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Mansion House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**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 2 and 3 February 2017 and was unannounced.

Mansion House Residential Home provides accommodation with care for up to 37 older people. Care is provided over two floors. At the time of our inspection there were 30 people living at the service. Mansion House Residential Home also provides a personal care service within the community called Mansion Care.

A registered manager was in post at the service. 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.

Medicines were not given to people in a safe and appropriate way. Staff did not carry out effective medicine administration and were not clear about the service's policy and procedures. People had not been given their medicines as prescribed.

The service did not have in place a process for the safe recruitment of staff. Staff were being recruited without the necessary employment checks in place to ensure they were able to work with people in a social care setting.

The quality assurance audits were not sufficiently robust to ensure that people received a service which met their needs and protected their safety.

There were sufficient numbers of staff to care for people at Mansion House and in Mansion Care. The staff team had a range of skills, experience and knowledge to provide care and support to people.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service worked closely with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were treated with kindness, respect and dignity by staff who knew them well. People were able to raise concerns and give their views and opinions and these were listened to and acted upon.

Care plans and risk assessments provided information about people's needs and wishes so that staff could meet their needs.

The management team worked well together and were visible in the service. People were well cared for by staff who were supported. The views of people were taken into account to make improvements and develop the service.

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.

Staff were not being recruited safely in line with current requirements

People were not getting their medicines safely and as prescribed.

There was enough staff to meet people's needs and staff knew the correct procedures to follow if they thought someone was being abused.

The premises were clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff were trained and supported and had the skills and knowledge to meet people's needs.

People enjoyed the choice of food they were given and had their nutritional needs assessed and monitored.

People were supported to access health care professionals.

Is the service caring?

Good

The service was caring.

Staff treated people with respect, were attentive to their needs and respected people's need for privacy.

People were encouraged to express their views and be as independence as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and respected their preferences and wishes.

People and their families knew how to make a complaint if they needed to

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality assurance process was not sufficiently robust to ensure that the service was safe.

The management team were visible and together with the staff were approachable and helpful. The service had an open and friendly culture.

People's views were listened to and actions taken to improve the service.

Mansion House Residential Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection carried out by one inspector on 2/3 February 2017.

Before the inspection we reviewed the information we held about the service. We looked at information received from the service and agencies involved in people's care. We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the service.

We spoke with 12 people who used the service and six family members. We used observation to inform us about the interaction and communication between people who did not use language. We also spoke with the registered manager, the manager of Mansion Care, the training manager, the administrator, seven care staff, the cook and three visiting healthcare professionals.

A range of records including six care plans, seven recruitment files, complaints and incidents and medicine records were explored. We also looked at the provider's quality monitoring records including their quality assurance audits and improvement plans.

Requires Improvement

Is the service safe?

Our findings

People we spoke with felt safe and well looked after. One person said, "Oh yes, I am well looked after." A relative told us, "Everyone seems well cared for and my [relative] is very safe." A family member said, "I have no worries about leaving [person's name] when I go out and know they will be perfectly safe."

Despite people feeling safe living at Mansion House and using Mansion Care services, we found areas which needed improvement.

At Mansion House, medicines were not given to people in a safe and appropriate way. We observed a senior care staff administering medicines at teatime. We saw that medicines were not handled in a safe or hygienic way. For example, medicines for one person were handled without wearing gloves. When we discussed this with the staff member, they were unclear of what the best practice in this area should be.

Whilst looking at the Medicine Administration Records (MAR) sheets we saw that for one person they had not received their three medicines one evening the previous week as no signature had been added to the MAR sheet or any explanation given. We queried this with the senior staff member and later the registered manager and general manager as to the effect this may have had on the person and the action taken. The senior staff member told us they had reported it at handover that day and spoken to the staff member who confirmed that they had not given the person their medicines. No other action was taken or recorded to understand or investigate the effect the missed medicines had had on the person until requested by us.

We looked at the provider's medicines policy and there was no reference or guidance available as to what procedure should be taken in relation to mishandling medicines, hygiene practices, use of hand gel and what to do if medicines were not given appropriately. People were not receiving their medicines in a safe way.

This is a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

We did see however, that medicines were safely stored in a locked trolley and administered from the trolley. There were appropriate facilities to store medicines that required specific storage and temperatures were recorded to ensure that medicines were stored as required.

