Sutton Village Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Sutton Village Care Home is situated close to local facilities and bus routes into Hull. The main building provides accommodation and personal care to up to 23 people. The 'stables' extension has 10 single en-suite bedrooms. Both parts of the home have a range of communal rooms and bathrooms. The service has suitable parking facilities, a courtyard and a well maintained garden area.

The service had a registered manager. 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.

At the last comprehensive inspection on 2 December 2014 and 16 January 2015, we rated the service as Good overall.

During this inspection we found that the registered provider had failed to establish and operate effective governance systems. There was a clear lack of auditing and governance systems in place to ensure shortfalls were highlighted in a timely way.

Staff did not receive an annual appraisal in 2016 and there was no system in place to ensure they received supervision meetings on a regular of consistent basis.

The registered manager was aware of their responsibility in relation to the Deprivation of Liberty Safeguards but had failed to submit applications for 21 people who used the service.

Care plans had been developed to meet the assessed needs of the people who used the service. However, some of the care plans we saw were not updated as people's needs changed or developed. We also found that healthcare professional's advice and guidance was not always incorporated in to people's care plans.

Checks of equipment used within the service were completed in line with manufacture guidelines but the service's periodical electrical test had been allowed to expire. This placed people who used the service at risk.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred. Staff had been recruited safely and were deployed in suitable numbers to meet the assessed needs of the people who used the service. People's medicines were administered as prescribed.

People were supported by staff who had completed a range of training and nationally recognised qualifications in health and social care. Consent was gained before care and support was delivered and the principles of the Mental Capacity Act were followed within the service. People were supported to eat a

balanced diet of their choosing. When concerns were identified, relevant professionals were contacted for their advice and guidance.

People told us they were supported by kind and caring staff who knew their preferences for how care and support should be delivered. During observations it was clear caring relationships had been developed between the people who used the service and staff. People's privacy and dignity was respected by staff who understood the need to treat sensitive information confidentially. During the inspection we had to remind the registered manager to ensure care records could not be accessed by unauthorised people.

People were involved with the initial and on-going planning of their care. Their levels of independence and individual strengths and abilities were recorded. People were encouraged to maintain relationships with important people in their lives and to follow their hobbies and interests. The registered provider displayed their complaints policy within the service to ensure it was accessible to people. Records showed very few complaints were received by the service.

The registered manager understood and fulfilled their responsibilities to report accidents and incidents as well as other notifiable events to the Care Quality Commission as required. The service had developed links with the local community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in how to safeguard people from the risk of abuse and avoidable harm. They understood their responsibilities to report any poor care they witnessed or became aware of.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive consistent levels of support and had not had an annual appraisal in 2016.

People's consent was gained before care and support was delivered. However, applications to deprive people of their liberty had not been made in line with current legislation.

Staff told us they had completed training that gave them the skills and abilities to support people effectively.

People's health care needs were met and they received advice and treatment from community health care teams when required.

People told us they liked the meals provided to them. The menus were varied and met people's nutritional needs. Any concerns about nutritional intake were monitored and referred to appropriate professionals.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people who used the service.

People were treated in a kind and caring way and were encouraged to be maintain their independence.

People were treated with dignity and respect by staff.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed. Care plans were developed which provided staff with information on how to support people in line with their preferences.

There was a complaints procedure on display and people felt able to raise issues, knowing they would be addressed.

People participated in a range of activities.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no formal quality monitoring system in place at the service. Shortfalls in care planning, risk management and staff development were not identified or addressed.

Questionnaires were completed by people who used the service and their views were taken into account.

The registered manager submitted notifications to the Care Quality Commission as required.

Sutton Village 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 registered 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 30 March and 4 April 2017 and was unannounced. The first day of the inspection was completed by an adult social care inspector and an expert by experience. An expert by experience assisted with the inspection on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was completed by an adult social care inspector. At the time of this inspection 31 people were using the service.

