Barchester Healthcare Homes Limited

Woodside House

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

Overall summary

This inspection was unannounced.

Woodside House is a nursing home that provides accommodation and nursing care to older people, people living with dementia, people with physical disabilities and younger adults. It is registered to care for up to 56 people. On the day of our inspection, there were 50 people living at Woodside House.

There was a registered manager working 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 and associated Regulations about how the service is run.

All of the people we spoke with were happy living at Woodside House. They told us that they felt safe, were well cared for and that the staff were respectful, kind and compassionate.

We saw that staff treated people with respect and that they promoted their dignity and independence. Staff had the knowledge to protect people from the risk of

Summary of findings

experiencing abuse and there were enough of them working on each shift to keep people safe. People's medicines were managed safely and the premises that people lived in and the equipment they used were well maintained and safe.

People had access to activities that they enjoyed to enable them to follow their own individual interests and they had choice about their daily routine. People told us that they enjoyed the food and we saw staff prompting and assisting people to eat and drink during the day of the inspection. Relationships that were important to people such as with friends and family were encouraged. People's cultural needs were respected and they were supported to follow these. The service contacted specialist healthcare professionals for advice in a timely manner when they were concerned about people's health.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the service was meeting the requirements of DoLS. However, the provider had not always recorded that they had discussed important decisions about people's care and treatment with the person, those closest to them and if applicable outside healthcare professionals. Therefore, it was unclear whether the decisions that had been made about the person's care and treatment was in their best interests. This was not following the requirements of the MCA 2005 and therefore we could not be sure that people's rights were always protected.

Some people's records contained inaccurate or conflicting information and the provider's systems for assessing and monitoring the quality of the service were not always effective which could lead to people receiving unsafe or inappropriate care. Also, risks to people's health had not always been assessed and in some cases had not been managed effectively. Specialist healthcare professional's advice had not always been followed. This put people at risk of receiving poor care.

This meant that there were some of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and you can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to reduce the risk of people experiencing abuse and there were enough of them on duty to keep people safe.

People's medicines were managed safely and the premises they lived in and equipment they used were safe.

Good

Is the service effective?
The service was not consistently effective.

When people became unwell, the provider sought advice from specialist healthcare professionals in a timely manner. However, risks to people's health had not always been assessed and in some cases had not been managed effectively.

Staff had received enough training to provide them with the skills and knowledge to provide people with effective care. However, the provider was not always following the principles of the Mental Capacity Act (2005). This meant that people who could not consent to their care or treatment may not have had their rights fully protected.

Requires Improvement

Is the service caring?
The service was caring.

Staff interacted with people in a kind and compassionate manner.

People were treated with dignity and respect.

People had choice about what to eat, what activities to take part in and how they wanted to spend their day. People's cultural needs were respected.

Good

Is the service responsive?
The service was responsive.

People were positive about the care they received. They had access to activities that they found interesting.

Relationships that were important for people to maintain were encouraged and people were able to go out into the community when they wanted to.

Good

Is the service well-led?
The service was not consistently well-led.

The staff told us they felt supported by the registered manager and provider and that they could raise concerns without fear regarding poor practice.

Requires Improvement

Summary of findings

Where shortfalls in care practice or other issues relating to the safety and welfare or people who lived at the service had been identified, actions had been taken to rectify these. However, the current systems in place were not effective enough to identify a number of shortfalls found during the inspection. This meant that there was a risk that people could receive unsafe or inappropriate care or treatment.

Woodside House

Detailed findings

Background to this inspection

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

This inspection took place on 12 November 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was not received from the provider within the required time.

On the day we visited the service, we spoke with 13 people living at Woodside House, four visiting relatives, a visiting volunteer, two nursing staff, eight care staff, the head chef, the cook, and two activities co-ordinators. We observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We tracked the care in detail that four people had received.

The records we looked at included: six people's care records; six people's 'do not attempt cardiopulmonary resuscitation' instructions; three staff recruitment files; records relating to the maintenance of the premises and equipment; eight people's medication records and records relating to how the service monitored the quality of the service.

