St. George's Care Ltd

St George's Home

Inspection report

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Tel: 01217454955

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 10 March 2016 and was unannounced.

St George's Home provides personal care and accommodation for up to 29 older people. There were 25 people living at the home at the time of our inspection. This included a number of people living with dementia.

There was a registered manager in post. 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.

We could not be sure the registered manager and care workers had sufficient knowledge of what constituted abuse because referrals were not always made to the local authority when safeguarding concerns were identified.

People told us they felt safe living at the home and we saw there was enough staff on duty to keep people safe and meet their needs. Medicines were managed safely so that people received their medicines as prescribed.

Risks associated with people's care had been assessed to keep people safe however; records did not always reflect current risks and records were not always kept up to date. Care workers we spoke understood of the risks associated with people's care.

People were referred to external healthcare professionals to ensure their health and well-being was maintained.

New staff received an induction to the home and staff received training in health and social care on an on-going basis to help develop their skills and knowledge further.

Recruitment checks were carried out prior to staff starting work at the home to make sure they were suitable for employment.

The manager and staff understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink.

Some group social activities were arranged, however, people told us they would like more variety and would

enjoy more days out.

Staff were kind and patient and showed respect to people. People were encouraged to maintain relationships with people important to them and visitors were welcomed at the home.

A system was in place to manage complaints received about the service. People and their families were positive about the care being provided and they told us they knew how to make a complaint.

People, their visitors and the staff were positive about the management team and the running of the home. There were processes to monitor the quality and safety of the service provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe and there were enough staff to meet their needs. Staff had some understanding of what constituted abuse. However, referrals were not always made to the local authority when safeguarding concerns were identified. People received their medicines as prescribed and they were stored safely.

Is the service effective?

Good

The service was effective.

People received support from staff that had the knowledge and skills to provide the care they required. The provider met the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People received food and drink they enjoyed, and were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care they received. Care workers treated people with kindness. They respected people's privacy and dignity, and promoted their independence. People were involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were supported by staff who knew them well and staff provided care and support to people when they need it. The communal lounge was often crowed and noise levels were high and some people chose not to use this area because of this. People took part in some activities but they told us they would have liked more variety and days out. People knew how to raise complaints, and they were addressed by the registered manager

to people's satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was clear leadership at the service. People, staff and visitors were asked for their opinions and views of the service. Systems to monitor the quality of the care provided were in place but we had not always been informed when safeguarding incidents had occurred.

St George's 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 10 March 2016 and was an unannounced inspection. The inspection team consisted of two inspectors and an expert- by- experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection confirmed the information contained within the PIR, reflected the service we saw.

Before the inspection we spoke to the local authority commissioning team who funded the care a number of people received. We asked if they had any information about the service. They made us aware they had last visited in in January 2016 and were working with the home's registered manager to improve the service provided. For example, improvements that were needed in relation to the environment and people's care plans.

We reviewed the information we held about the service and the statutory notifications that the registered manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

During the inspection we spoke with nine people who lived at the home and five relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven staff including the registered manager, the deputy manager, a senior care worker, care

workers, the cook and the laundry assistant. We reviewed four people's care plans and daily records to see how their support was planned and delivered.

We reviewed records of checks that staff and the management team made to assure themselves people received a quality service.

Requires Improvement

Is the service safe?

Our findings

The registered manager told us they understood their responsibility to protect people from harm and they knew when they needed to report potential safeguarding incidents. However, we could not be sure their knowledge was sufficient. This was because we identified a number of concerns of a safeguarding nature had not been reported to the local authority safeguarding team. For example, we saw five separate incidents had occurred between November 2015 and February 2016 which included people who lived at the home causing harm to each other. These concerns had not been reported so they could be appropriately investigated to protect people.