Before the inspection we contacted the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we had received from the service and reviewed all the intelligence we held to help inform us about the level of risk.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

During our inspection we spoke with 12 people who used the service and nine relatives. We also spoke with the registered manager, the registered provider, two deputy managers, four members of care staff, the cook and a visiting healthcare professional.

We looked at five people's care plans along with the associated risk assessments and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included stakeholder surveys, recruitment information for four members of staff, the staff training records, policies and procedures and records of maintenance carried out on equipment. We also took a tour of the premises to check general maintenance as well as the cleanliness and infection control practices.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and were supported by suitable numbers of staff. Their comments included, "Oh yes, very safe", "I always feel safe here", "I have a call bell in my room and can call for staff whenever I need them. I don't have to wait", "There is always someone around to help me or to just sit with me", "I think the staffing levels are good", "I feel safe because there are lots of staff around" and "This is a safe place and a very nice place to live."

Relatives we spoke with said, "I am happy because they look after her when I'm not here and I know she is safe", "There seems to be enough staff, there has never been an issue with staffing", "She's safe here as she needs someone twenty four seven; she wanders. There is always someone here to make sure she is ok and they give her reassurance when she needs it", "We know mum is safe here."

Staff were deployed in adequate numbers to meet the assessed needs of the people who used the service. At the time of our inspection the 31 people who used the service were supported by four care staff including one senior during the day and three care staff including one senior through the night. The registered manager and deputy managers were supernumerary; however staff told us that the management team were very hands on and regularly provided care and support to the people who used the service which we observed during the inspection.

The registered provider told us, "The staffing levels are based on the needs of the residents; we would increase them if people's needs changed." The registered manager added, "We were caring for someone at the end of their life not long ago; we had extra staff just to support them and make them as comfortable as possible."

We looked at five staff files and saw that staff were recruited safely. Each file contained curriculum vitae or application form as well as interview notes, suitable references and a disclosure and barring service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable adults. Staff confirmed they did not work in the service until relevant checks had been completed. One member of staff commented, "I was ready to start but my DBS was delayed so I had to wait. I know they [the registered provider] have to wait until it comes back but I was excited and just wanted to start."

People who used the service were protected from abuse and avoidable harm. Staff we spoke with were able to describe the different types of abuse that may occur, the signs which indicated abuse had occurred and knew what action to take to prevent abuse or avoidable harm. A member of staff told us, "My job is to make sure people are safe so that is the first thing I would do if I thought something had happened then I report it to my manager." Another member of staff said, "I would report it to [Name of the registered manager] or [Name of the registered provider], even if I wasn't sure what had happened, I would report it and then they could investigate."

When accidents and incidents occurred they were recorded and investigated to ensure appropriate action

was taken to prevent their re-occurrence. The registered manager told us, "I inform the safeguarding team when certain things happen and contact the falls team if someone has falls. I do everything I can to make sure people are safe."

Plans were in place to deal with foreseeable emergencies. Personal emergency evacuation plans (PEEPs) had been developed that detailed people's abilities, level of understanding and the type of support they required in the event of an evacuation. This helped to ensure people would receive the care and supported they required during and after an emergency situation.

We saw that suitable arrangements were in place for the ordering, receipt, storage, administration and disposal of medicines. PRN (as required) medicine protocols had been created to ensure people received their medicines consistently and effectively. Facilities were available to store medicines in line with the manufacturer's guidelines. However, on the first day of our inspection we found some prescribed creams were left in communal bathrooms. We discussed this with the registered manager who said, "The staff have been told about it, I will make sure they all know that it's not acceptable."

We observed a medication round being completed and saw that people received the medication as prescribed. Staff took the time to explain what people's medicines were for and checked if people were experiencing any pain before offering pain relief. Medicines were administered by trained staff who had their competency checked which helped to minimise errors. The medication administration records (MARs) we checked were completed accurately without omission.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us they enjoyed the meals and were supported to see relevant professionals when concerns were identified. Their comments included, "The food is good, you won't hear any complaints from me", "There is a choice at every meal. I always go for the hot option", "If I'm poorly they get the doctor for me", "Good food good choice" and "I see the doctor and the nurse. You would think I'm the queen with all these important people coming to see me."