The registered manager was away from the service on the day of the inspection. Therefore we requested further information regarding staff training, how the service involved people in improving the quality of the care they received and how they dealt with and analysed incidents and accidents. The registered manager asked us to extend the deadline for this information to be sent to which we agreed. The information was received by the deadline.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Woodside House. One person told us, "Yes, I feel very safe." Another said, "No problems there, it is very safe here." They also told us that if they were worried about their safety they would feel comfortable talking to members of staff about this.

All of the staff we spoke with demonstrated they understood what abuse was and how they should report concerns if they had any. This showed that people's risk of experiencing abuse was reduced. Staff told us that they had received training in this subject and the training records we viewed confirmed this.

We were advised by staff that some people at the service on occasions, became upset and distressed. Staff told us they used distraction techniques when this happened to keep the person and others safe. Staff told us that there was enough information detailed within people's care records to guide them on what they needed to do in this type of situation.

Risks to the premises and equipment that people used had been assessed to make sure that it was safe. We saw that the gas system had recently been checked to make sure that it was safe and lifting equipment such as hoists and stand aids had been serviced.

Staff understood what action they needed to take in an emergency situation to keep people safe. The fire exits were clear and well sign posted to assist people to leave the building if they needed to in the event of an emergency. Staff confirmed they had received training in fire safety and that testing of the fire alarm occurred regularly. We saw records that confirmed this.

People told us that there were enough staff to help them when they needed support. The staff we spoke with agreed with this as did the majority of visiting relatives. Staff were always present in the lounges of both units and they did not rush people when providing them with support.

The provider had a bank of staff to provide cover if regular staff were sick or on holiday. Staff confirmed that bank staff were used in these situations to make sure that people's care needs could be met.

People's medicines were stored securely and they received them when they needed them. Medicines were kept at the correct temperature to make sure that they were safe to give to people. There was enough supporting information available to assist staff when administering medicines to individual people. This included a photograph of the person, information about any allergies and medicine sensitivities the person had and how people liked to take their medicines. We noted that there was guidance in place for staff to follow when giving people 'occasional' (PRN) medicines. This guidance had been followed by staff. This demonstrated that staff had only given people PRN medicines when they needed them such as for pain relief.

Some people had their medication given to them 'covertly'. This meant that their medicines were disguised in food or drink. People's mental capacity had been assessed prior to this action being taken to assess whether they were able to understand the importance of receiving their medication. Where they did not, we saw evidence that meetings had been held with the appropriate professionals and people important to the person to make sure that giving people their medicine in this way was in their best interests. Therefore, the provider had acted in accordance with legal requirements (Mental Capacity Act, 2005) when giving people medicines covertly.

Requires Improvement

Is the service effective?

Our findings

People were put at risk of developing pressure ulcers because they did not receive effective pressure area care.

One person had been assessed as being at high risk of developing a pressure ulcer. A plan of care was in place but this did not give guidance to staff on how to manage this risk. There were no instructions regarding how often the person should be re-positioned to help reduce this risk as recommended within the National Institute of Health and Care Excellence current guidance entitled, 'Pressure ulcers: prevention and management of pressure ulcers (2005).

We asked staff whether the person was being regularly re-positioned but they told us that they did not know whether or not this was taking place. There were no records to show that the person had been regularly re-positioned. The person had subsequently developed a pressure ulcer. It was stated within the plan of care that should the person develop a pressure ulcer, their GP should be contacted. This had not been done. It also stated that a photograph of the wound should have been taken so that the service could monitor if the pressure ulcer was healing following treatment. This had not been done. Therefore, the person's care had not been adequately planned or delivered to prevent them from developing a pressure ulcer.

Another person who was at high risk of developing a pressure ulcer due to their medical condition had not had this risk assessed. There was no plan of care in place to guide staff on how to reduce this risk and no actions were being taken, such as re-positioning them regularly. This meant that the provider was not taking the proper steps to reduce this person's risk of potential harm.

Some people's care records indicated that they needed to be re-positioned every two to four hours depending on whether they were in bed or sat on a chair. However, the re-positioning charts we looked at did not indicate that people had been re-positioned as planned. One person had not been repositioned for five hours. Another person had not been repositioned for eight hours. Another person had sat in a chair without repositioning for seven hours before they were 'hoisted' back into bed. We did not see people being re-positioned regularly during the inspection and staff could not confirm to us that they were being re-positioned as planned.

