

Objectquest Limited

Bethany House Care Home

Inspection report

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Tel: 01325300950

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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 comprehensive inspection took place on 16 January 2019 and was unannounced. We last inspected Bethany House Care Home in March 2018. We found the provider had breached the regulations related to safe care and treatment and good governance. We rated the home as requires improvement.

At this inspection we found the provider continued to breach the regulations related to safe care and treatment and good governance. This is the second time we have rated the service as required improvement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, caring, responsive and well-led, to at least good.

We found evidence that some improvements had been made to the service to protect people from harm. However, there remained areas of concern which required improvement to ensure people's continued health, safety and well-being.

Bethany House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides nursing and personal care for older people and people living with dementia or a physical disability. The home is a detached 31 bed purpose built care home. It is set out over two floors. At the time of our inspection there were 30 people using the service.

We observed that people could enter or leave the building through unlocked doors without staff being aware. This posed a risk of harm to all people living at the service.

We found doors to sluice rooms, the cleaners cupboard and laundry were left open and accessible to anyone living at the service. This meant people were not protected from the potential hazards and risks associated with equipment and chemicals stored in these rooms.

Where people required the use of bed rails to prevent them from falling out of bed, we found safe practices were not always being followed to protect people from harm.

The provider had an infection control policy in place to help protect people from the risk of infection. However, we found this was not always being practiced which meant that people were not being protected from the potential spread of infections.

We found new systems were being introduced to continually improve the service through quality

monitoring. However, we found the current governance systems had failed to identify the concerns found during this inspection.

Medicines management had improved following our last inspection.

People said they were well cared for and told us the staff were kind, considerate and caring. Care records provided staff with a summary of people's needs and preferences. People told us they had been involved in developing their care plans.

Staff had a good understanding of both safeguarding and the provider's whistle blowing procedure. They told us they wouldn't hesitate to use the procedure to keep people safe.

Staffing levels had improved and were sufficient to meet people's needs. People told us staff were reliable and responded to their needs well.

There were robust recruitment procedures to ensure new staff were suitable to work at the service.

Incidents and accidents were logged, with details recorded of the action taken to keep people safe. These were monitored to identify any patterns and trends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

Care plan audits were being undertaken regularly to ensure any change of need or issues could be addressed quickly.

Staff were well supported and received the training they needed, including a suitable induction for new staff. Records confirmed supervisions, appraisals and training was up to date.

People were supported to meet their nutritional needs as required. Where necessary, staff supported people to attend healthcare appointments.

The service displayed details of advocacy services and the provider's complaint procedure.

People had access to activities to help avoid social isolation. This included events in the local community and the service.

People had the opportunity to discuss their end of life care wishes. Where people had specific requests, these were included in their care plans.

The provider consulted and engaged with people and staff to gather their views about the service.

The provider was submitting statutory notifications for significant events as required.

The provider was working in collaboration with external partners.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The risk of harm to people was not always minimised. Doors to areas of concern were left open, the use of bed rails did not always ensure safe practice and, infection prevention and control procedures were not always followed.

The provider had made improvements to their systems for the safe management of medicines.

Staff knew about safeguarding and the providers whistle blowing procedure, including how to report concerns.

There were enough staff employed to meet people's needs. The providers recruitment process was robust and helped to ensure suitable people were employed.

Is the service effective?

Good 

The service was effective.

The principles of the Mental Capacity Act (2005) were followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's care needs were assessed and their preferences recorded about how they wished to receive their care.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

Staff were supported through regular training, supervisions and appraisals.

Is the service caring?

Good 

The service was caring.

People and relatives gave positive feedback about the care provided.

People were treated with kindness and respect by staff who understood the values of respecting people's right to privacy, dignity and confidentiality.

People received regular care and support from consistent staff who knew them well, ensuring continuity of their care.

People were supported to maintain relationships with their family, friends and the wider community.

Is the service responsive?

Good ●

The service was responsive.

People received care which was responsive to their individual needs.

The service welcomed feedback from people about their experiences and used this information to shape the service development.