Relatives confirmed appropriate action was taken when people's health needs changed. One relative said, "Dads diabetic; the district nurse comes twice a day they cater for all his health needs. He is in good hands." Another relative told us, "Dad was poorly recently and they had to call an ambulance, they were very, very good with him. I was flustered and they were very good with me as well. They don't mess about."

Throughout the inspection we heard and witnessed staff gaining people's consent before care and support was provided. A member of staff described the different ways people who used the service provided their consent. They told us, "We have people who will just tell you what they want and if they want your help. When people have limited or diminished communication skills we have to look at their facial expressions and body language to know what they want, we know everyone really well so it's easy for us to read them."

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.

We saw that capacity assessments were completed appropriately when it was felt people lacked capacity. There was evidence to show best interest meetings were held where it had been established people needed important decisions to be made by others, on their behalf. A best interest meeting is attended by relevant healthcare professionals and other people who have an interest in the person's care, like their relatives or advocates. This ensured any decision made on a person's behalf was in their best interests and respected their known wishes.

We checked whether 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. People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's care plans had been written to ensure staff provided care and support in the least restrictive way to meet people's needs and keep them safe. The registered manager understood their responsibilities in relation to DoLS and had made a small number of applications to the supervisory authority.
However, during discussions the registered manager explained, "I know I need to get more applications submitted, I think I need another about 15. I just haven't had the time but will prioritise getting them done."

Following the inspection the registered manager reviewed the needs of the people who used the service and committed to making applications for a further 21 people. The applications will be submitted in order of priority.

Staff did not always receive effective levels of support. We received mixed responses when we asked staff if they felt supported in their roles, which included, "We get lots of support, [Name of the registered manager] always makes herself available if we need to talk to her", "I think we all support each other, we are a team", "I feel supported, the manager and [name of the registered provider are always available to talk to" and "I don't always feel supported, the manager does ask us if we are okay but it's not the same as sitting down and talking about any issues we have or how we can develop ourselves."

We saw that some staff had received one to one supervisions with the registered manager but there was no system in place to ensure staff received effective and consistent support. Records showed no staff had received an annual appraisal throughout 2016. The registered manager told us, "I do always speak to the staff and check how they are doing. I have handed out the appraisal forms for staff to complete so their appraisals will be done soon." Failing to provide staff with an appropriate forum to discuss their roles did not support the development of their skills or with their personal development.

We saw that staff had completed a range of training to ensure they had the skills and abilities to meet people's needs effectively. This included, amongst other subjects, moving and handling, medication administration, infection prevention and control, the Mental Capacity Act, fire, nutrition, safeguarding vulnerable adults and dementia awareness. Staff were encouraged to develop their knowledge and skills and complete nationally recognised qualifications in health and social care.

We spent time observing people's lunch time experience; people chose where they wanted to eat their meals and who they wanted to sit with. People were supported by staff to choose what they wanted to eat with the use of picture cards to enable decision making when this was required. People were offered clothes protectors and provided with plate guards which enabled them to eat their meal independently.

People were supported to eat a balanced and nutritious diet that met their needs. The cook told us, "Some people need special diets, if they have difficulty swallowing that gets reported to the speech and language therapists and they let us know how to prepare their meals. We have a couple of vegetarians as well so we make different things for them."

We saw that a person left the dining room without eating their meal and were told by staff that this occurred regularly. One member of staff commented, "We can't make [name of the person] eat when she doesn't want to. She will wander off and do what she wants to do. We just make sure we offer her things throughout the day and she eats when she wants to." Later in the day we saw the person enjoying sandwiches and finger foods which affirmed the staff's knowledge of the person's preferences.

Staff monitored people's general health and made referrals to relevant health care professionals when required. People were supported to attend medical appointments and advice and guidance was incorporated into their care plans to ensure staff were aware of their needs. Records showed doctors, district nurses, social workers, clinical psychiatrists, dieticians, speech and language therapist and emergency care practitioners had contributed to people's care and support.