People who were at risk of malnutrition had their weight regularly monitored to determine if there had been any changes. However, staff had not always taken the proper steps to protect people from the risk of malnutrition. One person's care record indicated that they had lost weight. No assessment of their risk of malnutrition had taken place. The person's food and fluid intake had not been monitored by the provider so they could ensure that the person received adequate amounts for their needs.

We spoke with a healthcare professional after the inspection. They raised concerns that nursing staff had not followed their guidance about how to assist two people with their food to prevent them from choking. The healthcare professional told us that they had received information from people's relatives to say that people's food was not being prepared correctly and that they were not being positioned appropriately when being given the food by the nursing staff. In their professional opinion, such action could place a person at increased risk of harm. All of the evidence presented above shows that there has been a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff told us that there were some people who lived at the service who lacked capacity to consent to their care and treatment. This means that the provider has to comply with the principles of the Mental Capacity Act 2005 (MCA) which is an Act that has been passed to protect people's rights where they lack capacity to make their own decisions. Although we saw that the provider had followed these principles when giving people 'covert' medication, they had not always applied these principles in other circumstances.

For example, one person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order within their care record. This had been completed so that staff would not attempt to resuscitate the person should they stop breathing. The DNACPR form stated that the person had dementia. There was no evidence that the person had been consulted about this decision or that their capacity had been assessed at the time of making the decision to determine whether they had the capacity to consent to this order. No meeting had been held between the person, relevant healthcare professionals or the person's representatives to determine if this action was in their best interests.

Requires Improvement

Is the service effective?

We found that the provider had not reviewed people's capacity regularly to make sure that the treatment and care being delivered was appropriate. For example, one person had been deemed as having capacity in March 2014 to make the decision that they did not want to use pressure relieving equipment to reduce their risk of acquiring a pressure ulcer. However, in July 2014 a healthcare professional had expressed concern that the person may not have the capacity to make this decision and another healthcare professional diagnosed the person with dementia in July 2014. The staff told us that this person had fluctuating capacity. No re-assessment of the person's capacity had been made in response to this new information. The person had severe ulcers on their legs that were being treated by the nursing staff. Therefore, it was unclear whether the person still had the capacity to make such a decision which potentially put them at risk of harm.

We also found that there was contradictory information within one person's care record regarding their wishes if they became unwell or stopped breathing. Their care record contained a DNACPR dated 2 October 2014. This indicated that the decision had been discussed with the person and their family. However, another document within their care record dated 14 October 2014 stated that if they became ill, they wanted to have medical intervention. We asked a nurse which was correct but they did not know. They also told us that the person had fluctuating capacity but there was no evidence that this had been recently assessed or that the DNACPR had been put into place in their best interests. This meant that there was a risk that the person's wishes would not be followed. All of the evidence presented above shows that there has been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

The people and relatives we spoke with told us that they felt the staff were well trained. One person told us, "Oh yes, they know what they are doing." One relative told us, "The staff are very well trained. They tell me how excellent the training is in this home."

All of the staff we spoke with told us that they had received enough training to provide them with the skills and knowledge they needed to meet the needs of the people who lived at the service and the records we viewed confirmed this.

Staff told us they were happy that they received adequate levels of supervision from their manager where they could raise any issues they had and where their performance was discussed.

The people we spoke with told us that staff asked for their consent. One person said, "The staff always ask me for my permission before they do anything." We saw staff asking people what they wanted to drink, if they wanted to eat their meal or if they wanted to be involved in various activities during the day.

The provider was meeting the requirements of DoLS. The registered manager advised us that all of the people living at Woodside House had been re-assessed to see whether or not they might be deprived of their liberty unlawfully. Where it was felt they may be being deprived of their liberty, an application had been made to the Local Authority supervisory body for authorisation for the service to do this in the person's best interests. The service was currently waiting to hear from the Local Authority.

The majority of people we spoke with told us that they enjoyed the food. One person said, "The food is good." Another person who had just eaten their lunch told us, "The fish is lovely." A further person said, "The food is always tasty."

