Hylands House Care Ltd

Hylands House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 21 April 2015 and was unannounced.

Hylands House is a two storey residential home which provides care to older people including people who are living with dementia. Hylands House is registered to provide care for 21 people. At the time of our inspection there were 21 people living at Hylands House.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they felt safe living at Hylands House and staff knew how to keep people safe from the risk of abuse.

People said staff were respectful and kind towards them and we saw staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent before any care was given.

Summary of findings

Staff knew what support people required and staff provided the care in line with people's care records. Care plans contained relevant information for staff to help them provide the individual care people required, although some care plans required a thorough review to ensure they continued to support people as their needs changed. We found people received care and support from staff who had the knowledge and experience to care for people.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained and experienced staff.

Staff demonstrated a good awareness of the importance of keeping people safe. Staff understood their responsibilities for reporting any concerns regarding potential risks of abuse. The registered manager had not sent us statutory notifications when people were placed at risk of harm, however the registered manager told us the local authority responsible for safeguarding concerns had been informed.

The registered manager and staff had little understanding of how the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) affected the service people received. Staff understood they needed to respect people's choices and decisions and where people had capacity, staff followed people's wishes. Where people did not have capacity to make certain decisions, decisions were made on people's behalf, sometimes with the support of family members. However, we found assessments of people's capacity and records of best interests' decisions had not been completed.

DoLS are safeguards used to protect people where their freedom or liberties are restricted. We found examples where people's freedom maybe restricted but there were no applications made to the authorising body that showed these restrictions were authorised and least restrictive.

People told us they were pleased with the service they received. If anyone had concerns, these were listened to and responded to in a timely way which helped prevent formal complaints being received.

Regular checks were completed by the registered manager to identify and improve the quality of service people received, however actions and improvements were not always followed up and recorded.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People received care from suitable staff and staffing levels were determined according to people's needs. Where people's needs had been assessed and where risks had been identified, risk assessments advised staff how to manage these safely. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines from staff at the required times.

Good

Is the service effective?
The service was not consistently effective.

People and relatives were involved in making some decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members where possible, however the provider had not assessed people's capacity and had not demonstrated decisions were made in line with legal requirements. People were offered choices of meals and drinks that met their dietary needs. There were systems that made sure people received timely support from other health care professionals.

Requires improvement

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Good

Is the service responsive?
The service was not consistently responsive.

People's relatives were involved in care planning reviews which helped make sure the support people received met their needs. Staff had information which helped them to respond to people's individual needs and abilities, however further improvements were required to ensure staff continued to meet people's needs. The registered manager responded to people's concerns and complaints.

Requires improvement

Is the service well-led?
The service was not consistently well led.

People and staff were complimentary and supportive of the management team. There were processes in place such as regular checks, meetings and

Requires improvement

Summary of findings

quality audits that identified improvements. However improvements were not always made or recorded, which meant it was difficult for the registered manager to identify which actions were outstanding and what follow up action was still required.

Hylands House

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 21 April 2015 and was unannounced and consisted of two inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We spoke with the local authority who did not provide us with any information that we were not already of it. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. During the inspection we found examples where the registered manager had not submitted specific statutory notifications. For example, safeguarding and incidents and accidents.

To help us understand people's experiences of the service we spent time during the visit observing people who spent time in the communal lounge and dining areas. This was to see how people spent their time, how staff involved people and how staff provided care and support to people when required.

We spoke with four people who lived at the home to get their experiences of what it was like living at Hylands House. We spoke with five visiting relatives, five care staff (these are defined in the report as staff), a cook and the registered manager. We also spoke with a visitor and a district nurse who was providing treatment to some people at the home. We looked at three people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they and their family members felt safe living at Hylands House. One person said, "I am not frightened here and I have no worries." Another person said, "The care staff make me feel safe." One relative explained to us that knowing their family member felt safe and comfortable eased any worries or concerns they had. This relative told us, "[Person] loved their cottage but [person] has never asked to go back home. To have [person] well cared for and know they are safe, is a blessing." Another relative told us how difficult it was making a decision to put their loved one in a home. They said, "I am happy I made the right decision for [person]. If [person] wasn't safe, [person] would not be here."

We asked staff how people at the home remained safe and protected from abuse. All the staff we spoke with had a good understanding of abuse and how to keep people safe. Staff completed training in safeguarding people and knew what action they would take if they had concerns about people. For example, one staff member told us, "I would report it. We have contact numbers on the board and I would tell the owners and Care Quality Commission."