Good

Is the service caring?

Our findings

People confirmed they were supported by caring staff. One person said, "They are kind, they listen and nothing is ever too much for them." A second person added, "The girls are lovely, I can't say a wrong word about them". Other people said, "Wonderful, angels all of them" and "The staff are patient and gentle with me."

Relatives we spoke with told us, "They were talking about my mum like she is a person not a number, they really care for her", "We are really happy with the care he is getting, all of the staff are friendly and welcoming which I think helped him to settle here" and "He's been in a few respite homes in the area and this is the crème de la crème. He won't go back to any of them now".

A visiting healthcare professional commented, "You can see how caring everyone is here. It's an old fashioned home with old fashioned values. Everyone is important and treated well. I have no concerns about the care people get."

The registered provider described their philosophy of care to us. They said, "We want the best for our residents; we want them to think this is a wonderful place to live and we go the extra mile for them. Staff give up their own time to take people on activities, they look after everyone who comes through our doors, we care for families as well, that is just what we do." They went on to say, "We don't have visiting times, people can have visitors at any time just like they would at home. We invite families to come and have meals here; we want people's lives to remain as close to what they were [before they moved into the service] as possible." The registered manager added, "We are one big happy family here. If I ever have concerns [about people's health or general welfare] I always think what would I do if it was my mum, and then I do that."

Throughout the inspection we heard staff speaking to people in a respectful and dignified way. Staff told us they would always cover people when delivering personal care as well as closing doors and curtains to maintain their dignity. They told us they would respect people's choices and support them to make decisions. One member of staff said, "I think letting people choose what they want is massive. Everyone had a life before they came here and they decided what they wanted to do every day. They can't do some of things that they used to do but making choices about what they want is something they still can, even if it's just where to sit, what to eat or what to wear."

During the inspection we noted that a downstairs bathroom did not have a lock and the door could not be fully closed which created a risk to people's dignity. We mentioned this to the registered manager and saw that action was taken to rectify this issue.

We observed staff offering people support and noted that they took the time to listen to people's thoughts and concerns before providing reassurance and encouragement. It was apparent staff knew people well, including people's preferences regarding how their care and support was to be provided.

We saw a person who was living with dementia become distressed as they were confused about the time

and place. A member of staff used their knowledge of the person's life and family to engage them in a meaningful conversation. The person quickly settled following this interaction and took part in an activity which helped to distract them. This demonstrated how staff were able to use their knowledge of the people they cared for to deliver effective support.

People who used the service received care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010. This included age, disability, gender, marital status, race, religion and sexual orientation. People's care plans reinforced the need to treat people as individuals and respect their choices and wishes.

Staff understood the importance of confidentiality. A member of staff told us, "I never gossip about what happens here, people's right to have a private life doesn't go out the window just because they live in a care home." Another member of staff said, "When the nurses come I ask people if they want to go their own room and see them in private." The registered provider told us, "We have a social media policy, all the staff know they can't share what happens here."

The registered manager told us, "Confidentiality is very important, it's one of the things we always talk about in the team meetings." However, on the first day of our inspection we saw that the cupboard used to store care files and daily notes was left open. We mentioned this to the registered manager and saw on the second day of the inspection the cupboard remained locked when not in use."

Good

Is the service responsive?

Our findings

People who used the service or their appointed representatives told us they were involved in the planning of their care. One person said, "Yes, I have reviews but I can't remember how often." A relative we spoke with commented, "I'm involved with all the reviews and assessments." Others comments we received included, "They have reviews every few months and annual reviews with the manager and social services" and "We come to reviews but are always kept updated about what is happening."

People told us they knew how to raise concerns about their care and support. One person said, "I would complain to the manager, she would sort out whatever problems I had." Another person commented, "If I was worried about anything I'd tell my daughter but I'm not afraid to speak up, the staff are approachable and they would listen to me". A relative told us, "I can approach the office if there's any worries. I have done in the past and action was taken. I was happy with the outcome."