People would be supported at the end of their lives to ensure their preferences were followed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had introduced new quality monitoring systems within the service. However, these had not identified the concerns found during this inspection.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

People described the registered manager as supportive and approachable.

The provider worked closely with external partners in relation to how the care was provided.

Bethany House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

The inspection took place on 16 January 2019 and was unannounced.

The inspection was carried out by one adult social care inspector, one specialist advisor (Nurse) and, one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent to us. A notification is a record about important events which the service is required to send to us by law.

We used the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give us some key information about this service, what the service does well and improvements they plan to make.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We contacted a range of professionals involved with the people who used the service, including commissioners, the local authority safeguarding team, clinical commissioning groups (CCG), the fire brigade and Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During the inspection we spoke with nine people who used the service and four relatives. We also spoke with the provider, registered manager, the deputy manager, two registered nurses, four care staff, one activity coordinator, one laundry assistant and the cook.

We looked at care records for eight people, four staff recruitment files, medication administration records (MAR) for 30 people and other records relating to the quality and running of the service.

Is the service safe?

Our findings

When we last inspected Bethany House, we found the provider had breached the regulations related to safe care and treatment and good governance. This was because people's safety had not been protected, suitable staffing levels were not in place, medicines were not being managed safely and the providers quality monitoring systems had failed to identify these areas.

The provider told us they would act to meet the requirements of the regulations. This included the fitting of window restrictors to prevent them opening wider than 100mm, thermostatic valves systems being installed to all sinks, baths and showers to control temperatures to below 43 degrees Celsius to prevent scalding, implementing fire safety systems, improved medicines management and where required, refer people to specialist health teams such as speech and language therapists (SALT) in a timely manner.

At this inspection we found evidence the provider had made the improvements required from the last inspection. However, we found further areas of concern relating to people's health, safety and wellbeing.

Access to Bethany House Care Home is through an unlocked front door leading into a busy reception area. People can also access the building through a side entrance leading from the adjacent sheltered accommodation building. People are asked to sign in and out at the front entrance. We saw it was possible for either people who may be living with dementia to leave the service or for members of the public to enter the building without being noticed by staff. CCTV cameras monitored the front entrance and was viewed from the registered manager's office. However, at times throughout our inspection we saw there was no-one within this office and therefore it was possible that people could enter or leave the building unnoticed.

We saw some people were being nursed in bed using bed rails without the required protective covers (bumpers) to prevent entrapment. The providers quality monitoring audits had failed to identify this. We discussed this with the registered manager and provider who immediately acted and ordered additional covers for beds where they were not in place. We were provided with documentary evidence of these being ordered following our inspection.

During our inspection we found the door to the sluice was left open. Within these rooms disinfectant chemicals and electrical sluice equipment was stored which was accessible to any person entering the room, including people who used the service who may be living with dementia. This meant people were at risk of harm.

We observed the fire door into the laundry was also left open. Within this room there was industrial laundry equipment, cleaning chemicals and soiled linen. If equipment was used inappropriately by people who lived at the service it could have the potential to cause a fire and spread throughout the building. If people handled soiled laundry it placed them (and others) at an increased risk of spreading infection.

The cleaner's cupboard (which stored all the hazardous cleaning chemicals) was also unlocked. This door had a clear sign on it which stated it must be kept closed at all times. We raised this with the registered

manager who told us this was due to the cleaners working in the area and accessing the cupboard frequently. However, we checked this door throughout the inspection and it remained unlocked after the cleaners had finished their duty.

The provider had an infection control policy in place to protect people from the risk of infection and control the spread of any infection. Staff had attended training on infection prevention and control and we observed they used personal protective equipment such as gloves and aprons appropriately. The service was clean and tidy throughout with no evidence of malodour. However, whilst walking around the building we observed uncovered, linen trolleys positioned in corridors directly next to hydration stations where people (including visitors and staff) had readily available access to cold water. This increased the risk of cross infection and potential harm to people. This was immediately moved by the registered manager and staff instructed not to place there again. This had not been identified by the providers current quality monitoring systems. We were informed by the registered manager this would be added to their quality monitoring systems going forwards.