We spoke with the registered manager who was able to tell us how and when referrals should be made and the actions they would take to keep people safe and protected from harm. The registered manager had spoken with the local authority regarding safeguarding concerns. However they were not aware they were required to send us a statutory notification when incidents had occurred and the local authority took no further action. The registered manager agreed they would send us a statutory notification for any incident that met the safeguarding criteria.

All of the people and relatives we spoke with, told us they felt there were enough available staff to meet people's needs. People and relatives told us if they needed assistance they did not wait long for help. Most of the care staff spoken with said they felt staffing levels met people's needs, although on occasions staff felt rushed if unexpected absences happened at short notice. Staff told us they were able to meet people's needs and had time to support people to eat and drink throughout the day. One staff member said, "It can be stressful but we have a good team." This comment was supported by other staff we spoke with and the registered manager. Our observations on the day showed staff were busy, yet staff supported people and cared for people at the pace they required.

The registered manager explained how staffing levels were organised and deployed within the home. They told us they knew people's care needs and the capabilities of staff. The registered manager told us the home did not use a dependency tool, but relied on knowledge of people's current care needs. The registered manager, staff and people we spoke with said the current staffing requirements were able to meet people's needs. From what people and staff told us, staff working at Hylands House had worked there for long periods of time. We found there was a consistent staff team that made sure people received continuity of care from staff who knew the needs.

The registered manager told us they were not reliant on agency staff because they had recruited sufficient staff, however there was a current advertisement to recruit additional care staff to provide further flexibility in staffing levels. They told us they were also on call and operated a 24 hour emergency call out should additional staff be required at short notice. The registered manager and staff told us they were able to cover any unplanned absences at short notice, to ensure the staffing numbers did not fall below expectation. Staff told us that if staffing levels fell below expected numbers, the registered manager would provide cover and help support people.

Assessments and care plans identified where people were potentially at risk and actions were identified to manage or reduce potential risks. Staff spoken with understood the risks associated with people's individual care needs, for example moving and handling, risk of falling and behaviours that challenged. However, we saw one example where a person had behaviours which required staff to be more attentive to their needs to keep this person and others safe. Staff told us they recognised certain moods or signs that suggested this person was becoming agitated, but there was no written risk assessment that informed staff of potential triggers. This information would help staff to ensure a consistency of approach and provide guidance for staff to minimise potential situations which may place this persons' and other's safety at risk.

Daily records showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they

Good

Is the service safe?

were aware of incidents and accidents, but had not consistently analysed them for any emerging patterns. The registered manager was confident people remained safe but assured us they would in future complete regular analysis to ensure people remained safe and any emerging risks were dealt with in a timely way.

People and their relatives told us they had their medicines when needed. Comments received included, “Care staff give me my medication when I want them” and “I get them when I need them.” We looked at five medicine administration records (MAR) and found they had been administered and signed for at the appropriate time. Staff told us a photograph of the person was on file, but photographs were being updated and kept with their MAR which reduced the possibility of giving medicines to the wrong person. Staff completed training which meant their knowledge was kept up to date. Staff spoken with said the registered manager did an observed practice to ensure they administered safely. The MARs were checked regularly to make sure people continued to receive their medicines safely and as prescribed.

Requires improvement

Is the service effective?

Our findings

All of the relatives we spoke with told us they were involved in making care decisions as their family members were unable to. One relative said, "[Person] can't make decisions so the girls [staff] will let me know. I am definitely involved." Another relative said, "If anything changes they always let me know." We saw records that showed family members had agreed when changes in the delivery of care were required. However, these records did not show whether the people making those decisions had legal power to do so or, if the person was able to make decisions and to be involved. The registered manager told us they did not have records to show if people had any legal representatives who were able to make decisions in people's best interests.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do so for themselves. Some staff we spoke with, told us they had received training on MCA or DoLS and showed they understood what their roles when providing care to people who had limited capacity. We saw staff asked people for verbal consent before supporting them with any care tasks. We also saw staff promoted people to make decisions, such as choices in food or drinks and being involved in activities. This demonstrated staff respected people's rights to make their own decisions where possible.

