

Four Seasons (Bamford) Limited Hulton Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good



Summary of findings

Overall summary

Hulton Care Centre is a two storey detached house in a quiet location close to the centre of Middleton. It is registered to provide accommodation for up to 30 people who require personal or nursing care. At the time of our inspection there were 25 people living in the home.

This was an unannounced comprehensive inspection, which took place on 19 May 2016.

During this inspection, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not robust recruitment procedures in place.

You can see what action we have told the provider to take at the back of the full version of the report.

Systems for recruitment of staff were not always safe. One staff file did not contain any references and two other staff files did not detail a full employment history, including a written explanation for any employment gaps.

Arrangements were in place to ensure people's rights and choices were protected when they were unable to consent to their care and treatment in the service. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA. However Deprivation of Liberty Safeguards (DoLS) authorisations could not be located during our inspection, but were found following the inspection and subsequently seen by the inspection team.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People who used the service and staff were complimentary about the registered manager and said the service was well run.

The registered manager and staff knew people well and were able to tell us about their likes and dislikes and how people liked support to be provided. Staff were patient, reassuring and friendly in their interaction with people who used the service.

People told us they felt safe at Hulton Care Centre. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding vulnerable adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people.

Safe systems were in place for the management and administration of medicines. People had access to a range of health care professional to ensure their health needs were met.

There were sufficient staff to meet people's needs and staff received the induction, training, support and supervision they required to be able to deliver effective care.

Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks. Care records were detailed; person centred and contained good information about people's support needs, preferences and routines. Care records were reviewed regularly. People who used the service and their relatives had been involved in planning and reviewing the care provided.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care such as utility failures. Personal emergency evacuation plans had been developed and regular checks were in place to ensure staff were aware of the action they should take in the event of a fire at the service.

People told us that they enjoyed the food. We observed the food to be plentiful and well presented. Systems were in place to help ensure people's nutritional needs were met. We observed people being appropriately supported to eat their meals.

There was a complaints procedure for people to use if they wanted to raise any concerns about the care and support they received. There was a system in place to record complaints and the service responses to them. People were confident that they would be listened to and action would be taken to resolve any problems they had.

We saw that the service had a range of policies and procedures to help guide staff on good practice. Staff told us they felt supported and enjoyed working for the service.

There was a system for gathering and acting upon people's views and suggestions about the service and how it could be improved. There were systems in place for assessing, monitoring and reviewing the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Safe systems were in place for the management and administration of medicines. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's rights and choices were being respected. The provider was meeting the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff felt supported and received the induction, training, support and supervision they required to be able to deliver effective care.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were caring and kind.

Managers and staff knew people who used the service well and had good knowledge of their needs, likes and dislikes.

Staff were patient, reassuring and friendly in their interaction with people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Care records were detailed; person centred and contained good information about people's support needs, preferences and routines. Care records were reviewed regularly. People and their relatives had been involved in planning and reviewing the care provided

There was a system in place for recording, investigating and acting upon complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

People we spoke with were positive about the registered manager, staff and the service. Staff felt supported and enjoyed working for the service.

There was a system for gathering and acting upon people's views and suggestions about the service and how it could be improved.

There were systems in place for assessing, monitoring and reviewing the quality of the service.

Hulton Care Centre

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection which took place on 19 May 2016. The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience of services for older people and dementia care.

Prior to the inspection, we looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We also asked the local authority and Rochdale Health watch for their views on the service; they raised no concerns.

During our inspection, we spoke with eight people who used the service, two visitors, the registered manager, area manager, three care workers, one nurse and the chef.

As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We carried out observations in public areas of the service. We looked at five care records and eight medication records. We also looked at a range of records relating to how the service was managed including three staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed.

Is the service safe?

Our findings

People we spoke with told us they felt safe in Hulton Care Centre and safe with the staff. A person who used the service told us, "I have a rail on my bed to stop me falling out. It makes me feel safe and knowing there are staff there." A visitor we spoke with told us, "I know they are safe here."

