. This meant people were given options in the home to be self-managing.

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications.

One relative said, "The [registered] manager has always been very helpful, her and the admin staff are great, they keep us informed if mum needs anything, you know, clothes, toiletries, they will even give me a list." Staff told us they felt supported by the registered manager.

The service had a positive culture that was person centred, open and inclusive. Throughout the inspection we observed the registered manager engaged in frequent conversations with visiting relatives. They knew the relatives and asked them questions about how they thought their family members were doing in the home. The questions were open and the registered manager listened to their responses before they noted if any actions had to be taken.

Staff were regularly consulted and kept up to date with information about the home and the registered provider. We saw staff meetings took place regularly. In the staff survey we saw that out of 625 staff survey responses from 21 January 2016 to 21 December 2016 97.76% of those responses indicated staff either strongly agreed or agree with the statement, "I trust my manager to do the best for me and the home." Similarly in the same period with the same number of responses 95.84% of staff strongly agreed or agreed with the statement, "I would recommend my home to a colleague or a friend." This meant staff felt positive about the home and its management.

The registered provider had an electronic system in place for monitoring the quality of the service. We saw there was an electronic feedback point at the front entrance for visitors to the home to record their experiences of the home. Using the electronic monitoring different people who used the service were consulted every day about their experiences living in the home.

The registered manager explained to us how they have implemented a routine which means they adhere to the requirements of the registered provider to measure quality in the service. For example they carried out a staff survey on Mondays, on Tuesdays they spoke to people who used the service and on the first Monday of every month they carried out an analysis of any falls which had occurred in the home. The registered manager told us they carried out three walk rounds each day and as required by the registered provider recorded one of them on the electronic system. The daily walk around system guided the registered manager to find and fix issues.

In addition to the electronic quality monitoring we saw the registered manager carried out a monthly quality audit on people's dining experiences. The fire risks had been audited and actions had been required when the fire risk assessment had been reviewed. This included the use of appropriate signage and self-closing doors. We saw these issues had been resolved. The maintenance person had been requested to try and keep the paths clear from the fire exit to the assembly point. However we found this was insufficient to ensure a

safe egress away from a potential fire for people who used the service. Following the inspection we received an email confirming when works would start to put in place an appropriate pathway.

Checks on bed rails were carried out monthly and there was in place a monthly safety tour, which was intended to identify safety issues across the site. Neither of these checks had found the deficits we found during the inspection and which we drew to the attention of the registered manager and the regional manager. When we pointed out to the registered manager and the regional manager the areas of the building where we had concerns they commented that a fresh pair of eyes had seen new issues and made immediate efforts to carry out repairs. This meant, whilst regular checks and audits were in place to provide managerial oversight of any developing maintenance and safety issues, these checks had not always proved effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service.

We saw records held in the service were confidentially stored in either locked cabinets or could be accessed via computer systems using a password. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records. Records were accessible and were easily retrieved during the inspection.

There was clear partnership working in place. Professionals we spoke to before and during the inspection spoke about how the staff cooperate with them, seek advice on people's care needs and follow their instructions when required. We found GP's, community nurses, chiropodists and opticians frequently visited the home. Community links were also in place with visits by local clergy from different religious denominations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment had not been cleaned or maintained
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.