Mrs Christine Lyte

Caythorpe Residential Home

Inspection report

77 High Street
Caythorpe
Grantham
Lincolnshire
NG32 3DP

Tel: 01400272552

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 27 April 2016.

Caythorpe Residential Home provides accommodation for up to 14 people who need personal care. The service provides care for older people some of whom live with dementia. There were 14 people living in the service at the time of our inspection.

The provider of the service was a sole trader. This meant that the person who was the sole trader acted as both the provider of the service and the registered manager. In this report we refer to this person as being, 'the registered person'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not consistently managed safely, risks to health and safety were not robustly addressed, recruitment checks had not been correctly completed and quality checks had not been effective. You can see what action we told the registered person to take at the end of the full version of this report.

There was insufficient evidence to show that there were robust arrangements to safeguard people from abuse including financial mistreatment. There were enough staff on duty. Although people had received all of the healthcare assistance they needed, the arrangements to support them to eat and drink enough were not robust.

The registered person and staff were following the Mental Capacity Act 2005 (MCA) by supporting people to make decisions for themselves and when this was not possible by ensuring that decisions were taken in their best interests. However, the Care Quality Commission is also required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this the registered person had not promptly taken all of the necessary steps to ensure that people's legal rights were protected.

Although people were treated with kindness and compassion arrangements in the service did not fully promote people's right to privacy. In addition, confidential information was not kept securely.

Although people had been consulted about and received most of the practical assistance they needed, the arrangements to support people who could become distressed were not sufficient. People had not been fully assisted to meet their spiritual needs and some people were not satisfied with how often they were supported to pursue their interests and hobbies. There was insufficient information to show how well the registered person would investigate and resolve complaints.

Although people had been consulted about the development of the service there was no evidence to show

what had been done to implement suggested improvements. Although there was good team work and staff were supported to speak out if they had any concerns, people who lived in the service had not benefited from the registered person acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not managed safely.

People had not been consistently helped to avoid the risk of accidents and cross infection.

Background checks had not always been completed before new staff were employed.

The arrangements to safeguard people from abuse including financial mistreatment were not robust.

There were enough staff on duty.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The registered person and staff had not correctly followed the DOLs to ensure that people's legal rights were protected.

People were not always supported to promote their health by having enough to eat and drink.

Staff had not received sufficient training and guidance to enable them to develop all of the knowledge and skills they needed.

People had received all the healthcare attention they needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's right to privacy was not always respected.

Confidential information was not kept private.

Staff were caring, kind and compassionate.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although people had received most of the practical assistance they needed the arrangements to support people who could become distressed were not robust.

People had not been fully supported to pursue their hobbies and interests.

There was insufficient information to demonstrate how well complaints would be managed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Robust quality checks had not consistently been completed to ensure that people received safe care.

Although people had been consulted about the development of the service there was no evidence to show that suggested improvements had been introduced.

People had not benefited from staff receiving and acting upon good practice guidance.

There was good team work and staff had been encouraged to speak out if they had any concerns.

Caythorpe 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 registered person was 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.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered person had sent us since our previous inspection. These are events that the registered person is required to tell us about. We also received information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 27 April 2016 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection we spoke with eight people who lived in the service and with four relatives. We also spoke with a senior care worker, four care workers, activities coordinator, chef and the administrator. The registered person was not available to speak with us. We observed care in communal areas and looked at the care records for four people. In addition, we looked at records that related to how the service was managed including the management of medicines, staffing, training and quality assurance.

We also 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 speak with us.

After the inspection we spoke by telephone with a further three relatives and with two people who had recently visited friends who lived in the service.

Requires Improvement

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. We saw that they were happy to be in the company of staff and were relaxed when staff were present. A person said, "The staff are very good and kind and I've no problem with them." Another person commenting on this subject said, "I get on very well with the staff and I like to see them around." Relatives were also confident about their family members being safe and one of them said, "I've always found the staff to be very friendly and helpful. I've called to the service numerous times and never been concerned. I'm confident that the people there are safe."

