

Laureston House Limited

Laureston House Residential Home

Inspection report

Laureston Place
Dover
Kent CT16 1QU
Tel: 01304204283
Website: www.laurestonhouse.com

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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



Overall summary

The inspection took place on 28 and 29 October 2015, and was an unannounced inspection. The previous inspection on 27 October 2013, found no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to 21 older people who may also be living with dementia. At the time of this inspection there were 18 people receiving the service. The premises are on

three levels, with both stairs and a lift connecting the floors. There is a large communal lounge and dining room on the ground floor and a smaller lounge in the basement.

The service has an established registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the registered manager was on annual leave. The deputy manager assisted the inspector throughout the inspection.

Potential risks to people were identified regarding moving and handling but full guidance on how to safely manage the associated risks were not always available. This left people at risk of not receiving the support they needed to keep them as safe as possible.

The systems in place to manage medicines were not safe. Staff had been trained but did not always demonstrate good practice in medicine administration.

People felt safe in the service. Staff signed to confirm they had read and understood the safeguarding procedures in place. They demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

Accidents and incidents had been investigated and were recorded to prevent further occurrences, however these had not been summarised to look for patterns or trends to reduce the risks of them happening again. Checks were done to ensure the premises were safe, such as fire safety checks; however water temperatures checks had not been carried out regularly to reduce the risk of scalding and to monitor the risk of legionella disease. Equipment to support people with their mobility had been serviced to ensure that it was safe to use. Plans were in place in the event of an emergency.

There was a plan in place to ensure the service was maintained on a regular basis. Some refurbishment of the premises had been carried out and plans were in place to improve the environment by December 2015. People's rooms were personalised to their individual preferences and a new wet room had been installed.

There were enough staff on duty, to ensure that people's needs were fully met. Staff were checked before they started to work at the service and there was an ongoing training programme to ensure that staff had the skills and competencies to carry out their roles. Systems were in place to ensure that staff received supervision and a yearly appraisal to support them in their role and identify

any training and development needs. Staff were recruited safely. New staff received an induction and shadowed experienced staff until they were confident to perform their role.

People were supported to make their own decisions and choices and these were respected by staff. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The deputy manager understood when an application should be made should a person need to be assessed to have their liberty restricted. There were no DoLS applications required at the time of this inspection.

People had choices of food and specialist diets were catered for. People told us the food was good and the staff knew what they liked and disliked. The cook had daily contact with people and promoted a healthy and balanced menu so that people would remain as healthy as possible.

People were supported to maintain good health and received medical attention when required. Appropriate referrals to health care professionals were made when required.

People told us and we observed that staff treated people with kindness, encouraged their independence and responded to their needs. People and relatives told us their privacy and dignity was maintained, and the staff were polite and respectful.

People and relatives had been involved in planning their own care. Care plans had been regularly updated to ensure that staff had current information to make sure people received the care they needed. People were being supported to engage in activities of their choice. Visitors were able to visit any time and the service welcomed lots of family and friends.

People, relatives and health care professionals had been asked for their opinions on the quality of care received. The results were very positive but these had not been summarised and there was no feedback to the people so they were not aware of the outcomes. There was a system in place to record, investigate and resolve comments and complaints, however there had been no complaints in 2015. Audits and health and safety checks were regularly carried out.

Summary of findings

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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 not consistently safe.

Risks associated with people's care were assessed. However, further detail was required to mitigate risk when supporting people with their mobility. The management and administration of the medicines was not always safe.

Staff were trained in safeguarding and emergency procedures. Environmental risk assessments had been completed and equipment had been checked to make sure it was safe to use.

Staff recruitment procedures ensured staff were safe and suitable for their job roles. Staffing numbers were maintained to a level which ensured that people's needs and preferences were met.

Requires improvement



Is the service effective?

The service was effective.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

There were ongoing training programmes for staff. Staff received individual supervision and a yearly appraisal to address training and development needs.

Staff were knowledgeable about people's health needs and supported them to maintain good health.

The service provided a variety of food and drinks to ensure people received a nutritious diet.

Good



Is the service caring?

The service was caring.

Staff were kind to people, and spent individual time with them. People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

Staff communicated effectively with people, they were attentive to people's needs and responded to their requests for support.