We found that the system for recruitment of staff was not always safe. We saw policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters. We looked at three staff personnel files. The staff files we looked at contained application forms and proof of identity. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff. There was a system for regularly checking any nurses remained validated with the Nursing and Midwifery Council (NMC). We found two files contained employment or character references; however one file did not contain any references for the person, although it was indicated in the file they had been sent for. We found that the application forms in two of the files we looked at did not detail a full employment history, including a written explanation for any employment gaps.

We found this was a breach of Regulation 19 (2) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding and were able to tell us about the signs of abuse, what they would do if they suspected abuse and who they would report it to. Training records showed that staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the registered manager would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We looked around the home and found the communal areas, toilets and bedrooms were clean, tidy and free from offensive odours. All areas were bright and well decorated and furnishings were in good condition. We saw that all bedrooms were en-suite and most contained photographs and personal items that people had brought in to make their room feel more homely. We saw that there was a covered outside area that had tables and chairs so that people could enjoy the garden if they wished.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed. We saw medicines management policies and standard operating procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering, self-administering, managing errors and action to take if someone refused to take their medicines. We found that protocols were in place to guide staff on administration of "as required" medicines. We saw that where people were receiving their medicines covertly their GP had been involved and meetings had been held to ensure this was in the person's best interest.

We reviewed eight medicines administration records (MAR). Seven contained a photograph to help staff identify people. We found that all records were fully completed to confirm people had received their medicines as prescribed. We found three records for skin creams did not contain specific instructions for staff in where the creams needed to be applied. Records showed that all staff responsible for administering medicines had received medicines management training and had their competency to administer medicines checked regularly.

We found that medicines, including controlled drugs, were stored securely and only authorised and suitably qualified people had access to them. Although on one occasion during our inspection, we saw that the controlled drugs key was hung up in the locked medicines room. The NMC Standards for Medicine Management state that the registered nurse should know at all times the whereabouts of the controlled drugs keys. This is not possible if they are not on their person. We were told by the registered manager and the nurse on duty that this was not usual practise and had been a mistake.

A record was kept of medicines returned to the pharmacy. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly. We saw there was a system of daily, weekly and monthly checks and audits carried out by senior staff and the registered manager. People told us they received their prescribed received medicines as prescribed. One person said, "They are good at making sure I have my medication."

We looked at the staffing arrangements in place to support the people who lived at the home. People who used the service and staff we spoke with told us there were always enough staff available to provide the support people needed. One person told us that if they had their light on at night staff came to check if they were alright. Other people said, "Staff respond to my buzzer quickly even at night" and "They always responded quickly to my buzzer." During our inspection, we saw sufficient staff were available to provide the care and support people needed in a timely manner. The registered manger showed us the staffing needs assessment that was completed each week by the service. This ensured that staffing levels reflected people's current needs. Examination of the rotas showed us staffing levels were usually provided at consistent levels. We saw that absences such as annual leave and sickness were usually covered by existing staff.

We looked at five people's care records. We found that these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We saw these included eating and drinking, falls, medicines, moving and handling, skin integrity and prevention of pressure sores, weight loss and the risk of choking. We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. We noted that all risk assessments had been regularly reviewed.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a continuity plan. This informed

managers and staff what to do in the event of such an emergency or incident and included fire, loss of telephones, loss of gas, electricity, heating, water, breakdown of essential equipment, flooding and severe weather and outbreak of infection.

Records we looked at showed there was a system in place for carrying out regular health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate. We saw that a record was kept of any repairs that needed doing and when they had been completed.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and Personal Emergency Evacuation Plans (PEEPS) had been completed. Records showed that staff had received training in fire safety and evacuation awareness.

We saw that the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how any incidents should be recorded. Records we looked at showed us accidents and incidents had been recorded and the registered manager reviewed them regularly. We saw that where further action was needed a record was kept of what had been done. One report we saw showed that a person who used the service had fallen and a request had been made to their G.P for a referral to the falls prevention team.

We saw that the service had an infection control policy and procedure. This provided guidance for staff on how to prevent the spread of infection including effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with told us PPE was always available and used. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection prevention.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions. 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. People can only be deprived of their liberty when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was working within the principles of the MCA.

People's care records contained evidence that the service had identified whether the person could consent to their care. We saw that best interest meetings were held, however in two people's care records the best interest record was not fully completed, it did not identify who had been involved in the decision or who had completed the document. The registered manager told us they had held both meetings and that people's relatives had been present. They told us they had not put the correct completed document in the person's file.