People were given their medicines in a dignified and gentle way and were helped to take them where necessary. Where a person required the medicines to be put on their tongue we saw that gloves were used appropriately. The correct procedure for the dispensing of medicines which needed two signatures was completed correctly and in line with the requirements. Staff working for Mansion Care told us about how they prompted and assisted people with their medicines in the community if needed but usually they or their family dealt with the collection and ordering and the taking of their medicines themselves.

Most of the records relating to medicines were completed accurately and stored securely. People's

individual MAR sheets had their photograph and name prominently displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving medicines which were not prescribed for them. Where medicines were prescribed on an as required basis, written instructions were in place for staff to follow. This meant that staff knew when as required medicines should be given and when they should not.

The provider did not have a recruitment processes in place which kept people safe. Of the recruitment files we saw in both services, we found, in all except one of them, that a full employment history had not been obtained from the person as per the legal requirements.

We noted in some of the files that there did not contain any professional references about previous experience, although in one file it had been recorded as to why this person did not have any professional references and this had been duly considered by the manager as to their employment with the service.

One staff member was on a two week induction in the residential home, and on the day of our inspection, was working alone with a group of people who used the service without satisfactory references or confirmation that they were not barred from working with people in a care setting. After discussion, the registered manager requested that the staff member only worked with other staff until this confirmation was received.

Other files we saw contained all the necessary requirements such as an application form, satisfactory references, identification including a photograph and Disclosure and Baring Service (DBS) checks. We were not assured that staff were recruited safely and all the necessary checks were in place.

This is a breach of Regulation 19 (2)(3)(a) Fit and Proper persons of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff had a good understanding of safeguarding and what they might do if they suspected or saw abuse had taken place. Updated training and posters on the office wall provided them with a reminder about their responsibilities and how to report unacceptable practice. They were encouraged to raise concerns at any time with their seniors or the managers. One staff member said, "I would make sure I told the manager if I thought someone wasn't being treated well." Another told us, "The managers would get onto any issues really quickly." Our records showed that safeguarding concerns were reported to the local authority and to us appropriately.

People and their relatives were involved in discussing the risks which may have an effect on their daily life. Risks to people's health and well-being were assessed and appropriate ways to manage those risks were recorded so that they could be managed safely. These included risk assessments for moving and positioning, mobility, falls, eating and drinking and those who were prone to pressure ulcers. For people in the community risk assessments included information about equipment used, moving around the environment, medicines and sensory needs such as a visual impairment.

Specific instructions about the care and support people needed about pressure ulcer care were provided by professional nursing input. Most of the risk assessments we saw contained all relevant and up to date details. However in one risk assessment, we noted that information about the person's pressure care needs was very confusing to read and we were unsure if staff would know the most up to date programme of care for this person. For example, a body map had bruises and skin tears noted and dated but the detail of action taken was in another part of the care plan.

Another example we noted was the recording of what appeared to be the most up to date information about their pressure care which said, that a skin tear had now healed. We were then surprised that later we saw this person having a dressing applied to their leg by the district nurses. The registered manager and general manager agreed that this information was unclear, inaccurately recorded and would address the issues as a matter of urgency to ensure this person received safe care. The provider confirmed that this had been done.

Staff had a good understanding of the risks that people faced and ways in which these were managed without reducing their freedom or choice. People could access all parts of the service and there was a lift available to the second floor. People were supported to walk with their frames and assisted to their rooms should they need the support of someone with them. This promoted their independence and assured them that they were safe from falling.

The provider kept up to date with the health, safety and maintenance of the building and the equipment within it in order that people lived in a safe environment. They had consulted relevant bodies to ensure they were up to date with current guidance such as the fire service about safety issues and had a food hygiene rating of five stars.

People had up to date fire risk assessments which included some information about evacuation procedures in an emergency. These were contained in their individual files. We discussed with the registered manager and general manager about staff and relevant people having access to this information should there be an emergency and needing it all within a few minutes. After discussion about the difficulty this may impose on staff in gathering 37 pieces of information, a quick reference of everyone's needs was completed and placed in the front of the service for easy access. Staff would be informed at handover and at the next staff meeting that this was now available.