However, we found that some of the arrangements for managing medicines were not safe. Although records showed that most medicines had been dispensed correctly we noted that in the four weeks preceding our inspection three people's medicines had not been dispensed correctly. We saw that on a total of five occasions medicines that should have been dispensed remained in storage. We were told that the registered person regularly checked to make sure that the correct medicines had been dispensed. However, we found that this system was not working in a reliable way. This was because the mistakes had not been identified and as a result staff had not sought medical advice to ensure that the people concerned were helped to stay well. Although other records indicated that the people had not experienced any adverse effects from not receiving some of their medicines, the shortfall in medicines management had increased the risk that they would not be fully supported to stay in good health.

In addition, we noted that medicines were not being stored in the right way. This was because staff had not regularly checked that medicines were kept at the right temperature which is necessary to ensure that they work correctly. We also found that some eye-drops had not been date marked when they had been opened making it difficult to tell if they remained within their use-by date. Furthermore, we saw that a medicinal cream that had passed its expiry date and had been prescribed for a person who no longer lived in the service remained in store. This arrangement increased the risk that the medicine would be used in error and would compromise the health of the person to whom it was administered.

Shortfalls in the way medicines were managed increased the risk that people would not fully benefit from receiving all of the medicines that had been prescribed for them.

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

The registered person had not consistently identified possible risks to each person's safety so that positive action could be taken to promote their wellbeing. Documents showed that one person had been assessed as needing to be regularly helped to reposition themselves in bed. This was necessary in order to reduce the risk of them developing sore skin. However, we found that some staff were not clear about how frequently the person needed to be assisted to change position. In addition, when we saw the person during our inspection visit over a period of time when they should have been assisted to move we found them resting in the same position. We also saw records which confirmed that the person was not consistently being assisted to change position. This shortfall in the care provided for the person concerned increased the risk that they

would develop sore skin.

In addition, we found that action had not always been taken to reduce the risk of people having accidents. We noted that there were a number of trip hazards in the accommodation caused by uneven floors and worn floor coverings. In addition, we saw that in some parts of the accommodation on the first floor no signs had been provided to warn people that the floor sloped significantly to one side. This increased the risk that people might not be aware of the hazard resulting in them losing their balance. We also saw that the cover fitted to some electrical equipment at the bottom of the main stairs was loose and came away from the wall when any pressure was put on it. We observed two people becoming unsteady on their feet when they placed their hands on the radiator cover thinking that it would provide them with a fixed surface to assist their mobility. Another shortfall involved the way in which people were assisted to safely open windows located above the ground floor. We found that some of these windows were not fitted with safety latches in the manner recommended by national guidance. As a result they could be opened wide enough to create the risk of people falling or becoming entrapped in the mechanism. In addition, we noted that one person had rails fitted to the side of their bed so that they could rest in comfort without the risk of them falling on to the floor. However, the registered person had not completed an assessment to confirm that it was indeed safe to use bed rails by checking that they did not increase the risk of the person falling if they became distressed and tried to get out of bed.

Some of the arrangements used to promote good hygiene so that people were protected from cross infection were not robust. We noted that both some communal and private rooms did not have a fresh atmosphere. In addition, in one of the communal bathrooms the toilet seat stained with lime-scale and faeces. We also found that medicines and medical appliances were not being stored in clean and hygienic conditions. The shelves in the medicines store room did not have an impervious surface, were stained and could not be effectively cleaned. Furthermore, the floor was sticky to touch and had dust and general debris in the corners.

Shortfalls in the management of avoidable risks had reduced the registered person's ability to protect and promote people's health and safety.

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way in which the registered person had recruited two members of staff. Records showed that in each case the registered person had not completed robust background checks. We noted that neither person had supported their application for employment with a suitably detailed employment history. This had reduced the registered person's ability to identify what background checks needed to be completed. In relation to one of the applicants even when the need to complete a particular background check had been identified the necessary enquiry had not been made. We were told that both staff had supported their application with a check from the Disclosure and Barring Service. These clearances are necessary to show that applicants do not have criminal convictions and have not been guilty of professional misconduct. However, we found that due to an information technology problem the clearances which had been sent to the registered person by email could not be viewed. This had resulted in the situation of the applicants having started their employment without the registered person reliably establishing that they did not have convictions or charges of misconduct that needed to be considered before an offer of employment was made. Although we were told that no concerns had been raised about these members of staff since their appointment, the shortfalls had reduced the registered persons' ability to establish their suitability for employment in the service.

