

Papillon Care Limited

The Grove and The Courtyard

Inspection report

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Tel: 01642819111

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14 April 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The first day of this inspection took place on 12 April 2016 and was unannounced. This meant the registered provider did not know we would be visiting. A second day of inspection took place on 14 April 2016, and was announced.

The service was last inspected in November 2015. At that inspection issues were identified in relation to the consistency of care planning and risk assessments, failure to keep premises in good repair, failure to carry out employment checks on staff, a lack of specialist staff training and ineffective quality assurance processes. We took enforcement action by issuing warning notices requiring the service to be compliant with regulations. When we returned for this inspection we found the issues identified had been addressed.

The Grove and The Courtyard is a purpose built care home providing care across two separate units. The Grove is located on the ground floor and the Courtyard on the first floor. The service previously operated as four separate units, but is undergoing organisational change. It offers care to people with general and specialist mental health needs across the two units. At the time of the inspection 39 people were using the service.

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

Risks to people's health and wellbeing were assessed and recorded in their care plans, and measures put in place to help reduce the chances of them occurring. The safety of the premises was regularly monitored and remedial action taken. The fire alarm panel had been replaced since our last inspection, and staff said the new system was easier to use.

Medicines were managed safely. Staffing levels were assessed when dependency needs changed to ensure there was always a safe number of staff to support people. Recruitment procedures included pre-employment checks to minimise the risk of unsuitable staff being employed.

Staff understood safeguarding issues and were knowledgeable about the types of abuse that can occur in care settings. Plans were in place to support people in emergency situations.

Mandatory training was either up to date or plans were in place to ensure it was delivered. Training was planned in specialist areas such as behaviours that challenge. Staff received supervisions and appraisals, and felt that they could approach management with any issues they had.

There were procedures in place to protect people's rights under the Mental Capacity Act, though staff did not always understand its principles.

People were supported to maintain a healthy diet, and were encouraged to do this independently where possible. The service worked well with other professionals to ensure people's overall health and wellbeing.

People were treated with dignity and respect by staff who knew them well. Staff took the time to deliver support in a kind a caring way.

Procedures were in place to arrange advocates and end of life care should they be needed.

Care was planned and delivered in a person-centred and responsive way, and people were involved in their own care planning. A wide range of activities were provided to people, which was based upon their personal preferences and choices. People told us they had enough to do at the service, and were free to take part in activities as and when they wished.

There was a clear complaints procedure in place to deal with any issues that people might have. There had been no complaints since our last inspection.

The registered manager and registered provider carried out regular checks to monitor and improve the quality of the service. Where issues requiring remedial action were identified action plans were generated and completion recorded.

Feedback was sought from people, relatives and staff on how the service was run. Easy read questionnaires were used to support people with communication difficulties to take part in the surveys.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to displaying the rating from our inspection of November 2015 at the premises. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people's health and wellbeing were assessed and plans were in place to minimise them.

The safety of the premises was regularly monitored and necessary remedial action taken.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received suitable training to ensure that they could appropriately support people, and specialist training was planned.

Staff received supervisions and appraisals, and felt that they could approach management with any issues they had.

People's rights under the Mental Capacity Act and the Deprivation of Liberty Safeguards were protected.

People received suitable support with food and nutrition and were able to maintain a balanced diet.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff who knew them.

Staff took the time to deliver support in a kind a caring way.

Procedures were in place to arrange advocates and end of life care should they be needed.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered in a person-centred and responsive way, and people were involved in their own care planning.

People were supported to engage with activities that they found interesting.

The complaints procedure was clear and applied when issues arose.

Is the service well-led?

Requires Improvement ●

The service was not always well-led as the rating from our inspection of November 2015 was not displayed at the premises as required by our regulations.

The registered manager and registered provider carried out regular checks to monitor and improve the quality of the service.

Feedback was sought from people, relatives and staff on how the service was run.

The Grove and The Courtyard

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.

The first day of the inspection took place on 12 April 2016 and was unannounced. This meant the registered provider did not know we would be visiting. A second day of inspection took place on 14 April 2016, and was announced.