We observed a stand-aid hoist and sling being used both within the bathroom and dining room. This again had the potential for increasing the spread of infection to people who lived at the service. The registered manager immediately commenced a review on the safe use of lifting equipment and slings.

We raised these concerns with the provider and registered manager who took immediate action to have locks fitted to sluice doors and instruct all staff to keep doors to the cleaner's cupboard and laundry locked at all times. We were provided with evidence following our inspection to show locks had been fitted and all staff had been reminded of their responsibility to close and secure doors locked.

This was a further breach of Regulations 12 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment and good governance.

People told us they felt safe at the service. Comments included, "I feel very safe, if I need anything [staff] always help me, they are so kind and caring" and "I feel completely safe here, there are always two staff to help me with my mobility."

Relatives told us, "I feel the home is very safe, the atmosphere feels safe, I have no worries that [person's name] isn't anything but safe" and, "Staff are very aware of [person's name] needs and they check on them all the time both day and night."

Staff could identify the types of abuse and knew how to respond. They told us, "Abuse covers lots of things, it can be ill treatment, not being nice or harsh tone of voice", "Basically it can be anything that doesn't make me happy or I feel is not right I would report" and "Signs of abuse can be a change of someone's behaviour, reluctance to be washed or no interaction and wanting to be alone."

The provider had systems in place to help safeguard people from abuse including safeguarding policies and procedures. Staff had a good knowledge of safeguarding and the whistle blowing procedure. They confirmed they would not hesitate to raise concerns if they had any.

Following our last inspection, the provider had acted to improve their policies and procedures for the safe management of people's medicines, including 'as required medicines' (PRN). We looked at medicines records for 30 people. Each person had a preadmission assessment, a service user profile, medicines allergies and a summary of their needs. We saw that the service was in the process of reviewing and implementing person specific PRN protocols.

Staff who administered medicines had received training and annual competency testing so they understood how to safely administer medicines. Nursing staff now undertook monthly 'virtual medicines rounds' to assess their competency and these were overseen by the registered manager. We identified minor discrepancies in record keeping but these were addressed during the inspection. The provider and registered manager told us that medicines auditing had been enhanced following our last inspection and where discrepancies were found, immediate action was taken to rectify these and lessons learnt. Staff also kept a record of storage temperatures to ensure medicines were stored safely.

At the time of inspection no-one received their medicines covertly (the intentional disguising of medicines in food or drink to aid administration). The registered manager showed us the documentation in place used to evidence best interest decisions when people required their medicines administering covertly.

We found controlled drugs (medicines which require extra checks and special storage arrangements because of their potential for misuse) were being managed, recorded and stored securely.

The provider had assessed the risks to people's safety and well-being. These assessments included nutritional risks, risk of pressure sores, falls, choking and moving and handling. Risk management plans provided guidance for staff about how to minimise the risks of harm to help keep people safe. Staff reviewed the risk assessments monthly or as needed.

People received support from a reliable and consistent staff team. People told us, "If I need staff I just press my buzzer and someone is there" and "I have a mobile phone and if I want staff I just ring down for them or press my buzzer." Following our last inspection staffing levels had increased with the appointment of additional care staff, activity co-ordinators and cleaners.

The provider had effective procedures for recruiting new staff safely. This included carrying out pre-employment checks such as receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people. We found evidence of the nursing staff registration with their professional body and heard that the provider supported them to remain validated as registered nurses.

Accidents and incidents were logged and investigated with action taken to keep people safe. A quarterly accident and incidents audited was completed to check robust action had been taken to keep people safe.

Is the service effective?

Our findings

Staff were knowledgeable and suitably skilled to carry out their roles effectively. One person told us, "Yes, staff are well trained, if they are unsure of something they will go and get the Senior."

Relatives told us, "Staff are well trained and learned pretty quick [person's name] needs on admission onwards" and "Staff are well trained but it sometimes feels like they don't always understand the complexity of [person's name] care."