Over the past year, the provider had made improvements to the appearance of the dining room, lounge and some people's bedrooms and people were pleased with the way they looked. "One person said, "It looks lovely and fresh. During our inspection, work was being undertaken to replace the flooring throughout the ground floor. The type of flooring chosen had made it easier than carpet for people to walk on and use their frames. One relative said, "The improvements to the home were welcomed and had made the home look nicer."

There were sufficient staff on duty to meet people's needs. People told us that staff were available should they need them. The rotas were well organised and holidays and sickness were covered by existing staff. Staff told us they were happy to cover for each other and welcomed the additional shifts which were offered as and when so agency staff were not used at the service.

We heard people using their call bells during the inspection and these were answered in a timely way. The manager of the Mansion Care told us that whilst they had sufficient staff to meet the needs of the people who used the community service, they could not expand as good care staff were hard to recruit despite advertising locally. Both staff teams had a good skill and experience mix to meet the needs of people who used the residential and community service.

Good

Is the service effective?

Our findings

People told us that the staff helped them to maintain their well-being and independence and they communicated well with them. One person said, "[Staff member] is lovely and I only have to ask and they are always very willing to help me." Another said, "When they come into my room, they always tell me what they will be doing so that I know."

People received care and support from staff who knew them well and were aware of their needs and individual personalities. Staff had a wide range of skills and knowledge to meet people's care and health needs and to talk and engage with them well. We saw that staff members used people's preferred names when talking with them and when referring to them in conversation with other staff. The use of familiar terms meant that people knew when they were being spoken to and were able to respond back in their own individual way.

The service had its own part time training manager who arranged and provided training to the staff in both services. The training was done face to face as well as using online training and covered the mandatory subjects staff needed in order to work with people who used social care services. We saw that most staff had received a range of training including moving and positioning, administration of medicines, safeguarding adults from abuse, food hygiene, infection control and health & safety and dementia care during 2016. We saw a range of certificates in their personal files to this effect.

There was a programme of training planned until the end of April 2017 which would ensure that all staff were up to date with the training required to care for people effectively. This was especially important for refreshing staff knowledge and practice of medicine administration and the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) as identified during the inspection.

The service took into account the learning needs of individual staff and recognised that not everyone learnt at the same rate or in the same way. The training manager therefore worked out of usual hours to fit around the working patterns of the staff, for example those working a night shift. The training manager had also put in place a process for staff to work through and complete the Care Certificate. The Care Certificate is a recognised set of minimum standards that social care and health workers should work within in their daily lives. The Certificate was completed during the induction process for new staff or for staff who did not have a recognised qualification in health and social care. Thirteen staff had already completed it with the plan that all staff would have access to the Certificate as part of their personal development.

The staff told us that they had very good training and support. One staff member told us, "Being able to do training at my pace was really good." Another said, "It was hard at first getting into it, but the trainer is really supportive." The structured induction programme had prepared them for their role, shadowing experienced staff and getting to know people's needs and ways of meeting them.

Individual supervision took place approximately every three months and we saw that discussion about performance and practice took place and any actions agreed by both parties were signed. Group sessions

were also three monthly and the notes of the meetings showed that a range of issues and topics had been discussed.

Spot checks were undertaken with staff in the community to check their competence but we only saw two competency checks of medicines administration for 2016 whilst looking at the file containing the audit of medicine administration and one dated September 2015 for a senior member of staff. The registered manager told us that it was the responsibility of the training manager to check staff competence in their ability to do their job. The training manager confirmed that they ensured staff were fully competent in their role as they observed them directly but this was not necessarily recorded on their personal file as they saw it as part of the training.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected and for others, where appropriate, to make a decision in the person's best interests.

The service understood the need to balance people's rights with their freedom and the requirements under the Act to deprive them of their liberty. Most staff could tell us who had DoLS in place and the reasons why. The registered manager knew how to make applications for DoLS and authorisation had been gained for two people during 2016.They had also sent us the relevant notification regarding these decisions.

Most of the staff we spoke with had an understanding of their responsibilities around supporting people's to make their own decisions and where a person may have to be deprived of their liberty. Where this knowledge was lacking, we had informed the training manager and sessions were quickly organised for March/April 2017 to ensure that staff had the necessary information and guidance about the principles of the MCA.

Mental capacity assessments had been completed in consultation with the person's family where a person could not consent to their care and treatment.