Staff supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People's care was personalised to reflect their wishes and preferences. Care plans had been reviewed and updated so staff were aware of people's current needs.

Good



Summary of findings

People were involved in their local community and participated in activities they enjoyed.

The service sought feedback from people, through meetings and surveys.

There was a system in place to respond to complaints; however there had been no complaints this year.

Is the service well-led?

The service was not always well led.

The registered manager carried out regular checks on the quality of the service; however these checks had not identified shortfalls in the checking of the water temperatures and the risk of legionella. There were also shortfalls in the management of medicines and the moving and handling risk assessments.

People, relatives and health care professionals had completed a quality survey about the service. The results were very positive, but these had not been summarised and shared with the people so that they were aware of the outcomes.

People, relatives and staff told us they were well supported by the management team and they had confidence in how the home was run.

Requires improvement



Laureston 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 inspection took place on 28 and 29 October 2015 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service, and the expert was experienced in older people's care.

There was no Provider Information Return (PIR) completed by the service as they had not received this prior to the

inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with 14 people who used the service, the deputy manager, two senior staff, three care staff and the cook. During the inspection we spoke with two health and social care professionals.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

Is the service safe?

Our findings

People told us they felt safe living at Laureston House. They said: “When I feel a bit wobbly there is always someone to hold my arm and help me”. “I sleep a lot better here than I did at home because I know there is someone there if I needed help. That makes me feel safe”. Another person said they asked if the door is kept locked to stop people coming in. They said: “The staff assured me that no-one can come in unless they ring the doorbell and sign the book. That makes me feel safe”.

Detailed moving and handling risk assessments were not always in place to give staff clear guidance of how to move people safely and consistently. One person needed a hoist to move. The person had not been assessed by a health care professional and there was no risk assessment in place to guide staff how to move them safely. Another person’s risk assessment stated that only one member of staff was required to support them with the hoist, however there were no guidelines to show how this was being safely managed. Some people also had bed rails but there were no risk assessments in place to ensure that bed rails were safe to use.

Another person had moving and handling risk assessments in place which noted that they had poor balance and were at risk of falling; however there was no full guidance of how to keep this person safe. There was guidance to show staff how to support them, such as offering their arm for support and in the future they may need to consider a mobility aid. However, staff told us that this person was prone to putting themselves on the floor when they were tired, but this information was not included in the care plan. There was a risk therefore that staff may not realise when this person may have fallen or was just sitting on the floor due to tiredness.

The provider did not have sufficient guidance in place for staff to follow to show how risks were mitigated, including when moving people. This was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff had received medicine training and people told us they received their medicines when they should. However, observations indicated that staff were not giving people their medicines safely. On occasions staff gave people their medicines in pots and left them beside their dinner plates

to take. They did not wait until people had taken their medicine safely to check people had taken the medicine. At the end of the lunch time we saw that there was a tablet on the floor, which a person had not taken. It was unknown if the person refused to take their tablet or just dropped it on the floor. Staff were not making sure that people had taken their medicines safely but they still signed the medicine record to say that the person had received and taken their medicine.

Staff did not routinely ask if people needed their pain relief. ‘As and when required’ medicine should be offered to people when they are in pain and if they requested pain relief. Records showed that people were given their ‘as and when pain relief’ four times a day every day. There was no evidence to show that this had been discussed with their doctor to make sure their pain was managed or if this was acceptable practice.

Medicines, including controlled drugs, were not always stored appropriately. There were no systems in place to ensure that medicines were stored within the required temperatures. Medicines that required cool storage were kept in the fridge and the temperature of the fridge was monitored.

Medicines administration records (MAR charts) had not been clearly and accurately completed. They were not always completed at the time people took their medicines, as they should be. One person’s morning medicine had not been signed off as taken and this error was found when the lunch time medicines were to be administered. Another person’s record showed that the doctor had prescribed that they take their medicines at certain times of the day. Staff had changed the times of this medicine without any instruction from the doctor to do so; therefore the person was not receiving their medicines at the time the doctor had prescribed. There was also an error in the number of tablets being stored, although the overall number of tablets was correct the dosage system showed that the medicine may have been taken from the pod on the wrong days. There was no record to explain this variance.