We asked the registered manager why they had not reported the concerns we had identified. They told us they didn't think they needed to as the situations had been successfully managed when they had occurred. The registered manager told us they would immediately review the way they reported incidents and review the training needs of staff to ensure if further safeguarding incidents occurred they were correctly reported.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw procedures were in place to protect people from harm. For example, we saw the provider's safeguarding policy was accessible to people, their visitors and staff. Staff we spoke with had some understanding of what constituted abusive behaviour. One care worker told us, "It could be neglect, seeing bruising on someone's body or giving a person too much medication". Staff knew what to do if they suspected abuse. One care worker told us "I would report to the manager if I had any concerns or worries about people." Another said, "I report all concerns to the manager."

Staff confirmed there was a whistle blowing policy available to them if they needed to use it and were confident to speak out if they witnessed any poor practice. (A whistle blower is a person who raises concerns about wrong doing in their workplace).

People who lived at the home told us they felt safe. One person told us, "Everything is ok. I am safe here". One person's relative said, "[Person] is safe and well looked after. Seeing plenty of staff around gives us all a sense of security."

On the day of the visit 25 people were living at the home. The registered manager, deputy manager and three care workers were on duty. Care workers we spoke with told us there were enough of them to meet people's needs and keep them safe. We spoke with people about the number of staff available to meet their needs and we received positive feedback. They told us, "There is enough care staff. "Another said, "There are always staff around."

The registered manager told us there was one current care worker vacancy and they were advertising to recruit someone permanently into the role. We saw vacant shifts were being covered by permanent care workers or occasionally by agency workers. The manager explained the home used a dependency tool to

calculate the number of staff needed by assessing the level of care and support each person required. The care worker rota for the previous three weeks was looked at. We saw enough staff had been on duty to keep people safe.

Recruitment procedures ensured people were supported by staff with the appropriate experience and skills. The registered manager explained all new staff completed a six month probation period before they were offered a permanent role at the home. This was to ensure that they were competent. Prior to staff starting work at the home, the provider carried out recruitment checks to ensure staff were suitable to work with people who lived there. These included references and a Disclosure and Barring Service check. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record. One member of staff said, "I had an interview and I had to wait for my references to be checked and DBS clearance before I could start."

Risk assessments were undertaken to identify what action was needed to be taken to reduce any risks to people's health and wellbeing. Staff we spoke with were knowledgeable about the risks associated with people's care and knew people's support needs varied according to their abilities and preferred routines. However, we looked at risk assessments and management plans for four people and saw there was not always clear guidance for staff to minimise risks. For example, care workers told us one person was living with dementia and could be challenging towards others when they became anxious. The risk assessment advised staff to 'use distraction techniques'. It was unclear which techniques were to be used to keep the person and others safe at this time.

Another person was at risk of choking and required their food to be pureed and drinks to be thickened. We saw staff provided food and fluids in this way but it was not reflected in the person's risk assessment or care plan to ensure a consistent approach to managing their care. We discussed these two people with the registered manager who agreed to review current risk assessments and add more information to ensure people were kept as safe as possible.

We reviewed four people's medicine administration records (MAR's) to check medicines were being managed safely. Two care workers administered people's medicines at lunchtime. One care worker told us, "It's safer this way and it makes me feel reassured that people receive their correct medicines." We saw one care worker stayed with the medication trolley whilst the other offered people a drink and visually checked they had taken their medicine before they signed the MAR.

Care staff we spoke with confirmed they had received medication training. One told us, "I have had medication training which gave me the confidence I needed to administer people's medicines." They explained the registered manager observed how they handled people's medicines to ensure they were competent to do so. People's medications were counted and MAR charts were checked each week. This was to check medicines were accounted for and were being administered as prescribed.

Checks of equipment at the home took place to ensure it was safe for people to use. Records confirmed electrical equipment in use had been checked to make sure it was working correctly in February 2016. A maintenance person visited the home weekly to undertake general repairs and complete the checks.