The registered manager showed us the matrix they use to record when applications for DoLS authorisations had been made, when they had been authorised, the date they expired and any conditions that applied. During our inspection, the registered manager was unable to find the DoLS authorisation documents. The registered manager told us that they had recently had difficulties with clerical staff and thought the documents had been filed incorrectly. They told us they had recently appointed a new administrator who was in the process of re-filing. Four weeks following the inspection, the documents were found and provided to the inspection team.

We found that the service was following correct procedures when applying for DoLS authorisation. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The registered manager told us that at the time of our inspection authorisations for DoLS were in place for 6 people and an urgent application had been made for one other person and 4 other applications for new residents were being made. Prior to our inspection we looked at our records and found that the service had notified CQC of the authorisations, as they are required to do.

The registered manager and most staff we spoke with demonstrated an understanding of MCA and DoLS. One staff member was unclear about DoLS and MCA but could explain to us about gaining consent. Senior staff were able to tell us the process that needed to be followed to assess a person's capacity and how to apply for a DoLS. Staff told us the registered manager had given them information at team meetings about MCA and DoLS. Two staff we spoke with told us they had completed an eLearning course.

We looked to see if staff received the training, support and supervision they needed to carry out their roles effectively. The registered manager told us that when staff started to work at the home they received an induction. We saw this included an initial two day course and then a twelve week induction period that was

based on the care certificate. We saw the induction included an introduction to the care role and the services expectations of staff, information about policies and procedures, care planning, health and safety, gaining consent, promoting choice, safeguarding, confidentiality, moving and handling, personal care, privacy and dignity and infection prevention and control. One staff member we spoke with told us they worked alongside experienced staff until when they started at the home. They said the induction had helped them to get to know the service and what was expected of them.

The registered manager showed us the staff training matrix. This was used by the service to record other training staff had received. We saw the training staff received included infection prevention, record keeping, manual handling, dignity, safeguarding, fire evacuation, dementia care and choking risk assessments. Nursing staff also received additional training. Staff we spoke with confirmed the training they had attended and felt the training helped them to provide people with the support they required. We were told that the service supported staff to gain additional qualifications. One staff member we spoke with was undertaking a qualification in care. We saw that training in a new system for care planning and recording had also been arranged for the week of our inspection.

Records we reviewed showed that staff received regular supervision and an annual appraisal of their performance. Staff we spoke with felt supported in their roles. One staff member said, "You can go to any of the nurses or [registered manager]. They will all listen to you." We saw that staff meetings were held every three months. Staff we spoke with told us these were used to discuss issues that had arisen or to look at policies and procedures. Records showed that recent meeting had been used to discuss medication procedures and DoLS.

We looked to see if people were provided with a choice of suitable and nutritious food. The room the meals were served in was pleasant with tablecloths, flowers on the table, individual nameplates and menus. All residents we spoke with said they enjoyed the food and there was a choice. One person we spoke with told us, "The food is excellent." We observed the lunch time meal and saw that people were offered choice of two meals and staff helping them were aware of their likes and dislikes and how much support they needed to be able to eat and drink. We saw that there was a book that contained pictures of every meal that was on the menu. We were told that this was used to help people choose their meals if they did not understand the options available or could not verbally tell people what they wanted.

The registered manager told us that the kitchen was run and staffed by an outside catering organisation. We saw that the kitchen had been awarded a 5 star rating from the national food hygiene rating scheme in January 2016 which meant they followed safe food storage and preparation practices. We saw there were plentiful supplies of fresh, dried and frozen foods. We found the chef had received training in basic food hygiene and had an understanding of food allergies and people's special dietary requirements. During our inspection, we saw that juice and hot drinks were readily available and there was a cold water machine in the main lounge so that people could access water at any time.

Care records we looked at showed that people were assessed for the risk of poor nutrition, hydration and choking when eating and drinking. We saw that, where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores. We saw these were reviewed regularly.

Care records we looked at showed that people had access to a range of health care professionals including doctors, district nurses, speech and language therapist, chiropractors, physiotherapists and dieticians. We saw that records were kept of any visits or appointments. People we spoke with told us they could always see their G.P if they asked to.