People told us they had a choice of food and we saw that this was the case. One person told us, "I had kippers last night, they are my favourite." We observed that the food served was nutritious. People were able to help themselves to snacks such as fruit that were located around the service.

People told us they had access to plenty of fluid to keep them hydrated. Each person we spoke with had a full jug of water or juice in their rooms. Drinks machines and jugs of juice were located within communal areas so that people could help themselves when they wanted a drink. We observed staff prompting people to drink fluids on a regular basis throughout the inspection.

The provider had asked people what foods they liked and staff were aware of people's individual dietary needs such as whether they required a diabetic or vegetarian diet. The kitchen staff told us that they were aware of people's individual dietary requirements and that they received this information from the nursing staff each day so they could ensure they met the person's dietary needs.

Requires Improvement

Is the service effective?

All of the people we spoke with told us that they were able to see their GP when they needed to. They also told us that they saw a variety of other healthcare professionals such as opticians, dentists and chiropodists regularly to help them maintain good health. The care records that we reviewed confirmed that the provider contacted health and social care professionals in a timely manner when they had concerns about people.

Good

Is the service caring?

Our findings

All of the people we spoke with who lived at the service were positive about the care they received. One person told us, "its lovely here. I have a very pretty room. I am very happy. There is a nice garden and staff take me out there." Another person said, "I'm alright. I like listening to the music that is playing. I am well cared for."

The majority of visiting relatives we spoke with also told us that they were happy with the care their family member received. One relative said, "I cannot fault this home. We were very lucky to get in here." Another relative told us, "I am generally happy with everything. It is a clean and nice place. Staff are lovely."

People told us that the staff were kind and compassionate. One person said, "The staff are all very kind." Another person told us, "The staff are wonderful." Relatives also told us that the staff were caring. One relative said, "The staff are wonderful and so kind." Another relative told us, "People are well cared for. I often see staff laughing and having a joke with people."

The staff we spoke with told us they understood the importance of providing care to people that was based on their individual need. Staff were able to demonstrate that they had a good understanding off people's individual needs and how they liked to be supported with their care.

We observed that staff were kind and compassionate to people. When talking to people, staff kneeled down to their level and held their hand. It was evident that staff knew people's interests. Staff were seen speaking with people about what they enjoyed and their previous life experiences.

We saw one staff member take time to sing to one person. They held their hand and looked directly at them as they sang to them. The person was seen to be smiling and enjoying the time that the staff member was spending with them. Another member of staff was seen to hold someone's hand and rub them gently on their back when they were coughing.

Staff assisted some people to eat their meal. This was done in an unrushed manner. Some of the staff had their meals with the people living at the service and people were seen to be smiling during their conversations with staff and each other.

People told us that they had choice and we saw evidence of this on the day of the inspection. People who smoked were assisted to go outside so that they could do this. Staff encouraged people to express their views about how they wished to spend their day. Some people said that they wanted to go to the atrium to join in with the activities whilst other people asked to be assisted into the quiet lounge to listen to music. Other people were able to go outside into the grounds of the service to get some fresh air. People also told us they were able to furnish their rooms to their own taste and have important personal items within their rooms such as pictures, photographs, ornaments and televisions.

Staff knew the needs of the people they cared for. This included people's communication needs. People's care records documented their communication needs and how these could be met in an effective way. This included how people who could not verbalise their thoughts communicated. There were explanations as to what people's gestures and vocal sounds meant. There was information for staff in relation to using different communication techniques for people. These included hand signs, gestures and visual aids. We saw staff followed what had been documented in people's care plans to help ensure effective communication.

The people we spoke with told us that they could not remember whether they had been involved in the planning of their care. They said that they did not know whether they were involved in the reviewing of their care plans. They did however tell us that they felt their needs were met. The registered manager told us that every six months reviews of people's care were held with the person and their family members. We saw evidence that these reviews had taken place.

Meetings were held with the people who used the service regularly. These were used as a forum to gain ideas from people of how they would like to see the service improve. We saw that items such as the number of activities on offer, up and coming events and outings were discussed. The people we spoke with told us that the staff listened to them and acted on any feedback that they gave.

