

GN Care Homes Limited

Thornton House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection on 11 January 2016.

Thornton House Residential home is registered to provide accommodation and personal care for up to 22 older people. The service also offers a day-care facility and bathing service to people within the local

community. The home is single room accommodation over two floors. Not all rooms have en-suite facilities. At the time of this inspection 21 people were living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At a focused inspection on 7 July 2015, breaches of legal requirements were found. These were in regards to the operating of safe and effective recruitment processes and a failure of registered provider to ensure that they had systems in place to ensure that people's health and welfare were monitored appropriately.

We asked the registered provider to take action and make a number of improvements by 17 November 2015. We found that some improvements had been made but we found a number of additional breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of the report.

The people who lived at Thornton House told us that they felt safe and that staff looked after them well. Staff knew how to identify if people were at risk of abuse and knew what was required to ensure they were protected from harm. However, we found that people were at risk as staff did always not ensure that the equipment was used properly.

The environment in which people lived required repair and refurbishment. It was also not visibly clean in some areas which meant that people were at greater risk of an acquired infection. The registered provider did not have schedule of works in place to demonstrate when improvements would be made and or when they would be completed. Checks had been carried out to ensure that the building and utilities were safe.

People told us that staff came to them when they called but were concerned that staff were "Busier than ever." We found that the dependency levels of persons who used the service had increased but the registered provider could not demonstrate that this had been taken into account when setting current staffing levels. This meant that they could not assure us that care could be delivered

effectively and that people could be kept safe in the event of an emergency. We recommended that they undertook a systematic review of staffing levels and reviewed recognised guidance around fire safety.

Care was provided in a kind and dignified manner. People and their relatives made positive comments about the service and the care received. They said that the care staff and the registered manager were always available and would have no hesitation in going to them with worries and concerns.

Staff encouraged people to do things for themselves and helped them to be as independent as possible and to carry out aspects of their own personal care. People told us, where they were able, that they were given choices, allowed to take risks and staff included them in decision making. Where a person lacked mental capacity to make decisions about their care and treatment, staff had taken into account the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards,

The care plans gave a meaningful and personal picture of the person being supported. They also gave enough information for staff, not familiar with the person, to deliver support. Records kept on a day to day basis, however, did not accurately reflect the care that was being given. This meant that concerns, for example, around nutrition and hydration may not be highlighted. It was recommended that the registered provider review their auditing processes to ensure that records are an accurate reflection of support delivered.

The registered manager had ensured that people received support from staff that had been thoroughly vetted to ensure they were of suitable character and skill to do the job. Staff received appropriate training and support.

The registered provider failed to have in place a robust quality audit system to help them monitor the overall care that people were receiving or issues relating to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not completely safe.

People lived in an environment that required improvement in order to ensure that it was clean and risks of acquired infection were minimised. Equipment was also not used properly which could place people's health and safety at risk.

Staff were able to tell us what they saw as abuse or poor practice and were clear about what action they would take in order to keep people safe. People had their medicines safely and at the time that they needed them.

People received support from staff that had been through appropriate recruitment processes to ensure that they were of suitable character and skill.

Staffing levels required review to ensure that care could be delivered effectively and people supported in an emergency situation.

Requires improvement



Is the service effective?

The service was effective.

People had support from staff that were confident and competent. Staff had received appropriate training and were encouraged to develop new skills.

Staff applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that care delivered so done so within the law.

People had a good dining experience and they told us the food was sufficient.

Good



Is the service caring?

The service was caring.

People said that they were well cared for and that the staff were kind to them. People were treated with dignity and respect and had good rapport with the staff.

People were encouraged by staff to be independent and were involved in decisions about their own care. People were able, as far as possible, to stay at the service to be cared for at the end stages of their lives.

Good



Is the service responsive?

The service was responsive.

People received care that reflected their wishes and choices. Documentation reflected this but did not provide an accurate reflection of the support delivered each day.

Good



Summary of findings

There was a lack of provision and engagement with activities that could help maintain a person's wellbeing.