We observed that staff obtained consent from people about everyday tasks and activities, for example, "Shall I push you down to the conservatory to do your exercises," and "Shall we put a blanket around you or are you warm enough?" The management were also aware of when people's rights to care and treatment were infringed and took action in the form of a complaint on their behalf, for example, when consent to treatment was gained from individuals in an inappropriate way by visiting professionals during our inspection.

We saw that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions had been put in place and authorised appropriately. We also saw that this information could be accessed by staff and visiting paramedics very quickly so that people's rights would be respected should resuscitation be needed.

People had access to a bright and warm dining room and a relaxing meal time experience. People told us that the food was, "Lovely," "Very tasty," and "Just what the doctor ordered." A relative told us, "[Person's name] has put on weight since being here and that is because of the nice food which they serve."

At lunch and tea time, people were supported to have a healthy and balanced diet and there was plenty to eat and drink with choices of a hot and cold selection, home-made cakes and fruit were available.

We spoke with the cook and they were enthusiastic about cooking home-made meals and serving people

food that they enjoyed. They made sure they had a chat with people over lunch to gain any feedback. People had the option of having their meal where they wanted it. Specialist and soft diets were catered for where appropriate. We saw one staff member assisting someone to eat their meal and they spoke with them in a gentle way telling them what they were having, reassuring them and offering encouragement.

Risks to people's nutritional health were assessed, recorded and monitored using best practice guidance so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant health care professionals such as the dietetic services or the speech and language service if they were at risk of choking.

People's day to day health needs were met through on-going assessment and the involvement of clinical and community professionals such as the GP surgeries, district nursing service, occupational therapy, dietician, physiotherapists and the tissue viability team. A dedicated weekly surgery with a visiting GP was held so that if anyone wanted to see a doctor they could.

The registered manager and manager of the community service told us that they made referrals to other services on behalf of people using the service to ensure they had the best possible care. We saw examples of professional visits being made to meet individual's needs. The managers had built up good relationships with the hospital discharge teams to ensure a safe transition from hospital to the service.

A visiting health professional told us that they thought the service was, "Brilliant" and the care provided to people was, "Very good." They told us that staff listened to professionals and worked really hard to make sure people had a good living experience at Mansion House. They went onto say that should they themselves need residential care, "Mansion House would be the place I would choose to live."

Good

Is the service caring?

Our findings

People told us that they were comfortable and staff were kind to them. One person told us, "It's still all a bit strange but they are lovely to me. " Another person said "Oh yes I like living here, nice place and bright and friendly." A relative told us, "From what we have seen so far, the staff are very friendly and can't do enough for us, very accommodating."

People were supported to maintain contact with friends and family and relatives told us they were able to visit at any time and were always made welcome. People who lived in the community expressed their satisfaction by telling us that all of the staff they had were, "Lovely", "Always went out of their way to help in more ways than one," and "I would not change a thing about my carer, wonderful."

Throughout the day we observed many interactions between people who used the service and staff. Staff were very knowledgeable about people's needs and personalities. We saw that staff regularly knocked on the door before entering peoples' rooms and called out to say they were entering. People's privacy was respected and all personal care given by staff was provided in private. We observed a staff member taking in a person's meal to their room and to assist them to eat it. They were buoyant, caring and used humour appropriately saying, "Me and you [person's name] are going to have a lovely lunch together today and I have your favourite pud."

People were dressed appropriately for the time of year and in outfits which were clean and colour coordinated. Staff were aware of the need to maintain people's appearance, for example if they were unshaven, offering them a shave. Where someone had spilt lunch down their clothes, we heard a staff member say, "Come on, let's go and change your top, shall we?" A family member told us, "My [Relative] always looks nice when I come to see her, clean clothes and hair always looks cared for and I feel that people here are respected as the people they were before they came in."

Staff knew people who used the service well and engaged in laughter and friendly banter with them. Throughout our visit we heard staff using people's preferred name which had been agreed and recorded on their care plan. Staff also said people's names to them so that the person knew they were talking to them. This was especially important for people with dementia a staff member told us, for example, "You have to say [person's name] a number of times before they respond, often they are asleep so we wake them gently to have their lunch or dinner, then I usually get a small smile."