Records included a photograph of the person to confirm their identity, and it also highlighted any allergies. There were suitable procedures in place for destroying medicines, which were no longer required.

Is the service safe?

The provider did not have effective medicine systems in place to ensure that people received their medicines safely. This was in breach of Regulation 12 (2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no systems in place to ensure that the hot water temperature was checked to reduce the risks of scalding. Each person had a wash hand basin in their bedroom, which people had unsupervised access to and the temperature of the water was not monitored or thermostatically controlled. No legionella test had been carried out to make sure the water was safe.

The provider had not ensured people were adequately protected against the risks of scalding and there were no checks on the water system to reduce the risk of legionella. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were records to show that equipment and the premises received regular checks and servicing, such as checks of the hoists, boilers, and electrical system. Rooms were checked on a regular basis to ensure equipment was working. There was a plan in place to ensure the building was maintained and timescales to improve the décor of the service. A wet room with a bath and shower had recently been installed and people told us they were given the choice of a bath or shower. Staff told us that they checked and monitored the pressure relieving mattresses and cushions to make sure they were the correct pressure for the person who was using them, however this information had not been recorded.

People told us they felt safe and would speak with the staff if they were unhappy. Staff understood the importance of keeping people safe and had completed safeguarding training. They knew the types of abuse and how to raise concerns with their manager or the local authority safeguarding team. Staff were aware of the whistle blowing policy and told us they had never had cause to complain

about the practice of their colleagues, however they would not hesitate to tell their manager who they were confident would take appropriate action. The safeguarding and whistle blowing policies required updating to reflect the current legislation.

Accidents and incidents were recorded and actioned to prevent further occurrences. One person had fallen several times in October and as a result the staff had contacted their doctor who reviewed and changed their medication which had a positive effect on their mobility.

The provider had a business continuity plan in place to deal with emergencies, such as fire or flood. The registered and deputy manager covered an on call system so that staff had a manager available for guidance and support at all times. The service had a 'snatch bag', which included a 'personal emergency evacuation plan' (PEEP) for each person, to give staff guidelines of how to move people out of the home in the event of an emergency.

People and relatives told us that there was always enough staff on duty. Staff told us that staff were always replaced in times of sickness and annual leave. They said they worked as a team and were available to cover each other when needed. The staff had been restructured to ensure that a senior member of staff was on duty at all times. At the time of the inspection there were enough staff on duty and the rota showed staffing levels were consistent. The staff team was consistent with some staff having worked at the service for several years. Staff told us they enjoyed their jobs and 'loved' working at the service. They said 'This is a happy home we care for our residents'. "We all get on so well, we make people as comfortable as they can be, it is 'their' home 'their choice'". "We are a very good team, we know the people well and make sure they get what they want".

Recruitment procedures were thorough to make sure that staff were safe to work at the service. A record was kept of the interview process and written references, together with police checks were carried out to make sure that staff were suitable and of good character.

Is the service effective?

Our findings

People told us that that the staff looked after them well. Staff told us that they received the training they needed to further develop their skills.

People said staff always asked for their consent when they were supported with their personal care and daily routines. People who were able, signed a consent form in their care plans to confirm they agreed with their care, and where appropriate relatives and representatives were also involved in this process. Staff offered people choices of what they would prefer to drink or wear, where they would like to sit, and what they preferred to do.

Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff had received training to help enable them to understand their responsibilities under the MCA and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The deputy manager told us that further mental capacity training updates were being arranged to keep staff up to date with current guidance. No one was being deprived of their liberty at the time of the inspection. Staff understood the importance of supporting people to make decisions about their care and when to take action if people's capacity declined.

Staff attended training courses relevant to their role, such as health and safety, fire safety, moving and handling, first aid awareness, infection control and basic food hygiene. Specialist training, such as diabetes training, had been provided for all staff. Staff understood their roles and responsibilities. New staff undertook induction training and shadowed senior staff before they were deemed competent to work on their own. The induction training was competency based in line with the recognised government training standards (Skills for Care). The provider was in the process of transferring to the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life.

Staff told us they discussed their learning and development with their manager. They told us there had a yearly appraisal and regular one to one meetings.