People and their relatives knew how to make a complaint and most were confident that they would be resolved.

Is the service well-led?

The service was not always well led.

There was a registered manager in post.

There were no robust quality audit systems in place to assess the quality and effectiveness of the service.

Staff told us they felt supported and the manager encouraged them to develop new skills.

The views of people who used the service, their relatives and staff were taken into account when planning the service.

Requires improvement



Thornton House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 January 2016, was unannounced and was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We reviewed this information alongside notifications that had received from the service in regards to key incidents. We also looked at information passed to us from the public and professionals.

We consulted with the safeguarding team, local authority commissioners and the Infection Control and Prevention Team before the inspection. We sought the advice and guidance of Cheshire Fire and Rescue Service subsequent to the inspection.

During the inspection we talked to nine people who used the service, two relatives and one visiting professional. We interviewed four staff and looked at records relating to staffing including three recruitment files, training records and supervision schedules. We looked at records relating to the running and management of the service including maintenance logs, safety certificates and complaints. We looked at the care records of eight people who used the service. Throughout the day, we observed the staff interaction with those whom they provided support to.

Is the service safe?

Our findings

People who used the service told us that they were "safe and cared for", that they had confidence in the staff and "Staff keep me from harm". A relative had commented that "Staff try hard to keep people safe without restricting their choice"

On the last inspection carried out on 7 July 2015 we found continued non-compliance of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and we issued a warning notice. Staff employed had not been through appropriate recruitment process is to ensure that they were suitable character to work in a care setting. We found on this inspection that the registered manager had complied with the warning notice and safe recruitment processes were now in place.

We looked at the records of two staff that had commenced employment following our last inspection. There were job applications completed that detailed a person's employment history and any gaps had been verified. References had been taken up in writing and there were notes on file from the interview where appropriate questions were asked to test out somebody's skills, knowledge and values. Staff had not commenced work until a full check had been carried out with the disclosure and barring service to confirm their suitability of character.

The registered provider had a policy in place that covered the principles safeguarding adults from abuse. Staff were aware of this and the policy and guidance from the local authority. Staff received training in safeguarding and were able to tell us what types of incidents they would need to report and how to do this. The registered manager informed the local authority on a monthly basis of safeguarding concerns deemed to be of a low-level such as falls, unexplained bruising, and altercations between users of the service. They had also informed the Care Quality Commission of all relevant safeguarding occurrences. Action was taken to investigate such concerns and to take remedial action to prevent any further harm.

The environment in which people lived required updating and refurbishing. Some bedrooms and communal areas required remedial repair for example, there were holes and flaking plaster in one of the corridors, carpets in a number of rooms required replacing as they were stained or damaged. The bath on the upper floor could not be used

as it was not in working order. We were told that there was a refurbishment programme in place and this was "ongoing" but there was no schedule of planned works. An audit undertaken, by the Infection Prevention and Control Team (ICT) from Cheshire and Wirral Partnership Trust, in March 2015, highlighted issues with bathing facilities. They were advised that bathrooms were to be refurbished as the floors and fixtures required replacement. We found that this had still not taken place.

The registered manager had ensured that people who used the service and staff were up to date with general immunisations, including seasonal influenza vaccination; however, people who used the service were not fully protected from the risks of acquired infection.

The service was not visibly clean in some areas and not all fixtures/fittings could be cleaned due to their poor condition. This included window ledges, skirting areas, pull cords, flooring and areas round baths and sinks. Carpets were not clean and a number of bedroom carpets were worn. We were informed that the service no longer had a carpet cleaner suitable to provide a deep clean. Bed bumpers and mattresses were not clean and there was dust under some beds. Domestic support was provided each day but only until lunch time. Care staff were responsible for ensuring that the service was kept clean at all other times and also carried out laundry tasks. The registered provider had recently installed wall mounted hand wash and paper towels as recommended by ICT in March 2015.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities 2014) because the premises and equipment was not kept clean or properly maintained.