We saw evidence to confirm that before people were offered a place within the service a pre-admission assessment was completed to ensure their needs could be met safely and effectively. The assessment covered people's holistic health care needs as well as their medical history, and any known risks. People or their appointed representative's thoughts regarding their skills, abilities and levels of independence were also recorded.

The registered manager told us, "We are usually contacted by people's families or social services who want to know if we can meet their needs but I also have to look at how they will fit into the service." The registered provider said, "We have to constantly assess people's needs. If someone has to have a stay in hospital we will go out and re-assess them, we need to know we can still meet their needs and also make sure we have the right equipment and training to support them."

The information gained during the pre-admission assessment was used along with the local authorities' 'my life my way' document to develop a number of person centred care plans. Each care plan had a corresponding risk assessment to ensure staff were aware of the risks to people and what actions they were required to take to keep people safe.

Care plans were written in a person centred way and included people's abilities, levels of independence and preferences for care. The care plans we saw instructed staff to support people to maintain their independence, enabling them to make choices in their daily lives and decisions about their care.

People's hobbies, interests, likes, dislikes, preferences and life histories were also recorded. This helped to ensure staff knew the people they were supporting so they could provide person centred care. Staff were able to use this information when people were distressed or to simply engage them in meaningful conversations.

People were encouraged to follow their interests and undertake small tasks within the service which helped to give them purpose and add meaning to their lives. The registered manager said, "We got the raised flower

beds made last year and some people helped with the planting. We will do more this year. Quite a few people got involved, they really enjoyed it. A member of staff told us, "Some of them want to help set the tables or fold laundry. One lady used to help with the drinks trolley. If you have done something all your life it must be hard to just stop so let people help where they can."

A range of activities were provided on a daily basis and people's participation was recorded in their daily notes. The registered provider told us, "We try and do as much as we can for people. We recently took people for a night out at the theatre and we have a summer garden party every year. Relatives and people from the local community come, it's a big event." The registered manager added, "We raise money from the garden party and use it for activities. We try and make people's birthdays special, everyone gets a birthday cake and we get entertainers to come in." During the inspection we saw staff sitting with people and undertaking a reminiscence activity, which led to people sharing stories about their lives, where they grew up and their childhoods.

The registered provider displayed their complaints policy within the service and told us they actively encouraged people and their relatives to discuss concerns about their care. The registered manager explained, "We very rarely get complaints, we never receive anything official. If anyone ever has concerns and they speak to me I will fix things for them there and then." The registered provider told us, "We say to everybody just come and see us, we don't see them as complaints we see it as an opportunity to improve." They went on to say, "We do always ask people if they want to put their concerns in writing."

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives confirmed they were asked for their views on the service. One person said, "They do ask us if we are happy here" and "I have completed a questionnaire in the past. I am quite content." A relative told us, "We do get asked for our views and any feedback we have provided has been acted upon."

The registered provider did not have an established quality monitoring system to highlight shortfalls and drive continuous improvement within the service. We saw people who used the service, their relatives and professionals were asked for their views through questionnaires and noted daily checks were completed by the registered manager. However, the registered provider explained, "Our quality monitoring and auditing is all in the manager's head. She knows what needs looking at and when it needs updating."

The registered manager told us, "The seniors check the care plans every month and they are reviewed every six months unless someone's needs changed and they get reviewed and updated then." There was no formal audit in place to ensure people's care plans or subsequent monitoring records remained accurate and were updated to reflect their current care and support needs. We reviewed the service's accident and incident records against people's care plans and saw that one person had been involved in an incident with another service user that the local authority safeguarding team and police had to be notified of. When we cross referenced the incident records with the person's care plan and behavioural support plan we saw that they had not been reviewed or updated following the incident. This meant staff may not be aware of the potential risks or the most effective way to de-escalate the person's behaviours that challenged the service and others.

We witnessed the registered manager providing a person with a footstool and reminding them of the need to keep their legs elevated. The registered manager confirmed this had been advised by the person's GP at a recent consultation. We reviewed the person's care plan and found there was no record of the GP's instruction.