The registered manager had some understanding of the principles of the MCA and DoLS but they had not been put into practice. The registered manager told us most of the people living at Hylands House did not have capacity to make decisions for themselves. The registered manager said, "One day they can make a choice, but some days they are not good." The registered manager told us mental capacity assessments were in the care plans and, "It would surprise me if they were not." We looked at three care plans for people who had difficulty making day to day decisions. There were no capacity assessments completed that would tell staff what people could consent to. We spoke with staff who provided care and staff who completed care plans and asked them if care records contained mental capacity assessments. Staff confirmed to us that mental capacity assessments were not completed.

The registered manager told us decisions were taken in the person's 'best interests'. These decisions and mental capacity assessments had not been carried out for people to determine whether the person could make their own decisions. We also found a lack of records that supported how the decisions were reached and who had been present when decisions had been made. For example, the registered manager told us two people shared a room. We were told families had agreed to this, however there was no evidence of this, or that the two people who shared the room had capacity to understand and consent to this arrangement.

During our visit we saw three people made numerous attempts to try to leave the home via the coded front door. Although risk assessment were in place to ensure people were supervised by staff, we could not establish whether this continued to be the least restrictive way of keeping the person safe. The registered manager was not aware of the court judgement which provided information on DoLS and when DoLS applications should be considered and referred to the supervisory body. We were told the people we saw attempting to leave did not have capacity and no DoLS referral had been made to assess if this restriction was in the person's best interests to keep them safe.

The lack of consideration with regard to the MCA meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us the service they received was good and they received care and support from staff when needed. One person told us, "They (staff) are very good and know what they are doing." Relatives told us they felt staff were knowledge about their family members' care needs and had the skills and abilities to care for them in a way that met people's individual needs.

Staff told us they had received training to support them in ensuring people's health and safety needs were met. This included essential training such as moving and handling, health and safety and infection control. Staff told us they felt they had received the necessary training to be able to support people effectively and we saw staff put this training into practice. For example, staff supported people who had behaviours that challenged others. Staff remained calm, patient and supported people at their own pace. Staff told us they knew how to diffuse potential situations and

Requires improvement

Is the service effective?

behaviours to help keep others and themselves safe. During our visit, we saw staff constantly provided support and reassurance to people and used diverting techniques to protect people from potential risks.

The registered manager had a system to identify when training was required, however this system was not being managed effectively. The registered manager acknowledged some staff required training updates and they assured us training would be arranged promptly to ensure staff continued to support people effectively. Staff told us they had supervision meetings which gave them an opportunity to discuss any concerns or training opportunities they required. One staff member told us, "They are useful. We talk about issues and how we can improve."

People told us they enjoyed the food and we saw they were offered a variety of drinks and meals during our visit. Comments people made were, "The food is alright, I get a choice and can have what I want", "I can have my lunch in my room if I wish" and "The food is quite nice, but don't get much choice."

Staff told us if people did not want any choices on the menu, alternatives would be provided. The cook told us they prepared two choices per day and offered other choices if people wanted something that was not on the menu. The cook told us they had a system that identified who required foods in a way that supported their health needs, such as diabetic or soft food diets. The cook said, "When we have new residents the seniors (staff) tell us about people's likes, dislikes and any allergies." People we spoke with said they were not involved in any menu planning and we discussed this with the registered manager. The registered manager said they would investigate this further and explore ways people's feedback could be included.

People who had risks associated with eating and drinking, had their food and drink monitored to ensure they had sufficient to eat and drink. Where risks had been identified, care plans were in place to minimise the risk and provide guidance to staff. Staff told us they would complete food and fluid charts for people who were at risk to ensure they health and wellbeing was supported. Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that continued to meet their needs.

People who had difficulties with eating, drinking or swallowing, had soft food to help reduce any potential risks to their health. Records showed people received care and treatment from other health care professionals such as their GP, occupational therapists, district nurses and opticians.

During our visit we spoke with a visiting health professional. They told us the, "Standards were very high, all the girls (staff) are very caring and any advice given is followed." They also said, "Staff look at the whole person, they all know everyone's character" which helped staff provide personalised care.

Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. Relatives confirmed health professionals' advice had been sought at the earliest opportunity and advice given had been followed by staff. Relatives also told us they were involved in the review of their family members' health care needs.

Good

Is the service caring?

Our findings

People and relatives we spoke with were happy and satisfied with the care and support they received from staff. Comments received from people included, "Staff are okay and we get along pretty well" and "They (staff) talk to me nicely and yes they are always there if you are ill or anything you need." One relative said, "It is nice to know you have peace of mind with [person] staying here. [Person] always looks lovely and when I come and visit, it always feels like home" and "I can't praise the staff enough. Another relative told us, "I am happy I made the right decision for [person]. You feel part of the family here." The registered manager told us they received positive feedback from relatives about the support provided by staff. They said, "I am proud we deliver good quality care."