These shortfalls in the recruitment and selection of staff reduced the registered person's ability to ensure that people only received care from trustworthy and suitable staff.

This was a breach of Regulation 19 (3) (Schedule 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved. However, our records showed that since our last inspection visit a relative had raised concerns about the conduct of a particular member of staff. The administrator told us that the registered person had liaised with the local safeguarding authority which is responsible for ensuring that concerns like this are properly investigated so that people are kept safe. We noted that the member of staff concerned was still employed in the service but there were no records to assure us that the concerns had been investigated and resolved in order to keep people safe.

We were told that staff managed small amounts of money on behalf of most of the people who lived in the service. The arrangement involved relatives depositing cash with staff who then retained it on behalf of people and used it to buy items for them such as personal toiletries. We examined records of the various transactions that had been undertaken on behalf of two people and found them to be incomplete. The records were not always supported by receipts and did not calculate how much money was left. As a result we were not able to reliably establish that these people's money was being managed correctly to suitably safeguard them from the risk of financial mistreatment.

The registered person had established how many staff were needed by taking into account how much care each person needed and wanted to receive. Records showed that the minimum level of staff cover set by the registered person had been reliably achieved in the four weeks preceding the date of our inspection. People who lived in the service, their relatives and staff said that there were enough staff on duty to meet people's care needs. A person who lived in the service said, "The staff are busy but all I can say is that whenever I need help it's there and I don't really have to wait too long." A relative said, "I think in general the staffing level is okay. I've seen people asking for assistance to go to the bathroom and it's pretty much given straight away."

On the day of our inspection the number of staff on duty matched the level that the registered person considered to be necessary. We noted that people sitting in the lounges promptly received assistance as soon as they asked for it and that staff quickly responded when the call bell sounded.

Requires Improvement

Is the service effective?

Our findings

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. A person said, "The staff are fine with me and they know what help I need." Relatives were also confident about the way staff went about providing care with one of them saying, "I do think that the staff know what they're doing. I've seen them providing care for my family member and they do how I would and so I know it's right".

However, we found that the registered person had not suitably followed parts of the Mental Capacity Act 2005 (MCA) that 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Although staff had supported people to make decisions for themselves suitable provision had not been made in the case of two people who lacked mental capacity and who were being deprived of their liberty. Records showed that the deprivation was necessary because the people concerned could have placed themselves at risk if they had chosen to leave the service on their own.

However, 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that in the case of one person who regularly requested to leave the service no application for an authorisation to deprive them of their liberty had been made. Records for the second person showed that the registered person had made an application but that this had only been done after an extended period of time during which the person had repeatedly asked to leave the service. We raised our concerns with the administrator who said that the necessary applications would immediately be made to the local supervisory body which assesses and grants authorisations. The day after our inspection visit we received written confirmation from the registered person that the necessary authorisations had been sought. However, although the people concerned had been kept safe, the shortfalls we noted had resulted in them not receiving care that respected their legal rights.

We found that some of the arrangements used to support people who were at risk of not having enough nutrition and hydration were not robust. We noted that the people concerned had not been offered the opportunity to have their body weight correctly monitored. On some occasions their weights had not been taken and on other occasions information about their weights had not been properly analysed. These shortfalls had reduced the registered person's ability to ensure that people received all of the assistance they needed to manage their diet in order to stay well. We also noted that the registered person had concluded that staff needed to keep a record of how much one person had eaten and drunk each day. This was necessary so that advice could quickly be sought from healthcare professionals if the amounts were not sufficient to promote their good health. However, the arrangements were not robust because staff had not correctly recorded and analysed how much nutrition and hydration the person had received. Although other care records for the person concerned did not indicate they had experienced any direct harm as a result of

these oversights, the shortfalls increased the risk of them not eating and drinking enough to promote their good health.