We saw most areas of the home were visibly clean and tidy but some areas were in need of refurbishment. For example, some carpets were dirty and not all baths were safe to use because people could not get in and out of them safely. Care workers told us people who wanted a bath could not always have one. We spoke to the registered manager about this and they showed us a 12 month refurbishment plan to make improvements to the home. Two bedrooms and one bathroom were being refurbished during the visit. They

told us, "Once all works are completed we will have new bathrooms which will be a great improvement." We saw some of the improvements that had already been undertaken. For example, carpets and furniture had been replaced in some bedrooms and communal areas.

Plans were in place to ensure people were kept safe in the event of an emergency. The provider's fire procedure was on display in a communal area which provided information for people and their visitors on what they should do. We saw evacuation plans within people's care plans which meant in an emergency people could be assisted by staff to evacuate the building quickly and safely. Staff confirmed they had received fire safety training and explained what action they would take if there was a fire. One care worker told us, "I have fire safety training and we have a fire drill every three months which reminds me what I need to do."

Accidents and incidents were recorded and the registered manager had analysed the records to identify any patterns or trends. For example, we saw a higher number of falls had occurred in 2015 when compared with 2014. Records showed the registered manager had sought guidance form the local falls team and district nurses in a timely manner to minimise the risk of further falls happening. They told us, "When some people had a fall it was clear their mobility was decreasing. All staff have completed falls prevention training and we make sure people are wearing suitable footwear to reduce the risk."

Good

Is the service effective?

Our findings

People and their relatives told us staff had the knowledge and skills to meet their needs. One person told us, "The staff work hard and they all do a good job." One person's relative said, "They [care workers] are all nice people. We are contacted if there are any concerns." They explained communication between them and the care workers at the home was good. They told us this made them feel reassured as staff knew how to care for their relative effectively.

Records showed staff received training the provider considered essential to meet the health and social care needs of the people who lived in the home. Training was up to date and provided on a regular basis. A training schedule was used and it showed when staff had completed training and when it was next due. This helped the registered manager prioritise and plan training that the staff needed.

One member of staff told us, "I had infection control training yesterday, it was really useful." We saw they put this training into practice as they washed their hands before assisted a person with their meal at lunchtime. We asked care workers if they had received training to support people with specific needs at the home. One staff member told us, "Yes, I have completed training in dementia. I enjoyed it and it gave me an insight into what it is like for people to live with the condition." Staff told us the training they received helped them to do their jobs well and they were supported to develop their skills. Care workers had completed or were working towards level two or three qualifications in health and social care. This meant staff had the right skills and knowledge to provide effective care and support to people.

New staff members were supported by more experienced care workers and completed induction training to help them meet the needs of people in the home. Care workers we spoke with told us they had received an induction to the home so they were aware of their roles and responsibilities. Staff had worked alongside experienced staff and observed how people preferred to be supported before they worked unsupervised. One staff member told us, "I was shown around, completed training and was introduced to people. I shadowed a few shifts when I started. I got to know people by talking to them and reading their care plans."

Staff told us they had meetings with the registered manager every two months which provided them with support to be effective in their role. Meetings also gave them opportunities to talk about their work performance and personal development. They confirmed if they requested training it was provided to them.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Act requires that where possible people make their own decisions and are helped to do so when needed. When people lack capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within these principles and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities to make referrals and told us many people living at the home lacked capacity . However, we

did not see specific decision capacity assessments had been undertaken for these people. The registered manager told us the completion of these assessments would be a priority.

On the day of the visit we saw most people made daily decisions for themselves such as what they would like to eat and drink. Where there were restrictions on how people's care was delivered, appropriate action had been taken to complete DoLS applications to authorise these restrictions. For example, eight DoLS applications had been submitted and approved by the supervisory body.

These included restricting people from leaving the building for their own safety. We saw there was a key coded lock on the front door but it was not in use. The registered manager told us this was because some people who had a DoLS in place knew the lock code. They did not want these people to leave the building because they were not safe to do so. Everyone therefore had to wait for staff to open the door when requested. We saw people and their visitors had to wait several minutes before they could enter or leave the building. The registered manager said they would change the lock code so people who were not restricted could go outside when they chose to without the need to wait for staff to give them access.