Is the service caring?

Our findings

All the people who used the service we spoke with said they found the staff to be kind and caring. People told us the staff treated them with respect and listened to them. They said, "I like all the staff they know me well", "They look after me well" and "They listen to me." One person said of the staff, "I love them all."

People we spoke with told us they felt they had the freedom to stay in their rooms or move around as they wished. A person who chose to stay in their room most days said, "Although I'm in my room all day I'm not lonely, staff are always calling in." We saw that some bedrooms had an ornamental butterfly on the door. The registered manager told us this was so that staff would know the person spent a lot of time in their room or was nursed in bed. They told us this was to encourage staff to go to the person and talk to them and not to "Flutter by a butterfly."

The registered manager and staff we spoke with knew people who used the service very well. Care records we saw contained a "Map of life." This included information about people's life history; where they were born, school days, childhood memories, work history and people they cared about. We were told this helped by giving staff an idea of what was important to the person and things they might want to talk about.

Care records we looked at placed importance on promoting people's independence and choice and covered people's preferences and routines. They detailed what the person wanted to do and how they liked their care to be provided. Two people's care records detailed what things would make a good day or a bad day for the person, this helped to highlight to staff the things the person did and did not like.

We observed two staff using a hoist to transfer a person into a comfortable chair. They reassured and talked to the person explaining what they were doing all the time. In the afternoon we observed a staff member checking on all residents in the lounge. They spoke with each person asking if they needed anything. They were aware of people's needs and provided extra cushions to one person to help him keep them in a comfortable position.

The registered manager told us they encouraged people to keep in touch with their friends and families. They said they had an open door policy and that visitors were welcomed. One visitor we spoke with told us, "I am always welcome to drop in; the staff even know how I like my cup of tea." A person who used the service told us, "I am encouraged to use my mobile phone to keep in touch with relatives."

We found policies and procedures we looked at showed the service placed great importance on protecting people's confidential information. We found that care records were stored securely.

We saw that information about advocacy services was included in the service user welcome booklet.

Care records we reviewed showed that people's wishes for their end of life care were discussed with them and were appropriate to their friends or relatives. We saw that some staff had received training in end of life care.

Is the service responsive?

Our findings

People we spoke with told us they were listened to and that staff respected their preferences. People told us, "They let me sleep in my chair because I prefer it" and "When I ask for something I get it quickly." Another person said, "I sometimes take part in the activities such as art but don't feel that I have to if I choose not to."

People we spoke with felt the service was responsive. One person said they wanted their room rearranging so they could have more space for books. They felt able to tell staff this and said they knew it was being dealt with. Another person had been asked to change rooms by staff who had shown them another. They said they had decided to stay in the room they were in and staff had respected this.

The registered manager told us they were in the process of updating the care records to make them more person centred and easier for staff to use. They told us 75 % of records were now in the new format. We looked at five people's care records. We found the records were detailed and person centred. The registered manager told us that prior to someone starting to live in the home a pre-admission assessment was completed. Care records we looked at contained a pre-admission assessment. We saw it included detailed information about the person including identification of any risks to the person and information about the support they would need. The information helped to ensure the service was able to provide the support the person needed.

People's preferences were also recorded in the "My choices" information. We saw this contained information about people's sleeping habits, likes and dislikes, interest and hobbies, social history. Also what is important to the person and how they would like staff to support them. We saw this information was used along with the pre-admission assessment to develop risk assessments and care plans that guided staff on how best to support the person.

Care records we looked at contained detailed risk assessments and care plans. They included information about people's needs in relation to personal care, mobility, capacity, health conditions, communication, spiritual welfare, behavioural difficulties, health and diet. The records we looked at were sufficiently detailed to guide staff on how to provide person centred care to people.

We found that care records had been reviewed monthly or sooner if the person's needs had changed. We saw that changes were then made to the care plans and risk assessments if needed. The care records we saw contained evidence that people and their representatives had been involved in developing the care plans and risk assessments.