People's needs were assessed before they started using the service and were continually evaluated to develop meaningful support plans. People and their relatives told us how they had been involved in their assessment. We saw assessments included people's medical history, personal care needs, goals and aims, mobility needs, likes and dislikes and, their life history.

People were supported to live healthier lives and maintain their mental and physical health needs. We saw evidence of multidisciplinary care and working partnerships within people's care plans. Community staff regularly visited the home and reviewed people's health and care needs and provided advice and guidance to staff on best practice.

People told us, "The nurse practitioner comes in every day and the doctor when needed" and "Staff have arranged appointments for me and book an ambulance to pick me up and bring me back."

We were provided with feedback from external professionals who told us how they were working closely with the service to support them making continued and sustained improvements to the service following the findings of the last inspection. All told us that the provider and registered manager were working in collaboration with them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us they had training in the MCA and DoLS and how they acted in a person's best interests when making decisions for a person who lacked capacity. We checked the service was working within the principles of the MCA and found they were. We saw applications to deprive people of their liberty had appropriately been made and DoLS records were up to date and reviewed.

We observed staff offering people choices and asking how they would like to receive support. Staff told us, "It's all about personal choices, I always promote their own choice. If a person hasn't got [mental] capacity I still ask and offer choice, there's always some way to communicate with people, it may just be a flicker of an eye."

We observed people's mealtime experience. The atmosphere was calm and relaxed. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. However, at times we observed people were waiting for support with their meals which meant that they were not always having their food hot and on time. We discussed this with the registered manager who told us they would undertake monitoring of mealtimes and review how staff are deployed during meal times.

We spoke with the cook who told us how they catered for people's individual dietary needs and preferences. They showed us records of each person's dietary requirement records including those who required their food thickening and the assessments which were in place from Speech and Language Therapy (SALT) teams. We observed how pureed meals were presented tastefully to promote dignity and encourage people's appetite. We saw choices of freshly cooked, healthy meals including fresh vegetables and fruit.

Staff had completed training that the provider considered mandatory. This included safeguarding adults, infection control, equality and diversity, first aid and the MCA. This helped to provide staff with the skills and knowledge required to deliver effective care. The provider's training data base indicated staff were up to date with training and there was a record of when training was next due.

Staff we spoke with were positive about both their induction and ongoing mandatory training. New staff members' training reflected the Care Certificate, which is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff also undertook training that was specific to the people they supported such as dementia training and end of life care.

Staff received regular supervisions and an annual appraisal from the management team. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervision valuable to their development. We saw annual appraisals were planned for staff.

The premises were adapted to meet people's needs. The reception, dining and lounge area had been decorated following our last inspection. Clear signage and contrasting colour hand rails in corridors supported people who may be living with a dementia type illness. We saw people had brought in their own personal belongings which made their bedrooms personal to themselves and helped support memories for those people living with a dementia type illness. The provider told us of further improvements were being planned which included developing the outside seating area to incorporate a sensory garden.

The provider employed their own maintenance worker who was present most days to continually maintain the service. However, we found some areas within the service that were looking tired and in need of repair, for example chipped door frames and skirting boards. The provider showed us their action plan for continually updating and developing the service to meet the needs of those people who lived at the service.

Is the service caring?

Our findings

The service treated people with compassion, kindness, dignity and respect. Without exception, all people we spoke with told us staff provided a caring service. Comments included, "The staff are very caring, they will do anything for you", "Staff are very friendly, they have a chat with you...they are like family" and "When I felt down they talked to me to get it out of me, then we had a laugh."

Relatives told us, "[Person's name] is very well cared for here, I can go home and rest assured of that", "If [person's name] is upset they will sit with them and hold their hand, they don't like to see [person's name] upset", "Staff are always popping in and out to make sure [relative] has everything" and "Staff all know [person's name], they are a lovely team and very friendly."