We saw care workers asked people for their consent before providing assistance. This showed us care workers understood the principles of the MCA and knew they could only provide care and support to people who had given their consent. One member of staff told us, "People have the right to refuse and I respect their decisions." We observed one person refused support from care workers at lunchtime to eat their meal. A care worker told us, "The more we try and encourage [person] to eat the more anxious they become. We offer different meals and usually the person will eat when they are ready, there is no rush." We saw care workers discreetly observe the person and provided three different meals before they chose to eat.

People told us they were satisfied with the food provided and had enough to eat and drink. Comments included, "Food is served hot," and "I have no complaints." We asked people if they had a sufficient choice. One person told us, "Yes, if I don't like what is on the menu I can have a sandwich." Another told us, "We get two hot meal choices every day; it's enough choice for me."

We observed people having their lunch in the dining room. Some people were seated at dining tables for 30 minutes before they received their meal. One person became anxious whilst waiting and left the table and another person fell asleep before their meal was served. People who had finished their meals then waited for 15 minutes before they were offered a dessert. One care worker told us, "Mealtimes are a busy part of the day, it could be better organised". We discussed this with the registered manager who told us previously they had implemented two separate sittings at lunchtime to try and make improvements but this had not been successful. They agreed to observe lunchtime the next day to improve the experience for people.

The cook was aware of people's special dietary needs including those with allergies and those who had diabetes. For example, puddings which had low sugar content were provided. People's cultural needs were being met as different choices and types of meals were available.

Handover meetings took place at the beginning of each shift as the staff on duty changed. The health and well-being of each person living in the home was discussed and changes were communicated. One staff member told us, "It is a good way to find out what has been happening since I was last on duty. We also have a communication book to pass on any messages." The meetings and communication book helped staff to ensure people received the care and support they needed to meet their needs.

Where changes in people's health were identified they were referred to the relevant healthcare professionals including their GP. One person told us, "The doctor and the nurses do come and see me." One relative told

us a district nurse visited their family member and the doctor was contacted quickly if needed. People's records showed us how the provider's staff team worked in partnership and maintained links with health professionals. This meant people who lived at the home received the health care required to meet their needs.

Good

Is the service caring?

Our findings

People were happy with the way they were being cared for at St George's. Comments included, "I am very happy with the care'' and, "Staff are kind to me." Relatives were complimentary towards staff and one relative told us, "They [care workers] are always attentive."

We asked staff what being caring meant to them. Comments included," I treat people as I would like to be treated" and "I listen, be polite and be patient." The registered manager told us they were confident all of the staff working at the home had a caring and kind attitude towards people.

We saw people were supported by care workers who knew people's abilities, support needs and preferred routines. Care workers treated people with kindness and people confidently approach staff for assistance when they needed it. This showed us people trusted the staff. We saw one person got upset and a member of staff comforted the person by giving them a hug which the person responded well to.

We saw staff treated people with dignity and respect. For example, one person who lived at the home preferred to be called by their title and surname rather than by their first name. Staff respected this and addressed the person in their preferred way.

Staff promoted people's independence as much as possible. For example, one person was struggling to get up out of an armchair. A care worker observed this and reminded the person where they needed to position their hands on the chair so it would be easier for them to stand up.

People were encouraged to maintain relationships important to them. Relatives were encouraged to be involved in their family member's care and there were no restrictions on visiting times. During the inspection visit one person was unwell and their relative told us the registered manager had, "Done everything possible to keep them informed about their relative's health." They explained this has made them feel involved and included in the person's care.

We saw information was on display for people in the home about a local advocacy service. The registered manager told us no one at the home currently used the services of an advocate but they had in the past and this service was available to support people if required. Advocacy are services that help people access information and services, be involved in decisions about their lives, explore choices and options.