We looked to see what activities were available for people who used the service. The service had an activity coordinator who was responsible for organising activities at the home. The activity coordinator told us there were a variety of activities on offer within the home. They included bingo, arts and crafts, nails and makeup, floor darts and board games. They told us that parties were organised for special occasions and that singers and comedians occasionally came into the home to put on shows. We saw that a party had been held for

valentine's day and people had received flowers and chocolates. The activity coordinator also provided 1:1 session for people who were in their bedrooms, including chair exercises.

We saw they also provided some activities for people living with dementia. These were designed to aid people in remembering past times, these included using books with photographs of famous people and events. On the day of our inspection, they were using a reminiscence box they had received from the library service. It contained items that were connected to home laundry from the 1950's.

A hairdresser visited then home once a week and people could make appointments to see them.

There was a monthly plan, which told people what activities were on during the coming month. We saw a poster of this was on the notice board in the reception area. We saw that detailed records were kept of activities people took part in and gave information about whether the person had enjoyed them or not. The activity coordinator told us they had recently been supported by the service to go on a course that would help them to develop more activities for the home.

We observed the art activity and found there were enough staff available to ensure all the people taking part were able to fully participate. One person told us they really liked it and there were always staff to help them if needed, such as adapting the equipment they used. In the afternoon of our inspection, we saw that people played board games which they told us they enjoyed.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place, which provided information about the process for responding to and investigating complaints. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. We saw this information was displayed on a notice board in the entrance area of the home.

The registered manager told us there had only been two formal complaints in the last year. We saw that the registered manager kept a record of all complaints. We saw that complaints were responded to and a record kept of any action taken. Records we saw showed that there was a system for recording complaints, how they had been responded to and detailing any action taken. The registered manager told us that they also send a quarterly log to the local council that included any complaints and action taken. One person we spoke with said, "I had to complain about [another resident] having noisy visitors. I spoke to management about it and it was quickly resolved." Another person told us, "I've never had a reason to complain, but would do if I needed to." We saw that the registered manager kept a record of all complaints. We saw that complaints were responded to and a record kept of any action taken

Is the service well-led?

Our findings

People we spoke with were positive about how the service and how it was run. A visitor we spoke with said, "The home is always clean, welcoming and well run, I'd like to stay here myself." People who used the service told us, "I love it here I like the layout, and the staff. I have a lovely room. They look after me well." Another said, "I would recommend staying here."

The service is required to have a registered manager in place. There was a registered manager in place at Hulton Care Centre. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was present during this inspection. People we spoke with were complimentary about the registered manager. Staff we spoke with told us the registered manager was approachable. They told us, "You can discuss anything" and "She's strict, but you know where you are." We found the registered manager to be open and committed providing a good quality service.

People told us that the registered manager and staff were approachable and listened to them.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included privacy and confidentiality and end of life care

Staff we spoke with told us they enjoyed working for the service. They said, "It's a wonderful place to work" and "I enjoy my job."

There was a system of weekly, monthly and annual quality monitoring and auditing in place. We found these included health and safety, dining experience, food safety, infection control, building cleanliness, safeguarding and medication. We saw that these check and audits were recorded electronically and reports were sent to the area manager. The registered manager told us there were also a number of quality meetings to discuss any issues. We saw these included, clinical governance and dignity champions and area managers meetings.

People who used the service or their relatives were given a welcome booklet. This gave information about living in the home. It also gave information about how care would be provided in the home including, security, infection control, fire safety and drills and administration of medicines, care planning and complaints. This booklet gave people sufficient information so they would know what they could expect

from the service.

Residents meetings were held monthly. The registered manager told us people's relatives were welcome to attend these meetings. We saw that issues discussed at previous meetings included catering, laundry and activities. People we spoke with were aware there were residents meetings they could attend if they wished. All the people we spoke with felt they could express their opinions and they would be taken into account.

The service also had an electronic feedback system in the reception area for gathering people's opinions about the service provided. We saw that recent feedback had been gathered about people's experience of visiting the home. We saw that people had been satisfied with the way staff had treated them during their visit. The area manager told us that this electronic system sent immediate response to the central offices so that feedback could be given to the provider. We saw that there was also a suggestion's box in the main reception area. The manager told us that people usually used the electronic system

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 19 HSCA RA Regulations 2014 Fit and proper persons employed |
| Diagnostic and screening procedures | The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff. |
| Treatment of disease, disorder or injury | |