Staff had received training on equality, diversity and human rights. Staff told us how they embedded this training into their practice and told us, "Dignity is respected. I would hate something done to me and I wasn't kept covered over", "I always keep doors shut, make sure people have the buzzer with them" and, "I would hate it if one of my relatives wasn't treated with respect, so I treat everyone how I would want my loved ones treated."

We observed how staff patiently talked to people, treating them with kindness, dignity and respect. We saw staff provided support to people which was individual to their needs. It was evident that relationships between staff and people who lived at the service had been positively developed.

One person told us, "Staff always keep me covered when I'm having a bed bath. They always knock on the door, keep it shut and close the curtains."

Staff supported people to maintain contact with their families and friends. Staff understood who was important to each person, their life history and background. Throughout our inspection we saw relatives coming and going all day. We saw how staff warmly welcomed relatives and included them in activities, meals and drinks being offered.

We observed one relative visiting whose family member had recently passed away. We saw how welcome staff made this person and spent time talking to them during what was a difficult time in their life. The registered manager and provider both told us how they welcomed this person visiting and felt although their family member was no longer at Bethany House Care Home their role to support the relative was of equal importance.

At the time of inspection nobody was using the services of an advocate. An advocate is someone who represents and acts on a person's behalf and helps them to make decisions. The registered manager knew how to get this support for people should they require it and we saw there were leaflets and information about local services available should people need it.

Is the service responsive?

Our findings

The service was person-centred. Person-centred means the person was at the centre of any care or support plans. Throughout our inspection we observed how staff focused on promoting people's individual needs. People were supported by a staff team who supported them to have a voice and be involved in making decisions about their care.

Following an assessment, plans of care and support were developed to record how to provide the care the person required. Care plans covered areas such as personal care, communication, dietary needs, risk of falls, undernutrition and risk of skin damage. Care plans indicated that where possible people should always be encouraged and supported to do as much for themselves as possible.

We found clear evidence in care records of how they reflected people's current needs. We also saw evidence that care plans had been reviewed and updated when people's risk of falls or undernutrition had increased.

Care plans provided staff with clear guidance on the best way to support people and reflected people's unique identity. Staff told us they had enough information to help them to care for people well. We saw where they could be, people had been involved in agreeing their plans of care. One person told us, "I get a copy of my care plan, it's reviewed every year and I have a health plan with Durham health care."

The provider made opportunities available for people to participate in a wide range of activities to help alleviate social isolation. The provider employed three activities co-ordinators to ensure there was always activities happening within the service and the wider community. We observed how this role made positive impact on people who lived at the service. Activities on the day of our inspection included word games, music and sing-a-longs, reminiscing sessions and arts and crafts. We heard how a local children's playgroup visited the service each week and the positive impact this had on people's mental well-being.

People told us how different local churches attended the service regularly, held services and holy communion for those people who wished to attend. Comments included, "The church comes in and I join in when I want to" and "The Priest calls regularly with communion for me."

People were involved in decisions about their care. Staff told us they followed people's wishes and always offered them choice. One relative told us, "I`m involved in [person's name] care planning and get regular updates every time I visit."

Staff told us they had time to talk and build relationships with people, one member of staff said, "I don't feel like I'm rushed and I personally feel we have enough staff to allow us time to spend with people. Maybe on the odd occasion if something happens you think an extra pair of hands would help but you can't always plan for the unexpected." Throughout our inspection we observed staff having quality time to talk with people and engage them in different activities.

At the time of inspection there was no-one in receipt of end of life care however we saw that when required

people's care plans included their end of life wishes and choices. We heard that staff were clearly passionate about providing the best, most compassionate and respectful end of life care to people. The service was responsive to people's needs and wishes so they could have a dignified death and we were told how they would work with partner agencies to ensure people's final wishes were supported.

Where appropriate we found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in place. These were clear, with agreed instructions for when a person's heart or breathing stops as expected due to their medical condition, that no attempt will be made to resuscitate them. These were up to date and reviewed. They were recorded in care records so that people's final wishes were observed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

The provider had an agreed process for dealing with complaints. People we spoke with gave us positive feedback about their care, they also knew how to raise concerns if required. They all told us that if they were unhappy with anything they would speak to the registered manager. Since our last inspection there had been one complaint received which we saw the provider had responded to appropriately.