People's bedrooms contained their personal belongings to make them more homely and people told us they had brought their family photographs with them when they moved in. One person told us, "It made me feel a bit more settled and at home."

Requires Improvement

Is the service responsive?

Our findings

One person told us, "I am looked after well; nothing is too much trouble for the staff." Another said, "If I need help I press my call bell and they [care workers] come and help me." They explained they never had to wait long and this made them feel reassured and comforted.

We spent time in the communal lounge. During the morning of our visit twenty people were in the room, two televisions were switched on and people were sitting at a table with a member of staff chatting. At times the noise levels were high and the room was crowded.

Staff told us the environment could be improved for some people who lived dementia as they could become agitated when noise levels were high and a smaller communal area would be beneficial to some people's well-being. One staff member said, "We manage but it would be nice for people and their visitors to have a quieter and more private area". Another said, "Sometimes the lounge is busy. Some people choose to go to their bedrooms for a bit of peace and quiet."

There was no alternative communal area for people to spend their time and we discussed this with the registered manager. They agreed a smaller communal area would be beneficial but due to the current layout of the home this was not possible. They told us the lounge was separated into two separate areas to try and make improvements for people but they recognised this would not improve the noise levels. They said they would talk with people and the staff to gather suggestions to make further improvements and reduce the noise levels.

We saw care workers had a good understanding of people's needs. They were patient when supporting people and gave them time to answer questions. For example, a care worker asked one person, "Would you like a cup of tea or coffee? Have a little think and I will come back in a minute." After a few minutes the person chose a cup of tea and this was provided. Another person had some hearing loss. We saw a care worker write a question on a piece of paper which meant the person could understand what the care worker was asking them.

Prior to admission to the home, people were assessed to determine their level of independence and care needs. People were asked to provide background information such as details of family members, jobs they had undertaken and social interests. This was to ensure people could be supported how they wished to be. An information booklet about the home was provided to people to help them settle in. However, we noticed the information in the booklet was out of date. The registered manager told us they would update it so people were provided with correct information.

Everyone who lived at the home had a care plan and people told us they were involved in care planning and reviews. We saw care plans for areas such as mental health and mobility. We were told care plans were reviewed monthly however; we saw information for one person had not been reviewed since 2014. We discussed this with the registered manager who told us this information was out of date and a newer care plan had been completed. However, this care plan could not be located during the inspection visit. The

registered manager planned to review all care plans immediately to ensure they reflected people's current needs.

Staff we spoke with knew the people they cared for well and how to support their care needs. One staff member was able to tell us in detail about two people and their preferred routines. They knew when one person was unhappy and the reasons for this and to support them to watch sport on the television. They told us the other person could at times become anxious and upset. They knew what could cause this behaviour and explained how they offered reassurance to the person at this time to make them more relaxed.

A keyworker system ensured people were supported by a named worker and this provided consistency for them. A staff member told us, "I am key worker to two people. I make sure they have enough toiletries and help them to choose new clothes." A keyworker is a named care worker who has a central role in a person's care.

There were some activities for people to enjoy, however, some people told us they would like more variety and would enjoy more days out. One person told us, "I like some activities." Another said, "I get bored there is not a lot going on, it's better in the summer months because I can go out into the garden." A weekly activities plan was on display but we did not see any activities that were specific to support people who had dementia. Care workers told us that sometimes people help to lay the dining tables before mealtimes but we did not see this happen during the visit.

We discussed this with the registered manager and they told us activities did take place and people could go out for a coffee or out to local shops if they wished to do so. They confirmed no activities were provided specifically for people who lived with dementia. They said they would talk with people and the care staff to gather suggestions to make improvements to the social activities.