Staff told us they enjoyed working at the home and providing care to people living at Hylands House. One staff member said, "I like it here and I love the residents." Another staff member told us they felt they were caring to people living at the home because, "I listen to them, I talk to them and I have a nice calm nature." This staff member said other staff members had told them how calm they were, especially when difficult situations arose at the home, such as managing people's behaviours. These practices were confirmed when we observed staff interaction with people during our visit.

People told us they received care from staff who knew and understood their personal history, likes, dislikes and how they wanted to be cared for. Staff gave people choices about how and where they spent their time, for example where they wanted to sit, what they wanted to do and how their rooms were personalised and furnished. All the rooms we saw had been personalised and tailored to individual's wishes which was confirmed by relatives we spoke with. During our visit one person told us they liked baking cakes and we saw this person helped to make cakes with support from staff.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support, the atmosphere in the home felt calm and relaxed. Staff were friendly and respectful and people appeared relaxed in the company of staff. Staff supported people at their preferred pace and helped people who had limited mobility to move around the home safely. We saw staff were caring, compassionate and patient towards people. Staff engaged them in conversations and addressed people by their preferred names.

We saw staff had a good understanding of people's individual communication needs. Staff interacted positively with people and understood people's communication methods. For example, staff looked for nonverbal cues or signs in how people communicated their mood, feelings, or choices. Some of the signs people expressed showed they may be in pain or were agitated. Staff told us they understood what to look out for. For example, a staff member told us about a person who experienced muscular pains. They told us how they recognised signs, provided comfort and offered the person homely remedy medicines to ease symptoms of pain and discomfort. Relatives told us staff knew when their family members were not well and had taken action. One relative told us how impressed they were when staff noticed their relative's health condition had changed. They told us, "[Person] had a chest infection and they were in contact with the GP and me." This relative also told us that they were involved in a medication review for their family member which helped improve their overall health and wellbeing.

We saw relatives, staff and people who lived at the home had a friendly relationship with each other. Relatives spoke with people other than their family members, which people seemed to enjoy. One relative told us they visited their family member on a regular basis. They said, "[Person] likes it here. People are not tucked away so if one person has a visitor they all see them and talk. " Relatives spoken with said they could see their family members' in private if they preferred.

All of the relatives spoke highly of the service and the quality of care provided at Hylands House. One relative told us about the staff who supported their family member and how this support had benefitted the family unit. This relative said they knew and felt staff cared for their family member. They said, "I know if there is a problem they will call me. It is such a weight off my mind." Another relative told us, "They care for [person] far better than I could." Relatives told us the communication was good and relatives told us they were always kept informed of any changes.

The registered manager gave us an example of how they cared for and supported family members who found it

Good

Is the service caring?

difficult coming to terms with the effects dementia had on their relative. The registered manager told us about a relative who got upset because her [person] did not recognise her and on occasions had been abrupt. The registered manager told us, "I explained the condition to the [family member] and gave advice in how to treat her [person] as a friend and so there was no pressure on either of them. I advised not to keep saying to the [person] 'you remember' because they don't and to keep smiling because they remember a smiling face." The registered manager said this advice helped relieve some pressure from the family and helped them to understand their relative's health condition to see it from the other person's perspective.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke to people quietly and discreetly. When people needed personal care, staff supported people without delay. Staff took people to their rooms where possible to carry out personal care needs, so that it was carried out discreetly. Staff knocked on people's doors and waited for people to respond before they entered people's rooms. Staff spoken with told us they protected people's privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when supported with personal care. Staff also respected people's personal information and understood the importance of sharing confidential information.

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. Relatives told us they were made to feel at home. One relative said, "I can visit whenever I want to because I have been given the code to the door."

Requires improvement

Is the service responsive?

Our findings

Relatives confirmed they were involved in planning their family members' care and said staff knew how to care for them. One relative said, "We have regular chats about [person]. I know if there is a problem they will call me." Comments from relatives showed family involvement was sought and formed an essential part in how people's care was provided. One relative told us they felt staff had a good understanding of people living with dementia. They told us, "Staff do understand dementia". They described a situation where they saw a staff member ask someone to have a shower who was not receptive, but persuaded them because the person liked being wrapped up in a towel. The relative told us they thought those techniques were very good.