Staff respected and supported people's cultural needs. For example, one person was supported to attend church

Good

Is the service caring?

regularly so they could continue to practice their chosen religion. The provider had also arranged for visitors of different faiths to conduct religious services for people to attend if they wished.

People and their relatives told us that staff treated everyone with respect and that their independence was encouraged. One person said, “On yes, the staff are very respectful to me.” Another person told us, “They [the staff] are very efficient and also well mannered.” Our observations confirmed this. We saw staff talking to people in a polite and respectful manner at all times. Staff discreetly asked people if they required assistance with personal care. People’s doors were closed at all times whilst they received personal care in their rooms. Staff were seen to encourage people to walk independently whilst staying next to them to be able to offer support as required. Also, people were supported to eat their meals independently.

Good

Is the service responsive?

Our findings

All of the people and relatives we spoke with told us that they received care from staff when they needed it. They also told us there was plenty for them to do during the day and that they were able to pursue any interests that they had. One person told us, "Yes, I can go to church and read which I enjoy." Another person said, "You can do whatever you want here, there is always lots to do."

The provider had assessed people's individual needs. These included people's preferences such as what time to get up in the morning and how they wanted to spend their day had also been explored. The people we spoke with told us that these preferences were respected. People's care records had been reviewed on a regular basis to make sure that they reflected people's current care needs.

We noted that different activities were available to meet people's individual needs. All of the people we spoke with told us that they enjoyed the activities that were available on a daily basis. These included painting, Tai Chi, reminiscence, gardening, games, baking and trips out into the community. During the day of our inspection we observed one of the activity co-coordinators setting up the atrium area for a circus themed day for the following day. People were assisting them to do this and trying on different hats and costumes. People were seen smiling and laughing. It was evident that staff were very knowledgeable about people's social and emotional needs.

People told us that visits from friends and relatives were encouraged by the service. One person said, "My friends are encouraged to come so they can take me to church, this is very important to me." Another person told us, "I always get to see my friends." The relatives that we spoke with confirmed they were always welcomed by the staff. One person told us that the service had provided them with a telephone so that they could keep in contact with people who were important to them.

Staff told us about an initiative that was in place to encourage staff to spend time with people to have one to one chats. This was called 'meaningful time'. Staff advised that this was important to help protect some people from the risk of social isolation. People told us that staff regularly spent time talking to them and we observed this on the day of the inspection.

People also told us that they were able to go into the community. One person told us how much they had enjoyed attending a recent fireworks display. Another person said, "I go out to the shops regularly. I like looking at the clothes" The staff told us how they took some people to the local café for a drink regularly. The service also had a minibus that enabled them to take people out on trips during the week.

We asked people and visiting relatives if they were confident to raise any concerns or complaints if they were unhappy with anything. They told us that they were happy and did not have any complaints, but that they would speak to the staff if they needed to. Information about how to complain was displayed around the service.

All of the staff we spoke with could tell us about the provider's complaints policy and how they would support a person to make a complaint if they wished to do so.

Requires Improvement

Is the service well-led?

Our findings

During the inspection we found the records that were in place to record how much food and fluid people were having contained significant gaps. Some people's meal time records had nothing documented as to whether they had eaten anything. Fluid charts indicated that people had not had an evening drink. One person's record stated that they had only drank 350mls on one day and 500mls another day. Their care plan stated to 'push fluids' as the provider was concerned that they were at risk of dehydration but the records did not evidence that this action had been taken. Staff confirmed to us that people received their food and fluid and we observed this on the day of the inspection. Therefore the records were inaccurate. This meant that the provider could not accurately assess whether people's food and fluid intake was adequate for their needs.

We also found some inconsistencies regarding the documentation that was held within people's care records. Within four care records we viewed, we saw that there were sections in relation to people's personal history/ personal profile and their cultural, spiritual and social values. Two people's care records included their hobbies and interests. However, two people's care plans did not contain any information in relation to this. One person's care plan simply stated, 'Enjoys own company.' With the exception of one person's care plans, nothing was documented in relation to people's spiritual values or needs.