A person who used the service required re-positioning on a two hourly basis to reduce the possibility of them developing pressure sores. We checked the charts and found several occasions that they had not been completed accurately and showed extended periods when the person had not been re-positioned. We asked the registered manager when the charts were audited and checked, they told us, "I don't audit them. I'm know it's a recording issue and because she gets re-positioned regularly."

We reviewed the person's personal emergency evacuation plan (PEEPs) and saw that it had not been updated as the person's needs had developed and stated that they would need minimal support to evacuate the service. The registered manager confirmed, "There are a few PEEPs that need updating, they just haven't been changed when people have deteriorated."

Records of equipment and facilities maintenance were held in the service but there was no mechanism to ensure checks were completed as required. We saw that hoists, fire alarm systems, the call bell system,

water supply and temperature check and gas installation were conducted as required. The electrical periodic testing was last completed in February 2012 which meant that it had expired in February 2017. The registered provider said, "I have to hold my hands up to that one, when we had the extension done I thought the whole system was checked but clearly it has expired. I will make sure that gets sorted as soon as possible."

There was no monitoring of staff training which led staff working on night shifts not having appropriate training. The training records showed that night staff had not completed first aid training and this lack of knowledge on the shift exposed people to the risk of not receiving the support they required in an emergency situation. Staff had not had an annual appraisal in 2016 and supervision meetings were completed on an ad-hoc basis.

Deprivation of Liberty Safeguards (DoLS) applications had not been submitted as required and there was no system established to ensure compliance with this legislation.

The above information demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. The action we have asked the registered provider to take can be found at the end of this report.

On the second day of the inspection we saw that the registered provider had taken action to begin to address the shortfalls that had been identified. We saw evidence confirming that two members of night staff had completed training first aid training and further staff had been booked on to this training to ensure staff had the skills to support people effectively. The registered provider confirmed they had organised a periodical electrical assessment to be completed.

The registered provider told us, "We are very responsive; we have worked hard to address the things that have been highlighted. We are expanding our daily checks and will train the deputy managers to do this to free up the manager. The deputy managers will also complete DoLS applications after we have worked out an order of priority." We saw that quality assurance and monitoring tools had been created to ensure all areas of the service were reviewed regularly.

Weekly checks were to be completed of environment, maintenance and kitchen, monthly auditing of people's care plans, DoLS applications, activities, staffing levels, staff training, supervision and appraisal, service user satisfaction and accidents and incidents including safeguarding referrals.

The registered manger told us, "We might not have it exactly right yet so may make some changes as we go. We are always happy to get feedback if it is going to help us improve." They also stated that the shortfalls identified in care plans, evacuation plans and monitoring forms had been rectified.

Following the inspection we received confirmation from the registered manager that people's needs had been assessed and DoLS applications would be submitted in order of priority. A deadline for the completion of all required applications had been set by the registered provider for 10 May 2017.

Staff told us that the registered manager was approachable and worked with them to deliver the care people required. The registered manager described their management style as open and supportive; they said they were a 'people person'. The registered provider said they attended the service on a daily basis and this was confirmed by staff. It was apparent that the registered provider and registered manager shared the responsibilities for the day to day management of the service. The registered manager told us, "[Name of the registered provider] really cares about the residents; they want the best for everyone and are always

involved in everything we do."

During the inspection we cross referenced the accident and incident records found in the service with the notifications received by the Commission which confirmed the registered manager had fulfilled their duties to report specific incidents as required. Notifications of incidents which affect the health and safety of people who use the service are required by regulation and enables us to check how they are being managed appropriately.

Links had been forged with the local community. The registered provider told us, "We are really involved with our community. We take placements from the colleges and local schools and in turn we have asked that the school produces a piece of artwork for our courtyard." The registered manager added, "We take the residents to the local church and they go to the 'bring and buy' sales. We have the garden party every year and we all go the Christmas fares."

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 17 HSCA RA Regulations 2014 Good governance The registered provider failed to ensure systems and processes were established and operated effectively to assess, monitor, mitigate risks and improve the quality and safety of services.