The inspection team consisted of one adult social care inspectors and one specialist advisor who was a nurse with mental health care experience.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service provided at this home. Some concerns were raised about the management of medicines at the service, which we reviewed as part of this inspection.

During the inspection we spoke with eight people who lived at the service. We looked at five care plans, and medicine administration records (MARs) and handover sheets.

We spoke with 12 members of staff, including the registered manager, care staff and members of the domestic, kitchen and maintenance staff. We looked at two staff files for members of staff recruited since our last inspection, which included recruitment records. We also completed observations around the

service, in communal areas and in people's rooms with their permission.

Is the service safe?

Our findings

During our last inspection in November 2015 we identified a number of breaches of regulation and took enforcement action by issuing warning notices requiring the service to be compliant with regulations. Care records were not always completed fully or consistently. Risks to people's health and wellbeing were not always assessed and recorded in their care plans. The safety of the premises was regularly monitored but remedial action was not always taken to keep people safe. Checks to ensure that staff were suitable to work with people were not always carried out. During this latest inspection we found the service had made a number of improvements and had addressed the issues we identified in November 2015.

Risks to people were assessed and care plans developed to minimise the chances of them occurring. Assessments were in place covering a number of areas, including malnutrition, mobility and falls, continence and skin care and pressure relief. Where a specific risk arose, a plan was put in place to manage it. For example, one person with specific health issues liked to smoke cigarettes. The impacts of this on their particular health condition had been fully assessed and their health and care was subject to regular review. We found there was a clearer understanding of assessing and recording risk in the care records. Risk assessments were reviewed on a monthly basis to ensure they reflected the person's current level of risk.

Risks arising out of the premises were regularly checked, and systems were now in place to ensure that remedial action was taken when issues were identified. For example, a new fire alarm panel had been installed since our last inspection, and a member of the maintenance staff said it was easier for staff to use than the old version. They said, "It's really good and simple. The lads that installed it showed me how to use it, and I'm showing staff. If the fire alarm activates it shows on the panel where it is." The registered manager said all of the actions required from a fire risk assessment in October 2015 were now complete, including electrical testing and clearing the smoking room. An inspection report by the local fire brigade from December 2015 found the service broadly compliant with regulations, and recommended regular evacuation drills and an annual fire risk assessment. Records confirmed that fire drills had taken place in January and March 2016, and the registered manager said, "We try to do fire drills monthly." We saw that required test certificates in areas including electrical testing, fire alarms and gas safety were in place.

Maintenance staff carried out monthly safety checks in a number of areas, including water temperatures, firefighting equipment, emergency lights, first aid equipment and window restraints. Records confirmed these were last completed in April 2016, though we did find that the window restraint records were blank. The registered manager said, "All windows with restraints on have been checked. I don't know why it hasn't been marked in."

During our inspection in November 2015 we found that some members of staff did not have completed Disclosure and Barring Service checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. The registered manager said the DBS status of all staff had been reviewed following the last inspection, and checks updated if necessary. Records we reviewed confirmed this. One

member of staff was still waiting for confirmation of their check, but the administrator explained there had been a delay in processing the application due to their personal circumstances. The registered manager said they had been risk assessed due to this delay and that no concerns arose.

Two new members of staff had been recruited since our last inspection. They were required to complete application forms setting out their employment history. At interview records confirmed they were asked questions based upon care scenarios, such as their knowledge of safeguarding and how they would keep people safe. References from previous employers and proof of identify and address was also obtained. Disclosure and Barring Service checks had been carried out.

People we spoke with said they felt safe. One said, "I have been here six months and I feel safe." Another person said, "I feel safe here."

Staffing levels were based on people's assessed levels of dependency. The registered manager said they completed a monthly report on staffing needs for the area manager and human resources department. This had led to a temporary increase in staffing levels when a person's support needs increased. Day staffing levels were three senior carers, six care assistants and two team leaders working from 8am to 8pm. Night staffing levels were three senior carers and 3 care assistants working from 8pm to 8am. The registered manager said staff absence was covered through the use of bank staff or by asking staff to work extra shifts.

Staff told us there were enough staff to support people safely. One member of staff said, "I think we have enough staff. Sickness is covered by moving us around in the service, and we get bank staff in." Another said, "We have got enough staff on each floor."