However, people who were at risk of choking were being provided with the assistance they needed. This included having their food specially prepared so that it was easier to swallow. In addition, we observed people having their lunch and we saw staff correctly giving some people individual assistance so they could eat and drink safely and in comfort. We also noted that people could choose what meals they had and that the menu provided a varied range of dishes. These aspects of the catering arrangements helped to ensure that people enjoyed their meals and so were encouraged to have enough to eat.

The administrator said that registered person recognised the need for staff to receive guidance and support in order to be able to care for people in the right way. However, we found that these arrangements were not robust because staff had not regularly met with a senior colleague to review their work and to plan for their professional development. Although new staff told us that they had received introductory training records showed that there were shortfalls in some of the refresher training provided for established staff. An example of this involved one senior care worker not having received planned training in relation to how best to promote people's nutrition and hydration. A further example involved another senior care worker who last completed training in relation to medicines management in 2006 even though the registered person considered annual updates to be necessary. Oversights in providing staff with support, guidance and training had contributed to some of the shortfalls we noted in the knowledge and skills staff brought to their work. Examples of these shortfalls were some staff not being confident that they could recognise the signs when someone was becoming dehydrated and not knowing how to comprehensively check that people were keeping their skin healthy.

People said that they received all of the help they needed to see their doctor and other healthcare professionals. A person told us, "The staff are very good about calling the doctor if I'm off colour and they always err on the side of caution." Relative told us that they were reassured that their family members received all of the healthcare they needed with one of them saying, "I'm sure that my family member sees their doctor whenever is necessary because they give me a ring and tell me so I know how my family member is doing." Records showed that people had benefited from seeing a range of healthcare professionals and during the course of our inspection we noted that a doctor was immediately called as soon as staff identified that someone was unwell.

Requires Improvement

Is the service caring?

Our findings

People were positive about the quality of care that was provided. A person said, "I like the staff who are always easy to get on with." Another person who lived with dementia and who had special communication needs was seen to hold hands with a member of staff while they both looked out of the window to watch some repair work that was being completed on a nearby church. A relative said, "I chose the service because it had a comfortable and relaxed atmosphere that felt homely." Another relative said, "The staff are exceptionally kind people and nothing at all is too much trouble for them."

However, we found that aspects of the service did not provide a caring response to the people who lived there. Although staff knocked and waited for permission before going into bedrooms, toilets and bathrooms we noted that two communal toilets did not have locks on the doors. This reduced people's ability to use these rooms in private. Indeed, we were present when a person had to hold the toilet door shut because someone else wanted to enter the room while they were using its facilities.

We noted that staff recognised the importance of people having their own private space. Most people had their own bedrooms each of which was laid out as a bed sitting area. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. Staff said that this contributed to people having the choice of being able to relax and enjoy their own company if they did not want to use the communal lounges. However, on the day of our inspection we found that the first floor where most of the bedrooms were located was uncomfortably cool. The radiators located in that area were not giving out any heat and two people told us that did not use their bedrooms during the day because they were not adequately heated.

We were told that records which contained private information were stored securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis. However, we noted that hard copy files that contained confidential and sensitive information about each of the people who lived in the service were stored in an unlocked cupboard that was located in a communal area. This arrangement reduced the registered person's ability to ensure that only authorised people had access to private information about people who lived in the service.

During our inspection we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. For example, we heard a member of staff chatting with a person about shops in the area that had opened and closed while they were assisting them to sit comfortably after returning from the dining room. We witnessed another occasion when a member of staff was sitting with a person in the dining room talking about their respective grand-children and the careers each of them was pursuing. We noted that the person was pleased to be asked and was proud to describe how well each of them had done.

We also observed an occasion when a member of staff who was helping someone in one of the lounges to find a puzzle book was called away to help a colleague. We noted that before they left the person, the member of staff assured them that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person who had found what they were looking for and were happily engaged doing a word search game. The member of staff then sat with the person until they had solved the puzzle in question. Later on the person concerned said, "The staff are like that all the time, not just because you're here. I always think it feels like being a big family here."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. We observed an example of this when a member of staff who visited a particular country on holiday spoke with a person about their holidays to similar destinations. We noted how fully the conversation had engaged the person's interest who reflected on how much they had enjoyed taking beach holidays in Mediterranean countries with their family.