People told us that the staff always called the doctor quickly when they needed medical attention. Staff monitored people's health care needs. This included information and assessment

about how to support people with their nutritional, skin care and continence needs. Referrals were made to other health professionals, such as the district nurse or doctor. Records showed that staff had also taken action when a person's weight changed, which resulted in a change to their medicines. People told us that they saw the chiropodist, dentist, and optician when they needed to.

Visiting health care professionals told us that the service was very proactive and reported any concerns promptly. They said they always implemented their advice to make sure the person received the care they needed. Relatives told us that they were kept informed about people's health care needs.

Staff had received diabetes training and were able to explain the risks and symptoms to look for if peoples' sugar levels were above or below their usual reading and when to call for medical assistance. The outcomes of visits from health care professionals were recorded, and care plans showed that treatment was given according to their directions.

People and their relatives said the food was very good and this was observed at lunchtime. People confirmed that the food was served hot and was plentiful. They said: "The food is very good and the portions are just right". "The food is magic. I feel nicely full and quite satisfied".

Relatives said: "The food here is excellent although my relative is not too well at present and is not eating a lot. However, they are keeping a close eye on this and his weight and we are quite happy with this". "The food is always home cooked and serviced hot".

Staff told us how they encouraged people to leave their bedroom and come down to the dining room to eat lunch. We observed the lunch being served and this was quite a social occasion with all the staff around. People chatted and laughed with staff and each other as the meal was being served. The meal looked appetising and people were asked if they wanted second helpings. People were asked each day if they wanted the choice on the menu and if not were offered an alternative. Staff were available to encourage and help those people who needed some

Is the service effective?

assistance. People chose where they wanted to have their lunch, either in the dining room, the lounge or their bedroom. Those who ate in their rooms choose to do so, one person said: "This is how I like it".

People were being asked for ideas and suggestions to improve the tea time menu at the time of the inspection. The cook was encouraging people to make choices and spoke with staff to make sure people were encouraged to participate. Lunch time suggestions, such as a curry, had been received and this was being put on the menu for the following week.

The cook told us how they would fortify meals should people require additional supplements to their diet by

adding extra butter and cream. People's weights were regularly recorded and any significant changes were reported to the management team to ensure appropriate action was taken. Each person had a nutritional assessment to identify if they needed any specific dietary needs and if required they had been referred to dieticians. Only one person needed to have their meal pureed at the time of the inspection and this was provided and presented appropriately. The cook was familiar with people's different diets and ensured that people had a varied menu to choose from. Various drinks were available to people throughout the inspection and staff made sure that people had the fluids they needed.

Is the service caring?

Our findings

People told us that the staff were caring, polite and very respectful. They said: “The staff are extremely caring”. “We have lot of laughs with the staff, they really care about us”. “I cannot fault the staff”. “The staff are just lovely”. “I give this home 10 out of 10 for the care we receive. The staff are brilliant”. “I am very happy with everything. I cannot fault the care I receive”. “The staff here are very nice and kind.”

Relatives said: “I am very happy with the care my relative receives. When I leave or cannot get to visit, I know they are perfectly safe and well cared for. It is such a relaxed service and everyone is treated like family”. The staff have very happy dispositions”. “The quality of care is really excellent, every need is catered for and my relative is spoken with kindly and with respect”. “We were impressed with the wonderful family atmosphere, kindness and team spirit shown by everyone”.

Staff made sure people were included in the daily routines. Staff greeted people whilst carrying out their duties; they stopped and chatted to see if people needed anything, such as a drink. Staff went out of their way to ensure that people were receiving the care they needed. They gently supported a person to dance and sing each time they chose to, even though the person had poor balance. Staff attentively watched the people and only helped if they were asked to or felt the person needed assistance. They spoke quietly and reassured people when they became anxious, such as when they needed to use the bathroom.

People told us that they had lots of choice and their preferences were taken into account. People told us about their daily routines, such as getting up and going to bed. They said that staff respected their wishes and they were able to do what they wanted to do. This information was reflected in their care plan to ensure that staff had clear guidance of how to support people to remain as independent as possible. People were asked if they preferred a male or female member of staff, and their choices were respected. Some people preferred to stay in their rooms and staff made sure they had everything they needed. We observed that the calls bells were situated in easy reach so that people could call staff at any time. Staff also checked on people regularly throughout the day to ensure they received the attention they needed.