Staff told us when people's care needs had changed, they were made aware of these changes, either by the registered manager or at staff handover. Staff told us they received a handover at the start of each shift which helped them to respond to people's immediate needs. Staff said it was useful to know if people had any concerns or health issues since they were last on shift. Speaking with staff showed us they knew people's care needs which meant they continued to provide the care and support people required.

We looked at three people's care files and found inconsistencies with what staff told us and what the records said. For example, one person had behaviours which challenged and staff told us what distractions techniques they used, however care records and assessments did not describe distraction methods or potential triggers for staff to look out for. However, staff we spoke with had good knowledge of the people they were caring for and were able to tell us about their needs and how they supported them. We spoke with one member of staff who wrote and reviewed care plans. They said, "The care plans are direct, I try not to fluff it out" but agreed further information would be helpful to staff to ensure staff had all of the information to support people as their needs changed. For example, people whose behaviours challenged or people who were at risk of falling.

The registered manager was made aware of this and acknowledged additional information would be included in people's care records to ensure staff supported people as required.

Staff spent time involving people with their hobbies and interests. During our visit we saw some people were involved in baking cakes. Other people were singing with staff while others preferred to spend time on their own, in quieter areas of the home. Relatives told us people from the local community visited the home. We were told a singer visited on a monthly basis, who also supported people to exercise with music, to help keep them as mobile as possible. We were told staff supported people to walk into the town to have a cup of tea, or to purchase personal items and this was confirmed when we spoke with relatives.

Relatives said there was always plenty going on for people but what they liked was staff spent time talking with people. The registered manager told us people were involved with arts and crafts, knitting and puzzles. We were told some people had individual interests supported like helping out with paperwork or folding towels, making sandwiches or flower arranging. The registered manager told us it was important for people with dementia to stimulate their interests with what they wanted to do and to help promote their independence.

People and relatives told us they were asked for their views on the quality of the service and their views were listened to and acted upon where necessary. Relatives told us they did this by attending relative's meetings and they had also been asked to provide feedback by completing an annual quality survey. Results of feedback showed people were satisfied with the quality of care provided. We were told the quality survey will be sent out in May 2015 so people have another opportunity to provide feedback about the service. The registered manager also sent out a monthly newsletter to people and relatives, inviting people to raise any issues they had.

People who used the service told us they had not made any complaints about the service they received. People we spoke with said if they were unhappy about anything they would let the staff know or talk to the manager. Information displayed within the home informed people and their visitors about the process for making a complaint. Relatives we spoke with told us they had no reasons to make any complaints and were satisfied with the service provided. Relatives told us if they had any concerns, they would discuss them with the registered manager. Staff told us

Requires improvement

Is the service responsive?

they supported people with any concerns they had and said they were able to resolve them. Staff told us they would refer any concerns people raised to the registered manager if they could not rectify the issue themselves.

We looked at how written complaints were managed by the service. The registered manager told us the home had not received any written complaints in the past 12 months. The registered manager told us if people or relatives had concerns, they were discussed and addressed without delay which prevented any issues escalating to a formal complaint.

Requires improvement

Is the service well-led?

Our findings

Prior to our visit we found we had not received any statutory notifications for serious injuries or safeguarding concerns. We discussed statutory notifications with the registered manager and asked them to give us examples of when a statutory notification would be required to be sent to us. The response from the registered manager told us they were unsure what constituted a statutory notification and what their responsibilities were, particularly around safeguarding and serious injuries. Looking at daily care records, talking with staff and the registered manager, we found incidents that should have been reported to us, had not been. For example, we found five safeguarding incidents took place between 10 April 2015 and 19 April 2015 that had not been made to us. We were satisfied that appropriate actions were taken to safeguard people and the local authority had been made aware, although there were no records that supported the agreed actions and decisions. The registered manager told us, "If I had a safeguarding incident, if I actioned it or safeguarding (local authority) said no, I wouldn't tell you."

This meant the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People, relatives and visitors spoke positively about the registered manager, staff and the care provided at Hylands House. People we spoke with said the registered manager was supportive, caring and always made themselves available to discuss any issues or concerns people had.

We spoke with the registered manager and asked them about the management of the home and the systems they had in place, that ensured people received a quality service. The registered manager told us they were always available to speak with people if they had any concerns and they dealt with those concerns as a priority.