Not all staff on duty wore uniforms or name badges and so they were not easily identifiable. We were informed that the registered provider had not purchased uniforms or offered an allowance to staff to purchase suitable attire. Some staff had been in post almost 12 months.

Risk assessments were in place for those situations where a person could be at risk of harm by nature of the physical or mental illness. These included moving and handling, falls, pressure care and nutritional risk.

We saw that a number of people had bedrails in-situ and care plans indicated that these were for their own health and safety. Risk assessments carried out indicated that

Is the service safe?

these were to be supplied with protective ‘bumpers’ to avoid the risk of entrapment. We saw that two people only had a thin cover over the sides as opposed to the recommended bumpers. We brought this to the attention of the registered manager and asked her to take urgent action to assess the risks to health and safety. We confirmed following inspection that bumpers had been ordered for these persons.

The registered provider had ensured that, where assessed as required, people had an air mattress to minimise the risk of developing a pressure area. There were no instructions, however, for staff as to how to correctly assess what pressure each mattress should be set at. This meant that a person could be at risk of further skin damage from lying or sitting on a mattress that was too hard or soft. We asked staff and the registered manager about the correct setting and they told us that it was based on weight and touch. The settings were not recorded and therefore staff could not check if the pressures were set correctly or required altering. We found that two people were placed on mattresses set at the incorrect setting for their weight. It is essential that staff are aware of the correct pressure for both lying and sitting and that there is a process in place to review this as a person’s weight increases or decreases. We asked the registered manager to review the use of pressure mattresses as a matter of priority. Following the inspection, the registered manager confirmed that the pressures had been reviewed, documentation was now in place and staff would receive training in how to monitor and assess the suitability and safety of the equipment.

The registered manager analysed information from accidents and incidents on a monthly basis in order to identify themes and trends one individual and for the overall service. We saw that action had been taken to minimise risks wherever possible. For example, one person who used the service, liked to walk around at night but staff did always know when they had left their room and they were at high risk of falls. Following a risk assessment, motion sensors were put in place to alert staff.

Maintenance records were kept for utilities such as gas, electricity, temperature controls and the water supply and were up to date. This ensured the safety of the premises. There were also regular checks in place for equipment such as the hoists, stair lift and bathing equipment in use.

We found that a number of bedroom doors were wedged open. This posed an increased risk to those persons who

lived there in the event of fire. We looked at the risk assessment, overall evacuation plan and personal evacuation plans put in place for some people in the event of a fire. The risk assessment did not detail how staff would safely evacuate occupants taking into account the current dependency of the people who lived there and the current staffing levels both day and night. Emergency Lighting was not currently fully functioning and we were told that a new system was due to be installed this month. We referred the matter to Cheshire Fire and Rescue for further assessment and advice.

People who used the service, staff and relatives commented that the dependency of people who now live at Thornton House had steadily increased but the staffing levels had remained the same. Staff told us that they were frequently reliant on the registered manager to assist with care on the floor and were conscious that took her away from her management responsibilities. The service had now offered a day-care and bathing facility but had not taken into account increased demands that this could place on the current staff. There were only two staff available at night and due to the lay out of the building, staff had previously struggled to contact each other for assistance. Staff also reported that they could not always hear call bells that were going off if they were far away from that vicinity. Night staff had recently been provided with “walkie talkies” so that contact could be maintained.

People required staff to manage their medicines and they told us that they received their medicines when they needed them. We found that there was a system in place for ordering, administration, and the disposal of medicines including controlled drugs and topical creams. We checked the medicines administration records for six people found that day accurately reflected the medicines that had been administered. Medicines, including preparations such as thick and easy were stored safely in locked cupboards or the refrigerator where required.

We recommend that the registered provider develop a systematic approach to determine the number of staff required in order to meet the needs of people using the service and keep them safe at all times. Staffing levels and skill mix should be reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service.

Is the service effective?

Our findings

People told us that staff "Were very well trained". Recently completed questionnaires from relatives and professionals indicated that they were confident that staff "had the training required to carry out their role".