Staff knew people well; they told us how they read about their lives in the care plans so they could discuss what was important to them. All the staff we spoke with knew the people they were caring for; they understood their needs and were able to tell us about their likes and dislikes. They said they had meaningful relationships with the people, which helped them to provide personalised care for each person. People were relaxed with the staff and told us that they had fun and enjoyed the banter with staff. People were encouraged to remain as independent as they could; for example, care plans showed they were encouraged to help with their personal care or minor household tasks around the service.

The deputy manager told us that no one was using an advocate at the time of the inspection as most people had capacity or would be supported by their family if they needed to make decisions about their care. Information about independent advocacy services was available for people if they needed additional independent support.

There was information on the notice board to ensure that people were being treated with dignity and respect. People told us they were always treated with dignity and their privacy was protected. There were curtains between the beds in shared rooms to ensure people had the privacy they needed. Staff were observed knocking on people's door and calling out before entering. People told us that the staff made sure they received their personal care in private, by closing doors and curtains. On the recent quality survey a health care professional commented: “The service is very caring, respectful staff to all of the residents”. “A very friendly and welcoming atmosphere”.

Information about people's beliefs and religious preferences were recorded in their care plans. Regular church services were held and people were able to take part in Communion if they chose to.

There were no restrictions on families visiting and all the relatives we spoke with confirmed that they could visit when they wanted to. People told us that their relatives visited frequently and they were always made welcome. People were able to access the community and go out with their friends and relatives.

Is the service responsive?

Our findings

People were very satisfied with the care and support they received. Some people had been involved in planning their care, whilst others had been supported by their relatives. People told us that the staff responded promptly when they rang the call bells. People who chose to stay in their rooms also said that staff checked on a regular basis that they had everything they needed.

Each person had a pre-admission care needs assessment to ensure that the service would be able to meet their individual needs. The registered or deputy manager completed this assessment with the people and their relatives. People and their relatives told us they had been invited to visit the service, stay for a meal and get to know the people and staff before they made a decision to move into the service. People on respite care told us they would recommend the service. They said they had been given lots of information about what to expect in the service.

The deputy manager told us that they were in the process of introducing new care plans. These care plans were personalised with more details about individual needs. They covered people's personal care routines, their mobility needs, history of falls, nutritional needs, skin care, communication, oral hygiene, and medical history. They contained details of people's individual choices and preferences, such as going to bed, their social activities and what they liked to wear. There was information about people's life histories to enable staff to care for them in a personalised way.

People's care plans were discussed with them and their family members if this was their wish. Care reviews were carried out regularly and people/relatives and representatives were invited to support their relatives if required. Staff told us that if they felt that people's needs had changed they were able to discuss the issues with the managers who would listen, review and update the care plans.

Staff were responsive to people's needs. One person raised an issue during the inspection and staff took action straight away. They asked the visiting district nurse to check the person and received advice of how to provide the care the person needed. The person commented: "If I had been still living at home, I would have ignored the problem which I

realise would have been unwise. One thing about living here, there is always someone to sort things out for you and I am not afraid to ask for help. They don't mind what they do for us".

People told us they had enough to do during the day and spent their days doing activities such as bingo, and 'sing alongs' which included gentle exercises. All of the staff carried out the activities, which were flexible each day. People went out with their relatives/friends and also to day centres. Families and friends had been invited to the Halloween party and the menu was on display. Visitors commented on this and there were lively discussions about the party. Some people choose to stay in their rooms. They told us they were routinely asked if they wanted to join the activities but preferred to keep themselves busy with their own hobbies, such as knitting, word puzzles and watching television.

Events such as entertainers visiting the service were on display in the hallway. People were seen singing along to the music played during lunch and told us they enjoyed the selection of songs played each day. The service was also looking at the activity programme called 'Ladder to the Moon' to help develop personalised care activities to each person. Ladder to the Moon supports organisations to place activity, creativity and wellbeing at the heart of care services, with a focus on further developing staff attitudes and skills.