Staff understood safeguarding issues and could describe the types of abuse that can occur in care settings. One member of staff said, "I have raised a safeguarding alert. They're not nice things to do but we're here to do a job...I always look at it from the perspective of what if it was my family member?" Another said, "I have done safeguarding training and look out for all of the abuses. I would report any concerns to either the senior (carer), team leader or manager. They'd do something about it." There was a safeguarding policy in place, which gave staff information on when and how to make safeguarding alerts. Where concerns had been raised we saw evidence that investigations had taken place and actions taken to reduce the risk of abuse occurring. Staff also said they would be confident to whistle blow if they had any concerns. Whistleblowing is where an employee reports misconduct by another employee or their employer.

Accidents and incidents were recorded and reviewed by the registered manager to see if any trends were emerging. Where accidents had occurred, we saw detailed incident reports and – where appropriate – witness statements. The registered manager was able to describe how they made referrals to external professionals such as the falls team following accidents.

Medicines were managed safely and people were supported to access them when needed. We reviewed 15 people's medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Each person's MAR had a photograph for identification purposes, along with a record of allergies if known. Changes to medication on the MAR sheets were highlighted to ensure staff were aware of people's current medicines. The MARs reviewed contained no omissions, and where medicines had not been administered the reasons for this were clearly recorded.

There were protocols in place to help people with 'as and when required' (PRN) medicines they took. The service worked with a nearby hospital and district nurses to support people who took specialist medicines.

Systems were in place to support people to access their medicines when they stayed overnight with family. We noted that some additional administration procedures for certain medicines had been introduced as a result of safeguarding concerns, such as additional checks on medicine records.

Medicines were securely and safely stored, and storage temperatures were regularly checked to ensure they were appropriate. At the time of the inspection no one at the service was using controlled drugs. Controlled drugs are medicines that are liable to misuse. Procedures were in place to safely and securely store and monitor controlled drug use.

We observed a medicines round, and saw it was undertaken in a safe manner. Medicines were not left unattended and staff ensured they were swallowed before completing MARs. Eight people at the service administered their own medicines. Risk assessments of this had been undertaken and care plans contained evidence of discussion between the person and professionals involved in their care.

Plans were in place to support people in emergency situations and provide a continuity of care in case of disruption to the service. There was a personal emergency evacuation plan (PEEP) in place for each person, stored in a 'fire grab bag' next to the front door. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The grab bag also contained a copy of an emergency evacuation plan, and staff had signed this to confirm they understood it. There was a business continuity plan in place. This contained guidance to staff on how to deal with a variety of emergency situations, for example loss of utilities, and details of alternative premises to ensure a continuity of care. Notice boards throughout the service contained details of who was the designated first aider and fire safety officer that day. Staff responsible for these roles were able to describe what they would do in an emergency situation.

Communal areas at the service were clean and tidy, and people were supported to keep their own rooms clean. People had helped to develop a cleaning schedule of when they should clean their rooms, and during the inspection we saw staff prompting people to clean their rooms as it was their turn on the schedule. People responded positively to this, and crossed themselves off the list when their rooms were clean. Housekeeping staff were deep cleaning communal areas of the service when we arrived for the first day of our inspection. Throughout the day, we saw staff using personal protective equipment (PPE) such as aprons and gloves where appropriate to assist with infection control. We also saw staff tidying and clearing away trip hazards as they moved around the building.

Is the service effective?

Our findings

During our last inspection in November 2015 we found that staff did not always receive the training they needed and did not receive specialist training despite having requested it. During this latest inspection we found the service had made a number of improvements and had addressed the issues we identified in November 2015.

Staff received mandatory training in areas including equality and diversity, fire evacuation, first aid, food safety, the Mental Capacity Act 2005, medication awareness and safeguarding. Mandatory training is training the provider thinks is necessary to support people safely. We reviewed the training matrix and saw that staff completion rates for this training were between 71% and 99%. Practical training in moving and position compliance was at 54%, but the registered manager said a course had to be rearranged at the last minute and that plans were in place to repeat that training soon. Mandatory training was refreshed annually. Staff also received training in other areas, such as diet and nutrition, dementia awareness and infection control. The registered manager said, "All staff train in all areas, because of the support levels we have here. So all staff get medicines training even though only senior carers administer."