The registered manager told us they had not been able to effectively manage the audit processes over a period of time because their administration support had not been consistent for a period of time. For example, we looked at the incident management system which recorded incidents and accidents that occurred in the home. We found the outcomes from these incidents were not always documented which meant the opportunity to learn lessons could be missed. It was also not clear what action should be taken when a repeat of incidents or accidents occurred. For example, when people had fallen, there was no system that identified when or what action should be taken, such as seeking advice from a GP or the falls team (external health care provider who can provide advice, support and equipment to minimise potential of further falls). The registered manager told us what action they would consider, but this was not always recorded. They told us, "I should do the audits. My last audit was last year." We asked why and they responded, "I haven't done them, it's the time." The lack of effective reporting of incidents meant there was a risk that preventive action might not be taken because there was no analysis of incidents that identified any emerging trends and themes.

Staff we spoke with told us they received regular training and staff told us the registered manager supported them with any additional training they required. We asked the registered manager how they monitored staff training and ensured staff knowledge was maintained and updated. The registered manager told us they had a system, however they had not kept it updated. We were told staff had not received refresher training in line with the provider's expectations. The registered manager told us they knew staff required refresher training in certain areas but had not been able to find time to plan training dates for staff. Where the registered manager had provided training to staff, it had not been recorded so it was difficult to identify which staff required training and those who had completed it. Some staff told us they had supervision meetings but these meetings did not always take place at the required intervals. The registered manager said they planned to hold future supervisions meetings and told us they would ensure these meetings took place and records of them were kept.

We looked at the quality assurance and audit processes and found they were not thorough as actions identified to make improvements were not always completed. For example, we looked at a legionella and water quality check completed in March 2015 where an action plan and recommendations were required to be completed by the external contractor to address the issues found. Some of the issues identified placed people at risk of scalding and 21 shower heads required cleaning, disinfecting and descaling to ensure water quality was maintained and possible risks to health minimised. We checked with the registered manager to see what actions had been taken. The registered manager said, "I presume they have been

Requires improvement

Is the service well-led?

done." They also told us they had misunderstood the report and believed no actions were required. The registered manager said, "Now you have shown me, I see what you mean."

Care plan audits were completed by the senior staff. The registered manager told us they checked samples of care plans to ensure they were accurate and continued to meet people's needs. The registered manager confirmed there were no records kept to show which care plans had been quality assured. We were not told of any examples where checks had identified further improvements and what steps had been taken to ensure those records supported people's needs. We found care records reviewed by senior staff did not support some people's current needs. We saw examples where people who required regular weight checks had not been weighed since October 2014 and on occasions when some people needed three staff to help mobilise, this was not recorded in care plans. The audits carried out had not identified these records were not up to date and did not contain the relevant information or guidance for staff to follow. The quality assurance system for care planning required improvement to ensure risks were identified and recorded in a timely way. The registered manager said, "What can I say, we are good at care, but our records are not good."

We looked at other audits and checks undertaken by the registered manager to ensure that the service was offering a good service. For example, monitoring of staff training, fire safety checks and maintenance of the building. Where improvements had been identified, records were not completed that supported the actions taken. The registered manager did not have any systems in place to assure themselves that any tasks, for which they had delegated responsibility, had been completed satisfactorily. The registered manager acknowledged they needed to improve their monitoring systems and keep appropriate records that demonstrated what action they had taken.

People told us they found the registered manager and staff approachable although all of the people spoken with had not raised any issues or concerns. People told us the registered manager was available to speak to when they wanted. During our visit we saw people who used the service, relatives, staff and visitors engaged the registered manager in conversation and held discussions without any prior appointment. Comments people made were, "(Registered manager) is on the ball" and "The manager is good, if I had any concerns I would go to them."

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. One staff member said, "Yes, she (registered manager) is good. She (registered manager} has time for you, if you have problems at work or personally." Most of the staff spoken with said they found the registered manager approachable and supportive. The registered manager held staff meetings and staff told us it provided them with an opportunity to voice any concerns.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Suitable arrangements were not in place to obtain and act in accordance with people's consent to their care and treatment. The provider had not followed the requirements of the Mental Capacity Act 2005. Assessments had not been undertaken to ensure that decisions were made in people's best interests.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person did not notify the Care Quality Commission of other incidents by way of submitting a statutory notification when required to do so. Regulation 18(1)(2)(a)(e)