People told us that they did not have any complaints about the service. They said that staff listened to them and made sure they had everything they needed. They said they knew the managers and would not hesitate to speak with them or staff if they had any concerns. People said: "It is excellent here. I have no complaints. All my needs are met". "The manager said if you are not happy with anything, tell me". On the recent quality assurance survey a relative commented. "My relative is well looked after, we have no complaints".

The complaints procedure was on display. There were systems in place to record and respond to complaints, however there had been no complaints this year. Compliments were often received from relatives and these were on display in the dining room, with comments as follows: "Thanks for the excellent care and love you all gave to my relative".

Is the service well-led?

Our findings

The registered manager and deputy manager were visible in the service. There was always a manager on duty, as the managers worked every other weekend. People and relatives knew the managers well and said they were always around to chat and listen to any problems they might have.

A relative said: "If it came to it, I would be quite happy to live here. I cannot fault anything". "I would definitely recommend this home". "This home has an excellent reputation, which it truly deserves". "I just wanted to say that we appreciate the excellent level of carer you give my relative, each of you believes in the ethos of the job and it shows". Three relatives told us that they would not hesitate to recommend the service.

Staff told us that the service was well led and they felt supported by the management team. They said: "We make sure people get good care and the managers check to make sure". "The managers motivate staff to do a good job; they listen and are always available for guidance if we need them". "We make sure the people come first".

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines records and health and safety checks. However, the audits had not identified the shortfalls in moving and handling risk assessments, the issues with the management of the medicine and lack of checks on the temperature of the water. Although we could see that appropriate action had been taken to address any issues, not all of the audits showed when the action points had been completed or checked to ensure that the improvements required had been carried out.

Accidents and incidents had been recorded and records showed that action had been taken to reduce the risks. Near misses were also recorded, such as when someone tripped on a mat, this was removed to make sure it did not happen again. However the accidents/incidents had not been summarised to look for patterns and trends to reduce the risk of them happening again.

The recent quality assurance survey was sent to people, relatives and health care professionals. The results were

very positive, and people said they were extremely happy with the quality of care being provided, however this information had not been shared to make sure people were aware of the outcome of the survey.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The provider did not have effective systems in place to assess, monitor and improve the quality and safety of service. This was a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff had not been included in the recent quality assurance survey, they were encouraged to voice their opinions through staff meetings, one to one meetings with their line managers. There were handovers between shifts so that staff were up to date with people's current needs. One member of staff said: "Communication is always good between the managers and staff as we work closely together". There was a programme of supervision and appraisal in place but the deputy manager told us that the programme was not up to date. They had noted that the frequency of supervision and appraisal had slipped and they were in the process of addressing this shortfall.

The deputy manager told us that the registered manager had recognised that the care plans were not all as personalised as they could be and the service was in the process of introducing a new format of care plan.

The registered manager and deputy manager covered on call arrangements at weekends to support the service. There was always a manager available, including at weekends, and staff were all aware of the importance of providing quality service. Staff understood the visions and values of the service as they were made aware of them through their induction, training and staff meetings. One staff member said: "We treat everyone as an individual". "People are treated as we would like to be treated ourselves, like a member of our family". "We respect people as individuals and maintain their privacy and dignity at all times".

The deputy manager told us that they were given the opportunity to develop their skills by attending local forums, such as the Care Home Forums. They were also in the process of commencing leadership qualifications to enhance their skills and abilities.

Is the service well-led?

The service had links with the community. The local school visited each week to entertain and speak with the people. They told us how much they enjoyed this time and it was the highlight of their week.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. Untoward incidents or events had been reported and the provider told us about actions that had been taken to prevent them from happening again.

Records were stored securely to ensure people's confidentiality. Staff personal details were kept in locked offices with restricted access, and only managers had access to staff files. The deputy manager told us that the storage space for people's records was being reviewed to ensure it was safe and secure.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient guidance in place for staff to follow to show how risks were mitigated when moving people.</p> <p>The provider did not have effective medicine systems in place to ensure that people received their medicines safely.</p> <p>The provider had not ensured people were adequately protected against the risks of scalding and there were no checks on the water system to reduce the risk of legionella.</p> <p>Regulation 12 (2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of service.</p> <p>Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>