The registered manager said specialist training in mental health first aid had recently been approved and was being rolled out. Additionally, some specialist training was being offered by another service operated by the registered provider and staff were able to attend take part in that. The registered manager said that training took place in a number of formats, including e-learning and classroom learning at the service.

Staff spoke positively about the training they received. They said they were free to request specialist training, and that when they had recently asked for training in drug and alcohol additions. We saw this was planned. One member of staff said, "I have been asked what training I want in supervisions. We do a lot of training on e-learning." Another said, "I find the training useful." Another said, "There was not enough training on mental health, and I brought it up in supervisions. We did it last month." A fourth member of staff said, "I love the training." Another said the training system had improved, telling us, "The training is really good at the moment. I do believe it is working as there has been lots of positive feedback from staff."

Staff received support and guidance through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. All staff had received at least one supervision in 2016, and a matrix was used to plan future meetings. Records of meetings confirmed that supervisions consisted of a wide-ranging discussion, including any support needs the member of staff had and whether further action was needed. For example, in one supervision a discussion took place about the need for some care plans to be signed and an action plan with completion date was created to achieve this. Appraisals involved staff and their appraiser reviewing staff performance and setting objectives for the following 12 months. Competency checks took place in areas including moving and handling, medicines administration and infection control. The registered manager said, "Me and [named senior carers] do observations, and do records of the observations. We do them around every three months." Records confirmed that these observations took place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 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. At the time of our inspection one person was subject to a DoLS authorisation. Their care plan contained a clear record of the authorisation, evidence of best interest decisions being made and the appointment of a Deputy by the Court of Protection to manage the person's financial affairs. Although external doors were fitted with security keypads, people who were not subject to DoLS were able to leave the service whenever they wanted. Care plans contained evidence that people had consented to their care, and throughout the inspection we saw staff asking for permission before assisting people.

People were supported to maintain a healthy diet. At the time of the inspection no one using the service was receiving any specialist diets such as soft or pureed foods. The cook told us, "We have a weekly menu, but if people don't like things I will take it off and replace it with something they do like. For example, people didn't like the hot pot so I replaced it with mixed grill." We were shown menus that reflected people's dietary preferences, and evidence that people had been involved in developing them. People spoke positively about the food on offer at the service. One person said, "The food is good. I can't remember the choice from this morning but it's all nice. I like the puddings." Another person said, "The food is very good. I have had mince and dumplings."

The service had a training kitchen and three smaller kitchens that people could use to prepare their own meals and snacks. A weekly rota had been developed to encourage people to cook for one another, and during the inspection we saw people using the kitchens to prepare food. This meant people were supported to understand the importance of nutrition and to develop independent living skills.

People were supported to maintain and improve their health by accessing external services. Care records contained evidence of active involvement by professionals such as community psychiatric nurses, occupational therapists, speech and language therapists (SALT), dieticians and GPs. There was evidence of close working between the service and these professionals to support people with complex mental health needs. One person was being supported to move into the service, and the staff and the registered manager were working with the local hospital to arrange this.

Is the service caring?

Our findings

People spoke positively about the care and support they received at the service. One person told us, "It's lovely here. Very well looked after...the staff are great. [Staff member] is a right laugh." Another person said, "It's great here, champion." We asked a person who had difficulty communicating if they were happy at the service. They smiled and nodded happily in response.

People appeared relaxed and happy at the service, and throughout the inspection we saw examples of friendly interaction between them and staff. When people were leaving the service for the day they usually made a point of stopping off at the registered manager's office for a chat. For example, we saw one person stopping by to discuss an upcoming family party and the things they were walking into town to buy for it. In another example, we saw a different person stopping by the office and noticed that passing staff made a point of stopping and telling the person they smelled nice and discussing the new perfume they were wearing. It was clear that the person enjoyed talking with staff about this.

Throughout the day we saw staff making an effort to stop and chat with people as they moved around the building, and to regularly enter communal lounges to ask how everybody was. When a person said they would like to walk to the shops, a member of staff asked if they would like some company and walked with them.