People told us that the food they received was "Sufficient" and "To their liking". There had been some concern raised at a residents meeting in October 2015 that the quality and availability of some foods had declined in recent months. People had asked for "Less sandwiches and more choice/variety of meals on the menu". As requested more pasta dishes and curries were now offered as options. The registered manager told us that they catered for all individual needs and as a result sometimes they have run out of a person's preferred choice of cereal or condiment. An alternative was always offered until a supply was purchased.

People were given the opportunity to use the dining tables and these were laid appropriately with tablecloths, placemats and condiments. Mealtimes appeared to be a pleasurable experience with people taking and chatting. People were not rushed and could eat their leisure. Staff provided support as required and the level of assistance was documented in the care plan and also the kitchen area. Staff were aware, for example, that one person could no longer use a knife and fork due to a decline in their mental ability and so provided finger foods where applicable or support where this was not possible.

Staff received training relevant to their jobs such as safeguarding adults, moving and handling, medicines management, food hygiene, and fire safety. Training was regularly updated to ensure that staff remained confident and competent. Staff told us that they had the opportunity to complete workbooks as well as face-to-face training with external providers. Staff confirmed that they were "Assessed on the job" by the registered manager on a regular basis to ensure that they could "Put what they read into practice". Staff were given the opportunity to undertake National Vocational Qualifications in care and leadership/management. They felt that this "Increased their confidence".

New staff underwent an induction that involved theory, practical supervisions and orientation to the service. A staff member confirmed that this took place. The induction

programme followed that designed by Skills for Care and gave staff the Care Certificate upon completion. This is an identified set of standards that new health and social care workers should adhere to. One staff member had already completed this course and consideration was being given for all staff members to complete regardless of their time at the service.

Staff received ongoing supervision from a senior member of staff as well as an annual appraisal to identify ongoing training and developmental needs. Not all of the supervisions identified as having taken place were recorded but staff confirmed that they received one-to-one sessions. There were also records of direct observations that had taken place of staff delivering support.

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.

The registered manager had ensured that staff received training and staff we spoke with understood the requirements of the Mental Capacity Act in general, and the requirements of the DoLS.

Staff were able to talk to us about their understanding of the MCA and how this impacted upon a person's ability to make decisions. Staff were aware, and gave examples, of people within the service whom they allowed to make unwise decisions and to take risks as they were deemed to have the capacity to do so, such as refusal of equipment or supervision with mobility. These decisions were recorded within the persons care records. Conversely, staff were able to give examples where they had made decisions in a person's 'best interest' due to a lack of mental capacity. Such decisions and assessments were also recorded. Staff

Is the service effective?

asked for permission before carrying out care and a person confirmed that they were “Never made to do anything they did not want to”. We were told by people that they made their own choice on when to get up, go to bed, what to eat or drink, and whether they go out.

DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to restrict or deprive someone of their liberty. We found that the registered manager had made applications where appropriate and was able to explain to us why these had been made. Staff were also aware of those persons subject to DoLS or where an application had been submitted. These included situations where a person did not have the mental capacity to make decisions such as where to live or where someone’s freedom within the service was restricted for example by the use of bedrails, locked doors or motion sensors. A copy of the DoLS was kept on the persons care file so that staff were aware of its conditions and limitations.

Staff were aware of the circumstances in which a third party might have decision making powers and copies of relevant documents such as Lasting Power of Attorneys were kept in a person’s care file and the information also recorded in the care plan.

On our last comprehensive inspection in January 2015 we were informed that a passenger lift had been commissioned to enable people with reduced mobility to move freely within the home. People who used the service told us that this would be helpful as they did not always feel confident to use the stair lift. Others did not want to move downstairs if their mobility deteriorated. This had still not been installed. The registered provider informed us, following the inspection, that plans had been resubmitted and that the work was ‘imminent’.

Is the service caring?

Our findings

People told us that staff were "Caring and considerate". Another person explained that they were "Apprehensive [about leaving their home] but they made me feel welcome from day one". Relatives' comments to the inspector or in the relatives' survey included "I've never had to take issue over staff attitude or practice", "Staff have endless patience", and "This is a genuine home where you are treated like extended family".