A copy of the providers complaints procedure was on display in the home and people we spoke with knew how to make a complaint if they wished to do so. One person told us, "I would complain if I needed to, I would tell the manager". Three complaints had been received in the last 12 months about the service provided. One had been regarding a broken television remote control. The complaint had been recorded and we saw what action the registered manager had taken to resolve the complaint. A variety of thank you cards were on display in the hallway and this showed us that people were, overall, happy with the service provided.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people, their visitors and staff about the management of the home. People told us they were happy living at the home and thought it was well-run. One person said, "The manager is always here, this is a good home." One relative told us, "I am happy with everything, the home runs smoothly."

Staff told us they enjoyed working at the home and the managers were supportive. One member of staff told us, "It is a fantastic place to work". Another said, "I love working here, I wouldn't want to work anywhere else."

The management team consisted of a registered manager and a deputy manager. The registered manager was experienced and had worked at the home for 30 years. They told us they were committed to the continual improvement of the home and the care people received. For example, they met with the provider every month and this gave them the opportunity to reflect on how the home was being run and discuss any changes that needed to be made.

Staff told us they had a good understanding of their roles and responsibilities and they were reminded of these during staff meetings. They told us these meetings took place every three months and they had opportunities to put forward their suggestions to benefit the people living in the home. For example, they had made suggestions to improve people's care plans to include information on people's likes and dislikes. This was reflected in the care plans we looked at.

The registered manager explained they planned to increase the frequency of staff meetings in the near future as they had a positive effect on staff morale as staff felt listened to. We saw good team work and communication between the staff team and the managers during the visit. There were processes in place to aide good communication across the home. This included a staff handover at the beginning of each shift where staff discussed the welfare of each person and also the use of a communication book where staff recorded any appointments that people needed to attend. This showed us that staff could pass on information and receive important messages from the management team.

Staff were positive about the support provided by the management team and felt they were approachable. Senior care workers were responsible for the running of the home when a manager was not on duty. A 24 hour on-call system was in place. This meant staff could always contact a member of the management team in the case of an emergency. One staff member told us, "If the manager isn't here and we need advice we phone her. Sometimes they give advice over the phone, other times they come in." They told us they were confident to contact the registered manager and they had done this on many occasions in the past.

The registered manager encouraged feedback from people and relatives. For example, a suggestion box for new ideas was in the hallway of the home. A relative we spoke with told us, "I would speak to the manager if I thought something could be improved but the box is a great idea if the manager is not here."

Meetings for people who lived at the home and their relatives were held every month. During the meetings

people were involved in discussions which included the environment and food provided. People had the opportunity to offer any suggestions. People told us, "I can have my say" and, "We do get a chance to speak up." Regular meetings gave people the opportunity to get together and formally discuss any issues they had.

The registered manager told us how people had been involved in making some of the decisions about the environment and how it was re-decorated. For example, records of a recent meeting showed us people had chosen the carpet and the curtains in the communal lounge.

People, their relatives and staff were asked their opinions on the service provided through questionnaires and satisfaction surveys. We looked at eight surveys which were completed in February 2016. All responses were positive about the quality of care provided and the ethos of the home. One person had written, "The staff are caring, I wouldn't change anything". Another commented, "Nothing is too much trouble, the manager should be proud of the home and the staff." The registered manger told us completed questionnaires were analysed to assess if action was required to make improvements.

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained and the home ran in line with the provider's policies and procedures. For example, weekly audits were carried out to check the home was clean. Audit checks were also completed to make sure medicines were managed safely. There were also checks carried out by external organisations. A recent infection control visit had been carried out by the local clinical commissioning group. This had resulted in some good practice recommendations being made. Action had been taken to address these. For example, staff had completed infection control training and new staff uniforms had been purchased.

The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. This included areas which they knew needed to be improved. For example, the premises and home environment.

The registered manager had submitted most of the notifications we required by law about important events in the home. However, they had failed to notify us when potential safeguarding incidents had occurred. The registered manager assured us they would submit these notifications in the future. It is important that the CQC receives all necessary notifications so we can monitor the service and take action when required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected against the risk of abuse as systems and processes in place to protect people were not consistently followed. Regulation 13 (1) (2) (3)