We saw that people were treated with dignity and respect. Staff knocked on people's doors and waited for permission before entering their rooms. Where people requested support we saw staff approached them and ask them discreetly how they could help. Where people had difficulty communicating staff interacted patiently and in ways that the person could most easily respond to. Staff told us how they upheld people's dignity. For example, one member of staff said, "We uphold dignity by knocking on doors and respecting people's voices." Staff understood the importance of confidentiality, but also how to raise concerns if they had concerns about a person's welfare. One member of staff said that if they were told something in confidence by a person, "I would say nothing, unless it was major and put the person in danger."

Staff emphasised the importance of encouraging people to be independent. One member of staff said, "We promote independence by prompting people to do things. It's for their own independence and wellbeing." Another said, "You have to let people have their independence. For example, one person asked me if I could dry their hair today and I asked them if they would rather do it." The member of staff went on to say the person had enjoyed drying their own hair.

Staff said they were able to spend quality time getting to know people, and enjoyed doing this. One member of staff said, "We have quality time with people and can get to sit and talk." Another said, "We have plenty of one to one time." We saw that staff interacted with people in an unhurried way, which helped to create a calm, homely atmosphere. We saw staff playing pool with one person who was in the process of moving into the service. We asked the person what they thought of the service and they said, "Love it." In another example, we saw staff walking along and talking with a person who liked to walk around the service. We saw them doing this several times throughout the inspection, which the person clearly enjoyed.

At the time of our inspection no one at the service was receiving end of life care. The registered manager explained how they had previously worked with district nurses and other professionals to develop an end of life care plan for a person at the service. There was an end of life care policy in place, and the registered manager showed us an example of a care plan used when such planning was needed.

At the time of our inspection no one was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager knew how to support people with accessing advocacy services should they be needed.

Is the service responsive?

Our findings

Care plans reflected people's assessed needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

Care plans began with the person's photograph, followed by their 'life story' detailing people, events and memories that were important to them. Care plans were specifically tailored to the mental health support needs of people using the service, and covered areas including 'diagnosis', 'behaviour', 'feelings', 'coping strategies' and 'taking responsibility'. Care plans were clear, detailed and person-centred, and contained information on how to support people in ways that reflected their personal preferences.

There was evidence of people and their families being involved in the development and regular reviews of the care plans.. One person we spoke with said the service "Would change anything I wanted them to." We spoke with another person who was in the process of moving into the service, who said they had already chosen their room and been involved in redecorating it. A member of staff we spoke with said, "[People] can change anything they want in care plans." This meant the service was responsive to people's preferences on how they wanted to be supported.

Throughout the inspection we saw staff completing daily notes to ensure care records reflected people's current support needs and preferences. For example, we saw that when a person finished cleaning their room they helped staff record this and they help find the next person on the cleaning schedule.

Each care plan contained a 'Hospital Passport' of information the person would want a receiving hospital to know about them. People had been involved in developing these to ensure they reflected their personal preferences.

Staff understood the importance of delivering person-centred care. One member of staff said, "You sit and talk and get to know people's preferences. People are able to tell you, and you can always look at the care plan." Another said, "People will tell you there preferences."

People had access to a wide range of activities tailored to their specific needs and interests. Notice boards throughout the service contained details of the activities planned for that day, and on during our inspection these included trips into town, games, films and living skills sessions. The service contained a number of communal areas, and we saw people using these to enjoy quiet time, watch TV and play pool. People who were not subject to DoLS authorisations were free to leave the service whenever they wanted, and throughout the inspection we saw that most people spent at least some of the day away from the service with family, friends or visiting nearby shops.

People told us they enjoyed the activities on offer at the service. One person said, "The activities are there if you want them but you don't have to do them. We do raffles, bingo and other things." Another person said there was, "Lots to do and you can come and go whenever you want." Another person we spoke with in one of the lounges said, "I come in here to watch TV." A different person in the same lounge said they were

excited about a forthcoming trip to Blackpool that had been arranged and were looking forward to buying new clothes for it.