Positive caring relationships had developed between staff and people who used the service. Staff spoke with warmth and affection about the people they supported. "[Person's name] is gorgeous, she is always smiling and gives a lovely welcome when I help get her up in the morning." Another staff member said of a person who died at the service in the early hours on the day of our inspection, "We have lost a wonderful person today who went unexpectedly, it affects us all when someone goes."

We saw that people were supported and motivated to be independent. Staff walked with them as a support when they went to their room if they needed it. People were encouraged to mix with other people during

meal times if they were at risk of isolation and loneliness. We saw staff offer this to one person but they declined and went back to their room.

One person who we found in the corridor was upset and cross that the staff member they were talking to had not returned and they were waiting for them. We found the staff member and they immediately apologised to the person that they had got distracted and took them to their room to talk about it with them. We later talked with this person and they were satisfied with the staff member's apology and the reasons given. The person said, "I too apologised to [staff member's name] for being cross. Politeness goes two ways."

Good

Is the service responsive?

Our findings

The registered manager and staff told us people were generally able to make daily decisions about their own care and how and where to spend their time. People we spoke with had different views about how they would like to spend their time They told us, "I am happy with my own company," "I am not bothered about doing things," "I am a bit bored, there is nothing to do here." And "It would be nice to go out more, see different things every now and then."

In the last customer survey, people had expressed their views about the lack of social and leisure activities. We saw that the comments had been taken on board by the service and action was being taken to address this. A full time activities coordinator had been recruited to develop an activities programme to take in everyone's interests and needs. They were currently undertaking their induction and getting to know people who used the service. Some activities during the year had included regular seated exercises, quizzes, reminiscence sessions, films and gardening as well as entertainment from the community such as bell ringers and the local church choir. People said they could attend religious services and the local clergy visited and provided Holy Communion to those who wanted to participate.

The care records we looked at showed that an assessment of people's needs and circumstances was completed in order to be sure that the service could meet them. A plan of care was put in place as quickly as possible with the involvement of the person and their relatives so that staff knew how to meet their immediate needs and how to settle them in and get to know them. Relatives said, "I think they [the service] will be able to care for [person's name] OK, they have all the information from us about what's needed and how [person's name] would prefer certain things to be done."

The service provided short term care when needed for family carers to have a break. One relative told us, "[Person's] has been here before so the staff know their needs, it's important that I have a break and I know that they care for [person's name] well."

People who used the service along with families and friends had completed a life history called 'All about Me' with information about their life experiences and what was important to them. The care records and risk assessments we saw contained the person's personal care routine, their mobility and any risk of falls, nutrition, ways of communicating, support with behaviour which may be challenging, how they liked to address their sexuality and social and leisure activities. People's likes, dislikes and preferences were taken into account for things like food, drink, socialising, and what to wear. People or their families had consented in writing to the sharing of information about them. One person said, "I like to look nice and like wearing perfume, it makes me feel umm like I am special."

The records had been regularly reviewed and updated to demonstrate any changes to people's care and had been written in a person centred way. However, a review of how the care files were organised at Mansion House and the accessibility of the most up to date information about the person needed some attention which we reported to the registered manager during our feedback. The records for Mansion Care were clear, concise and up to date.

The records of people's daily life contained information about what they had done that day, how they had slept, any social or leisure activities, their mood and behaviour and any visits by professionals or family members. This information provided an important record in order to monitor people's health and wellbeing. The feedback described the aspects of people's day adequately but some of the handwriting was illegible. Also, an incident which caused a person anxiety and distress was not recorded in the person's daily notes as if it never happened. The registered manager agreed to look at these aspects of the way information was recorded and make the necessary improvements.

We observed that the staff responded and interacted with people in a warm and friendly way such as a hug, a touch of someone's hand, some praise, a smile, wiping someone's mouth or a cheery hello. Their responses were appropriate and people received care which was personalised and respected their preferences and wishes. We were told of where staff had responded to a request from a person who used the service who was, on occasions, dissatisfied with their room. When this happened, they offered for them to look at the other bedrooms if available to see if they wanted to move. They have declined the move to date but each time they offer an alternative.

A visiting health professional told us "Staff always put in place the plan of care we recommend. They are very responsive to people's needs and let us know without delay should someone need us because their dressing has come off or there is a change in their health."