Throughout the day we observed that staff knew people well and treated them with respect and compassion. Personal care was delivered in a manner that afforded dignity and privacy.

On the day the inspection staff faced a difficult situation as a person did not wish to attend a medical appointment. They were patient and understanding and tried throughout the morning to reassure the person and to persuade them to attend. Staff were caring in their approach and showed patience and understanding. They eventually sought an alternative way of providing this treatment so that the person did not have to leave the security of the service.

Some people had chosen to personalise their rooms by placing photographs and ornaments. People told us that they were encouraged to bring their own things and that "Having my own things makes me feel more comfortable and helped me settle in". There were quiet spaces around the service where people and their relatives could sit and talk in private. Relatives were welcomed by staff and were offered drinks during the time they spent visiting. There were also gardens surrounding the home which people told us they liked to spend time in when the weather was nice. People who required a wheelchair and their relatives requested a concrete path be put down across the car park and earlier this year a path was put down making access in and out

much easier

People who lived at the service had chosen the words that were printed in the treatment/hairdresser room, staff contributed by providing ideas and obtaining the things needed to complete the room. Therefore, it was finished and approved by everyone who used it. Staff were contributing ideas about the design of the clinic area to make it a more efficient use of space.

The registered provider now provided day care and a bathing service from the location. There was evidence that they had consulted with the people who used the service prior to this as it meant people coming into their home to use their facilities. People had no objection to this but asked that bath times were restricted not to impact on their own preferred times.

When needed a referral for additional professional help was requested, such as input from a

Physiotherapist, continence adviser, district nurses, and the mental health team. Information about the outcome of the appointments had been recorded in the person's records and included in their care plans. People were encouraged to be as independent as able which helped promote their self-respect. Deafness Support and Vision Support visited to offer advice to staff and people, along with providing equipment on loan for those who had difficulty hearing or with their eye sight.

There were people who had difficulty using the telephone; therefore, their relatives were encouraged to send a message via email to the registered manager. Their emails were then printed in large type and given to the person to read and a return message sent. The conservatory was used for special occasions such as holding a family party for a resident's birthday. There was a computer for general internet use and Skype (a method by which people can video call) but at the time of the inspection it required repair.

Is the service responsive?

Our findings

People used the service told us that "Staff know me well and know what I need". Feedback from relatives reaffirmed this and comments included: "I was impressed with the speed with which they picked up my relatives infection" and "I am happy that I have found a place that combines efficient and professional care with a homely atmosphere".

The majority of staff at the service had been there for a very long time and knew people well. This was evident in the way that they approached a person and provided care.

We looked at eight care plans and found that they all contained detailed information about people's preferences, likes and dislikes, habits and personal choices. They also provided detailed information as to how somebody wished their care to be delivered and how to provide this in a safe way. Care Plans also included detailed aspects of a person's history, behaviour or personality and how this may have an impact on the care provided to them. Care plans, for example, indicated that a person may choose to sleep in their clothes as it was reminiscent of their time in the army trenches. Care plans were reviewed on a monthly basis and there was evidence of the person, and where appropriate, their families being involved.

Religious and cultural issues were addressed in care plans and staff had formed a close enough relationship with people to enable them to discuss their wishes around end of life care.

A chart was in place for staff to document the day to day care as well as the specific monitoring of things such as dietary and fluid intake and repositioning. Daily records had one entry in any 24 hour period but did not fully detail care provided throughout the course of the day and night. The monitoring charts were not always completed. For example, we looked at records that indicated a person had only taken 60 mls of water, 150 mls of coffee and 40 mls of alcohol over 24 hrs. Staff and the person told us that they took fluids well. This meant that records did not accurately reflect what the person had drunk during the day. Consequently the right level of care, treatment and support might not be delivered to people who used the service.