Two people's care records did not contain any information about their personal history. The staff we observed did speak with people about their personal history. However, staff that were not familiar with the people who used the service would not be aware of their past histories. This is an important part in good dementia care. Also the care records we looked at did not have advanced care plans in place detailing people's wishes at the end of their life. This was despite one person having a DNACPR in place.

Staff did not always know how to locate records promptly when they needed them. There were no capacity assessments within people's care records to show that the provider had assessed people's capacity to consent to a decision where their ability to do this was in doubt. We asked the nursing staff whether these had been completed but they did not know. After the inspection visit, we wrote to the registered manager who told us that people's capacity had been assessed and that the records to confirm this were kept in her office. The nursing staff were not aware of this and therefore, they did not have access to the information they needed to enable them to determine what support people required to help them make a decision or what decisions staff needed to make for people in their best interests. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had systems in place to monitor the quality of the care that was being provided. These included regular audits of the information contained within people's care records, other records relating to people's care, the management of medicines, the environment, staff training, staff recruitment records and health and safety.

Where issues had been identified that required improvement, we saw that action had been taken. For example, following a recent food safety audit that had been conducted by an external company, the required actions had been implemented to make sure that the food was safe for people to eat. Also, one issue that we found on the day of the inspection [people's advanced care plans not being completed] had been identified by the provider and staff had been given a deadline to complete these by the end of the year. However, other issues that we discovered during the inspection had not been identified during these audits. These included gaps within food, fluid and re-positioning records and inconsistent information contained within people's care records. This was despite the care records having been reviewed regularly each month as was confirmed by the staff and the registered manager.

The provider had not made sure that the nursing staff were following relevant guidance such as the National Institute for Health and Care Excellence guidance entitled; 'Pressure ulcers: the management of pressure ulcers in primary and secondary care' (2005), when providing people with pressure management care. The principles of the MCA (2005) were not always being followed. Best interest decisions had not always been recorded as having taken place where there was doubt that a person could consent to an important decision about their care, such as whether or not they wanted to be resuscitated if they stopped breathing. Nursing staff were not always following professional guidance given to them by other health care professionals. Therefore, the provider's quality monitoring

Requires Improvement

Is the service well-led?

system was not effective as it did not identify these issues so that they could be investigated and corrected. This meant that people were at risk of receiving unsafe or inappropriate care. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

All of the people and relatives we spoke with told us that they felt that the service was well led and that they knew who the management team were. All of the staff told us that they felt supported and listened to by the registered manager. They said that they were actively encouraged to raise any concerns they had about poor care practice and that action was taken in response to these concerns.

Most of the staff we spoke with had worked at the service for a number of years. There was a low turnover of staff. This indicated that staff were happy within their jobs and they confirmed this to us when asked. Most staff told us that they 'loved' their jobs and would not want to work anywhere else and that they felt they worked well as a team to provide people with good quality care.

Staff were clear about the visions and values of the service and their own individual roles. We asked staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all told us that they would feel confident to whistle blow if they felt that there was a need to and that they understood how to do this.

The registered manager confirmed to us after the inspection that people's views on the quality of the service were sought. People were asked to complete a survey. One area of concern raised by people was regarding the lack of activities on offer to meet their interests. In response to this, the provider had increased the number of activities to include forming links with the local schools. Some people we spoke with confirmed that school the school choir had recently given them a performance. This showed that the provider listened to people and acted on their views.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People were not protected from the risks of receiving care and treatment that was unsafe or inappropriate because the risks to their health were not being managed effectively and care was not being delivered as planned. Relevant published guidance was not being followed. (Regulation 9, 1, b, i, ii, iii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider did not have effective systems in place to monitor the quality of service provided or to identify, assess and manage the risks relating to people's care and welfare. Relevant professional advice was not always being followed and information requested by the Care Quality Commission was not sent when requested. (Regulation 10, 1 a, 2 b iv, 3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider was not always following the principles of the Mental Capacity Act (2005) when making decisions about people's care and treatment where they lacked the mental capacity to give their consent. (Regulation 18).

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Records relating to people's care and treatment were not always complete or were inaccurate or contained conflicting information which could lead to people receiving unsafe or inappropriate care. Some records could not been accessed promptly by staff when needed (Regulation 20, 1 a, 2 a).