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered manager if they had any concerns or to make a complaint but most said they had not needed to, as they were happy with the care and support, they received. One person said, "Oh no dear, I wouldn't complain, nothing to complain about." Another person said, "Sometimes, they don't listen to what I say, my views are not important to them, I have to get cross before something happens."

The home had one complaint which they were dealing with and the registered manager told us they were keeping the person informed of how the complaint was being processed. The registered manager told us that any minor issues or concerns were sorted out by the management or the staff straight away and gave some examples of where this had been the case. However, they agreed that recording people's verbal concerns and issues would enable them to monitor how they had responded and what the outcome had been for the person. Also this learning could support how they improved the service overall.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that they thought the service was well led. One person said, "Things are very well organised." Another said, "There is always a manager around to speak to," and a third person said, "It's a lovely place to live." A relative said, "Even the manager is hands on, that tells you everything." Whilst people told us that the service was well led, there were some improvements which needed to be made.

The management team was made up of the registered manager, a general manager and a part time training manager and supported by an administrator. They were all visible around the service and people told us they would often have a chat with them and pop in at lunchtime to the dining room to see them. In the feedback meeting with the managers, the registered manager told us that they were in the process of restructuring the manager's roles and responsibilities so that managers were clear about their areas of responsibility for example the care plans and risk assessments.

There was a quality assurance system in place with audits being undertaken to assess and monitor the service but not sufficiently enough to ensure people were kept safe. We found that audits on the recruitment of staff were not being completed and staff were being employed without all the safety checks in place.

Whilst medicine administration audits were undertaken weekly and errors were noted, action was not being taken to address staff member's competency and knowledge of safe practices. We saw that some staff competency checks were being completed within the community but improvements in the recording of staff competence would enable the registered manager to keep abreast of staff performance and development issues.

This is a breach of regulation 17 (1)(2)(a)(b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Regular reviews of people's care plans and risk assessments were completed including the daily records of people's eating, drinking and weight so that any fluctuation in their health could be monitored. Health and safety audits on equipment and the premises were undertaken and professional advice sought where relevant. An audit on how long it took staff to respond to people's call bells was completed to ensure that people were being assisted in a timely way. The service used the expertise of external professionals to support them in their quality assurance for example, an audit of medicines storage and records was undertaken by the local pharmacy in December 2016 and this was found to be "'excellent."

Meetings with people who used the service, their relatives and a manager were held every three months and recorded. Views expressed included, activities, choice of meals and that the night staff go round and let everyone know they are there when they come on duty. The fire alarm procedures were explained to everyone present.

One person who used the service had been involved in helping to interview for new staff by asking questions and discussing their opinions of whether they were suitable or not. However, the registered manager said

this was not always a regular occurrence it depended on whether the person wanted to do it or not. No other person appeared to have been asked to participate and be involved in this very important task.

The owner visited and completed an audit every six months and provided a report of their findings. Improvements needed from this fed into the action plan the registered manager had created following the annual survey. This had identified that people wanted more activities and more meetings. The registered manager had taken action on these points. One comment from the survey said, "There are a wide range of needs in the home and all are well managed to create a family feeling." Another person showed their appreciation by writing, "You have given me a home when I was unable to stay at mine, which I will be forever grateful." The completed survey from people using the community service identified that they were all satisfied with the service and said, "I am always asked if I need anything before she goes," and, "Could not wish for better."

All staff told us they would have no concerns about speaking to any of the managers if they wanted to raise issues about the delivery of care or running of the service. Staff felt supported and valued by the management team and each other but said that they were generally not consulted or involved in helping to develop and improve the service other than care for people. One staff member said, "There is an open door and they [managers and seniors] are all available. Another said, "[Manager's name] is always at the end of phone and there is no such things as a silly question." Another said, "The manager knows the residents inside out and is lovely with them."

People were complimentary about the staff and the management team. A relative said, "The managers are always very happy to listen to me and my concerns." Another relative said, "The owner has really brightened the place up and the new floor is in keeping with its character, money well spent on behalf of the residents."

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
Personal care	Medicines were not given to people in a safe and appropriate way and as prescribed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The service did not have sufficiently robust quality assurance audits in place to ensure people had a high quality service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Personal care	Staff were being recruited without the necessary employment checks in place to ensure they were safe to work with people in a social care setting