Staff recognised that moving into a residential care service is a big decision for someone to make and that it can be a stressful thing to do. We saw that staff were spending extra time with a person who had recently moved in so that they could be reassured and comfortable in their new home.

We also noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives said that they would be confident speaking to the registered person or a member of staff if they had any complaints about the service. A relative said, "If I have a problem which isn't very often I just have a chat with the staff and I find them to be very obliging." We saw that each person who lived in the service had received a document that explained how they could make a complaint.

The administrator said that the registered person followed a written procedure when responding to complaints that was intended to ensure that all concerns were quickly and fairly resolved. However, the procedure was not available for us to see and so we could not be confident that it supported complaints being managed in a robust way. After our inspection visit the registered person told us that they had not received any formal complaints since our previous inspection.

We found that staff had not been given all of the information and guidance they needed in order to effectively support people who lived with dementia and who could become distressed. We reviewed the arrangements that had been made to care for a person who had lived in the service for several weeks and who had complex needs for support when they became distressed. We found that an individual care plan had not been prepared to describe how best to support them when they became distressed. Indeed, we noted that the only record that was being kept was an account of how well the person had been each day. These records showed that on a number of occasions the person had become distressed and there was no evidence to show that effective action had been taken to develop ways of helping them.

We noted that in the absence of consistent guidance staff had adopted different and sometimes contradictory ways of offering assistance to the person in question. An example of this involved an occasion when the person who had become distressed was encouraged by one member of staff to leave their bedroom to join people in the lounge. The member of staff said that the person might find reassurance from the company of other people who were sitting in the lounge. When walking to the lounge the person was met by another member of staff who suggested that they return to their bedroom. They advised the person that being in the lounge might be too noisy for them. Shortly after this the person said, "I don't know quite what to do and where to go." A member of staff spoke with us about how they supported the person concerned and said, "We don't really know what to do to help them and we definitely need some guidance."

We witnessed another example of a person becoming distressed when they were sitting in one of the lounges. They were fearful that other people who lived in the service were saying unkind things about them. We saw that one member of staff sat beside them and gave them reassurance which resulted in them becoming more relaxed. However, shortly afterwards when the person had again become distressed another member of staff told us that it was best to leave the person to find their own reassurance. We noted that this latter approach was not successful and soon resulted in the person making allegations about and becoming involved in a dispute with two other people who lived in the service. When we looked at the information given to staff in the person's individual care plan we found that it did not provide clear guidance about how best to support the person when they were distressed. The registered person had not taken suitable steps to plan and deliver an important aspect of the support these people needed and this had

adversely affected their experience of living in the service.

However, we found that in general staff had consulted with people about the practical assistance they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the practical assistance they needed including being supported to use aides that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. A person speaking about this remarked, "I like knowing that the staff are here at night because I know I can call them if I need help and I won't be on my own."

There was a part time activities coordinator who supported people to pursue their interests and hobbies on three days each week. We noted during our inspection visit that the activities coordinator was offering people the opportunity to engage in a range of social activities including gentle exercises, puzzles and games. They were also offering people who lived with dementia the chance to enjoy a number of imaginative and innovative activities that were responsive to their particular needs. An example of this involved people being invited to smell scents that were reminiscent of earlier times in their lives. We saw people enjoying smelling strongly scented herbs and reflecting on times in their lives that were brought to mind by the experience. Records showed that on the days when the activities coordinator was present people were well supported to pursue their hobbies and interests. This included people who preferred to stay in their bedroom for whom the activities coordinator provided individual attention. We were told that on the days when the activities coordinator was not present, other staff offered people the chance to engage in social activities as and when they had the time. However, people said and records showed that in practice very few activities took part on these days. We asked seven people about this matter and six of them said that they wanted the activities coordinator to have a more regular presence in the service. One of them said, "When the activities coordinator is here it's a completely different place, more alive. When they're not here it can be a very long day just sitting and looking and watching television."