Staff said they enjoyed supporting people to access a range of activities, and told us how they helped to fundraise for these. One member of staff said, "We try to get people away every year for a holiday if we can. We're always looking for ways to raise funds for things like that." Another said, "We go swimming, out for meals, get takeaways, do bingo, go to town and the shops. If people ask staff to go we will."

There was a complaints procedure in place and this was available to people, their relatives and visitors. There had been no complaints since our last inspection in November 2015. The registered manager was able to explain how complaints would be investigated and the outcomes sent to the person raising them.

Is the service well-led?

Our findings

During the inspection we checked to see if the service was displaying the rating awarded at the November 2015 inspection. The rating was not displayed at the premises, as required by our regulations. We asked the registered manager about this on the first day of the inspection, and they said it should be on display. When we concluded the inspection the rating was still not displayed at the premises.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection in November 2015 we found that quality assurance audits did not always identify or address issues concerning the quality and safety of the service. During this latest inspection we found the service had made a number of improvements and had addressed the issues we identified in November 2015.

The registered manager undertook a number of quality assurance audits and checks around the service to monitor quality. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included monthly reviews of medicines, dependency levels, health and safety, catering, nutrition, pressure damage and care plan.

Audits were carried out by the registered manager and senior carers. Since our last inspection in November 2015 the registered manager had introduced an 'action plan and evidence tracker' to monitor the resolution of any issues identified in the audits. This was colour coded green, amber and red, to show when action had been completed, commenced or was yet to begin. We reviewed the plan and saw that it was used to monitor the progress of any remedial action identified in audits. For example, an audit in February 2016 identified the need to update some PEEPs. The plan showed this had been completed. In another example, a medicines audit in March 2016 identified that one person did not have a PRN protocol in place for three of their medicines. An action plan attached to the audit confirmed that this had been remedied, with the date of completion and the registered manager's signature.

The operations manager conducted monthly monitoring visits to the service. Monitoring reports were then sent to the registered manager, including details of any issues needing remedial action in the form of an action plan. For example, the March 2016 report identified that staff were still waiting for some specialist training but noted that this had been requested and the registered manager was waiting for dates. The registered manager said, "If there are any actions needed I also put it in my plan" which they said helped them to monitor the completion of actions.

The registered provider also arranged for inspections by 'lay visitors' recruited by the registered provider but independent of the service to review activities provision, the service's community links, meals and refreshments and general observations. The lay visitor produced an action plan for the registered manager to log any issues requiring remedial action.

Staff and people at the service had together created a cardboard tree displaying the service's culture and values on its leaves. This was prominently displayed near the entrance hall. A sign next to the tree read, 'Our residents do not live in our workplace. We work in their home.' One member of staff who had helped make the tree said, "It has been a brilliant talking point." Staff told us about the culture and values of the service. One said, "I love it here. Nobody is made to feel different. It is a happy atmosphere. To a lot of people we are their family. When you leave the shift and people say thanks for everything, it makes the job worthwhile." Another said, "One big family. We all get on. All help each other. One big family." A third member of staff said, "A lovely home, a happy family. A nice, warm atmosphere. Everyone is dead friendly and caring. If I had to put my nana in social care it would be here."

Staff said the registered manager had supported them through the recent changes at the service. One member of staff told us, "The registered manager is nice, supporting. It's an approachable team." Another said, "I find [the registered manager] very approachable. We have had three managers in 18 months, and everyone has been different. You can go to [the registered manager] for anything. They are always there to pick me up."

Staff confirmed that staff meetings took place, and that they were free to raise any issues or concerns they had at these. We also saw records of 'health and safety' meetings, where the registered manager and relevant staff discussed strategies for reducing accidents and first aid training.

The service sent annual questionnaires to people, relatives and staff asking for feedback. These asked questions about whether people felt safe, their knowledge of the complaints procedure and whether they were involved in writing their care plan. An easy read format questionnaire had been developed for people with communication difficulties, on which people could give feedback by circling the facial expression that best matched their opinion. People were also asked to complete a laundry survey. The registered manager said no surveys had been sent out since our last inspection in November 2015.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The rating from our inspection of November 2015 was not displayed at the premises.

The enforcement action we took:

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.