Is the service well-led?

Our findings

When we last inspected Bethany House Care Home, we found the provider had breached the regulation relating to good governance. This was because the provider did not operate effective systems for monitoring and assessing the quality of their service. For example, audits had not been effective in identifying the issues we had found during our inspection. Information gained from other sources and quality audits was not used to drive improvement.

The provider told us they would act to meet the requirements of the regulations. This included introducing more robust monitoring systems to check the quality of the service including monthly audits and seeking feedback from people, relatives and staff.

We found some improvements had been made. The provider had recently approved funding for a designated person to undertake the role of quality monitoring throughout the service.

Further areas of improvement included, medication management systems and auditing, improved nutritional screening and assessments with monthly audits to identify if people were losing weight so that timely referrals could be made for support; care plan audits undertaken regularly with any outcomes documented for required actions; staff, people and relatives feedback being regularly sought and, hot water assessments being carried out to monitor temperatures.

The registered manager told us that following the last inspection the provider undertakes weekly visits to the service, formally speaks to people living at the service, relatives and staff. They also discuss any areas of improvement required with the registered manager and actions required. However, these visits had not identified the concerns we found during this inspection.

Whilst we acknowledge steps were being taken to improve the quality monitoring of the service, there remained areas of concern found during this inspection that impacted upon people's health and safety which current monitoring systems had failed to identify. Therefore, the governance systems of the service remain requiring improvement whilst new systems are being embedded into practice and sustained improvements can be achieved.

This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

People we spoke with knew who the registered manager was and spoke positively about them. People told us, "They [registered manager] is very approachable, they will sit and have a chat with us", "I think it is really well managed, the manager speaks to me if I have any concerns then gives me a follow up", "It's friendly, caring and a fun home, we have lots of laughs" and, "This is luxury compared to the previous home I was in, its high up on my list."

Staff spoke positively about the management team and told us how proud they were to work at the service.

Staff told us, "I love it, I get real satisfaction from my job. I get a handover each morning and I know exactly what I'm doing each day."

The registered manager told us of their open-door policy where staff were made to feel welcomed, supported and listened to if they had any concerns. One member of staff told us, "[Registered manager] is very supportive, I would never worry about going to speak with them."

The registered manager was supported by a deputy manager and nursing staff, each were available at the service during both the day and night. The service had a settled, well-established staff team, this meant people received continuity in their care and support. One relative told us, "It's always the same staff, most of them have been here a long time."

Care workers meetings were held regularly and we were told by staff they felt they could 'speak freely' at these meetings and share their suggestions for service improvements.

People were supported to provide feedback on the quality of the service they received. We saw surveys of the people who used the service and their relatives had taken place during the previous year, any suggestions from surveys had been used by the registered manager to make improvements to the quality of the service.

We were told how meetings were held every month for people who lived at the service and their relatives also attended. These meetings discussed the future for the service, areas of improvement and social activities.

Following our last inspection, we saw evidence that the management team were working closely with the local authority commissioners and CCG to promote positive outcomes for people. We were provided with the last commissioner's quality improvement report which was positive with the areas of improvement made and detailed where further improvement was required with a plan of action and follow up reviews planned.

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

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>We observed that people could enter or leave the building through a number of unlocked doors without staff being aware. This posed a risk of harm to those people who may be living with dementia.</p> <p>Doors to sluice rooms, the cleaners cupboard and laundry were left open and accessible to anyone living at the service. This meant people were not protected from the potential hazards and risks associated with equipment and chemicals stored in these rooms.</p> <p>Where people required the use of bed rails to prevent them from falling out of bed, we found safe practices were not always being followed to protect people from harm.</p> <p>Infection control policy and procedures were not being practiced which meant that people were at risk from the potential spread of infections.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring systems failed to mitigate risks relating to the health, safety and welfare of people living at the service.</p>