We noted that there were arrangements to support people to express their individuality. Although no one living in the service had requested special meals, the chef said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services. However we noted that people had not been fully supported to meet their spiritual needs including being offered the opportunity to attend a regular religious service. We asked four people if they would like to attend a religious service and three of them said that they would like to do so. One of them said, "We don't get any one calling from the local church which is a shame because I have gone to church in the past and would like to see a service held here."

Requires Improvement

Is the service well-led?

Our findings

People who lived in the service were positive about how well it was run. One of them said, "I like the place and it's home for me now. We have the staff on hand and the food we need. You get all of the basics met." Most of the relatives were also positive with one of them saying, "In general, I do think that the place is well run because the care is good." In addition, in their responses to an annual quality questionnaire they received from the registered person relatives said that they appreciated the care provided for their family members. However, two relatives and two other visitors to the service who spoke with us were less complimentary in their comments about whether the service was well led. One of them said, "I don't think it's well managed at all otherwise you wouldn't have obvious things such as trip hazards and cold corridors would you." Another of them said, "Actually, I have significant reservations about the service. Yes it's got an 'olde worlde' charm to it but at the same time it has to be said that the accommodation is run down and I've found some of the care to not be up to scratch."

We were told that the registered person regularly completed a number of quality checks that were designed to ensure that people safely received all of the support they needed. However, we found that most of these checks were not recorded and so we could not be confident about whether they were sufficiently comprehensive. In addition, we noted that they had not been effective by clearly identifying and quickly resolving the shortfalls we have identified in our report. These included the problems we have noted in relation to the management of medicines, completion of background checks for new staff, management of risks to people's health and safety, administration of people's personal money, maintaining confidentiality, use of the DOLs, ensuring that staff had the competencies they needed and the planning and delivery of care.

We noted that staff completed a record on each occasion when an accident had occurred that had resulted in a person being injured and needing to receive medical attention. We were told that staff carefully examined the circumstances surrounding each accident so that action could be taken to help prevent the same thing from happening again. However, when we checked two records there was no evidence to show what improvements had been made and staff were not able to give us any practical examples of how any lessons had been learned.

We also noted that when quality checks had been recorded the information showed that the checks were not being completed in the correct way. An example of this involved there being a number of checks of the fire safety system that were significantly overdue. This oversight had reduced the level of protection people were given from the risk of fire.

Shortfalls in the systems used to assure the quality of the provision in the service had reduced the registered person's ability to ensure that people consistently received safe care that met their needs and wishes.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) (d) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived in the service said that they were asked for their views about their home as part of everyday life. We saw an example of this when the activities coordinator discussed with people what additional opportunities they would like to pursue their hobbies and interests. We were told that in addition to this people were invited to regularly attend residents' meetings at which they could discuss with staff any improvements they wanted to see introduced. We were also told that records of what had been discussed at the meetings were kept so that the registered person could ensure that any suggested improvements were introduced. However, the records in question were not available for us to see and staff were not able to describe any examples of people's suggestions being acted upon.

We noted that the registered person had not provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the service not having subscribed to key national guidance relating to promoting positive outcomes for people who live with dementia. Another example involved practice in the service not being fully informed by guidance designed to deliver high levels of protection against the risk of accidents and cross infection. Shortfalls in the use of good practice guidance by the registered person had reduced their ability to ensure that people received care that safely and responsively met their needs.

People and their relatives said that they knew who the registered person was and that they were helpful. Staff said that they were supported to develop good team working practices that helped to ensure that people consistently received the care they needed. These included there being a senior colleague who could be contacted during the evenings, nights and weekends if staff needed advice. Another measure was handover meetings held at the beginning and end of each shift when developments in each person's care were noted and reviewed. We were told that staff had also been offered the opportunity to attend staff meetings. However, no one could recall the date of the most recent meeting or what had been discussed and there were no records for us to see.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered person who was approachable and kind. They were confident that if they had any concerns about another member of staff they could speak to registered person, their views would be listened to and that action would be taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured that care and treatment was provided in a safe way by managing medicines correctly and by protecting people from risks to their health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not established and operated effective systems and processes to assess, monitor and improve the quality and safety of the services provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not established and operated effective recruitment procedures to ensure that all staff could suitably demonstrate their previous good conduct.