These charts indicated also that persons with bed rails in situ were to be checked on an hourly basis but records did not confirm if these checks had taken place. One person, for example, according to the records kept had only been checked three times in 24 hours. Staff we spoke to and the persons who used the service confirmed that checks took place on a more frequent basis than was recorded. Weights were being monitored where applicable but these were kept in a 'weights book' and information was not always transferred into the Waterlow risk assessment (assessment of risk of developing pressure ulcers) or Malnutrition Universal Screening Tool (MUST) in order for the risk to be re-evaluated. Staff also recorded what a person was serviced rather than what they had actually eaten. This meant that the records kept for the monitoring of health conditions were not accurate and meaningful.

On the day the inspection we did not see any activities taking place. The activities coordinator had been asked to provide care due to a staff member having to leave the shift. The person allocated to activities was often taken away from this role to provide care tasks as on the day of the inspection. Staff shortages have to be filled within the current staff team. It was raised in the relatives meeting that they felt people "Needed a more stimulating environment". The Registered Manager told us that activities used to be planned and outside entertainment arranged but that the "Residents did not always want to do it or join in". Each day was therefore taken on a day-to-day basis with people choosing what they wish to participate in.

The registered manager kept a record of compliments and complaints made. The complaints procedure was up to date and provided relevant information and how a complaint could be made, or followed up should someone not be happy with the response. There were two complaints under investigation at the time of the inspection. CQC had also spoken to one person who they felt their concerns were not being addressed. Other people that we spoke to, relatives and professionals told us that they would have no hesitation in addressing concerns directly with a senior member of staff and when they have done so they have been rectified.

Is the service well-led?

Our findings

People told us "The manager is lovely, she's always here" and staff commented that the registered manager provided them with "hands-on support", and "supervision and direction". It was the opinion of relatives that they could always find someone to speak to: "I never have any trouble getting hold of anyone".

There was a registered manager in place and she was registered with the Care Quality Commission in March 2015.

Following the last inspection we issued a requirement action for a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good Governance. This was because the registered provider had failed to ensure that they had systems in place to effectively monitor people's health and welfare. On this inspection, we found that there were still inadequate systems in place.

Audits were still not in place around key aspects of the service such as environment, infection control and care planning. This meant that some of the concerns raised on inspection had not been identified by the registered manager or registered provider. The registered manager informed us that she completed all the care plans and reviews herself and it has not been appropriate for her to audit her own work. She hoped that a senior care team member would shortly take over this task. The registered provider had recorded their visits to the service but these records lacked in detail and did not tell us what they had looked at or what (if any) actions had been recommended. They were not robust and had not identified any of the issues identified on this inspection.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because there were no robust systems in place to monitor the quality and effectiveness of the service.

The registered manager had visited the service to carry out checks at night. These visits were unannounced and gave the opportunity to observe the care and welfare of people during the night shift. These visits had not highlighted any concerns.

Staff felt that the registered manager was supportive and flexible her approach. Many of the staff had child care or carer commitments and felt that she recognised this before asking them to work extra hours or to change shifts.

The registered manager had compiled a policy and procedure folder that contained information pertinent with the service and care provision. These needed to be updated and reviewed on a regular basis to reflect changes in law, legislation and best practice guidelines. Staff also needed to be aware of the content where applicable

Relatives' views and suggestions about the service were sought. There was evidence that the registered provider had taken action following relative's suggestions. For example one person had suggested that a form be devised and left with the signing in book so that people could leave immediate comments or suggestions. This was now in place. Another suggestion was made to paint white lines on the steps so that they were more visible at night and this has now been completed.

Whilst meetings were held with staff, resident and relatives these were not on a regular basis. In a recent survey a relative had commented that they would welcome the opportunity to discuss issues on a regular basis but were not always able to visit during the day. The registered manager told us that she has considered starting "manager clinics" to give people the opportunity to meet with her on a more formal basis.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met: the premises and equipment were not kept clean and were not properly maintained.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: the registered provider did not have effective systems in place to assess and monitor the quality and safety of the service.</p>

The enforcement action we took:

We issued a warning notice and told the registered provider to be compliant by 1 August 2016.