

Maria Mallaband 17 Limited

Birch Heath Lodge

Inspection report

Birch Heath Lane
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Chester
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Ratings

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

Summary of findings

Overall summary

The inspection took place on 8 and 11 February 2016 and the first day was unannounced.

The service provides accommodation with both personal and nursing care for up to 38 people and is located within a detached property in a residential area of Christleton close to local amenities. The service is based in two units: Birchwood is in the main house and Greenwood in the extension. Access to Greenwood is via the outside court yard. At the time of our visit there were 34 people using the service.

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

We found that there was a breach 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.

Care records gave basic information about a person's needs and how they wished their support to be delivered. However, they were not all personalised to give a real picture of a person's wishes, preferences and personal history. Care Plans and risk assessments were not always updated in a timely manner to reflect significant changes in need and to direct staff in managing certain aspects of a person's care. This meant that staff who were unfamiliar with people at the service would not know how their support needed to be delivered. We found that records in relation to the assessment and treatment of pressure ulcers and the monitoring of weight were not accurate and up to date. This meant that there was a risk that a person may not receive the care that they required.

People told us that the building was clean, warm and comfortable. People and their relatives made positive comments about the care received and were complimentary about the food. 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. Observations indicated that people were happy at the service and there were warm and friendly interactions with staff. Staff knew the people that they supported well and could tell us about their support needs.

Where people were not able to indicate what they wanted, staff knew them well enough to anticipate their needs. The requirements of the Mental Capacity Act 2005 were met and staff helped people to express themselves and to seek consent. People told us that they were given choices, allowed to take risks and staff included them in decision making. Applications had been made under the Deprivation of Liberty Safeguards where it was felt a person's liberty was being restricted or deprived.

People told us that staff came to them when they called but sometimes they felt that they had to wait longer than they would like. People and relatives were concerned that staff were, "Busier than ever." We found that

the dependency levels of people who used the service had increased and the registered provider had recently taken steps to increase the staff on duty.

Staff were aware what was required in order to keep people safe and they were confident to report matters of concern. People received care and support from staff that had been through robust recruitment procedures to ensure that they were of suitable character to work in this setting. Staff also underwent an induction programme to equip them with the appropriate knowledge and skills to support people. Staff received on-going training and support to ensure that they remained competent and confident to carry out their roles.

The registered manager and registered provider ensured that audits were carried out on a regular basis in order to monitor the quality, safety and effectiveness of the service. They responded in a timely manner to any complaints or concerns and were open and transparent where issues had arisen.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by care staff who understood what was needed to keep people safe and to minimise the risk of harm.

Management of medication promoted people's health and people received their medicines as prescribed.

Robust recruitment procedures were in place to ensure only suitable people worked at the service.

Is the service effective?

Good ●

The service was effective.

Policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards were in place and accessible to staff. Staff had a good awareness of their responsibilities.

An on-going programme of training was provided for all staff and they received appropriate support within their roles.

Staff ensured people had access to healthcare professionals when they needed it and their dietary needs were met.

Is the service caring?

Good ●

The service was caring.

People's needs and wishes were respected by staff. Staff ensured that people's dignity and privacy were maintained.

Staff respected people's need to maintain as much independence as possible.

People were supported to access local services and to have links with the community.

Is the service responsive?

Requires Improvement ●

The service was not fully responsive.

General support plans were informative and provided staff with enough information to meet people's basic needs. However, records in relation to the assessment and treatment of pressure ulcers and wounds were not accurate and did not direct staff as to how to deliver the required care.

Supplementary care plans and assessment tools were not always updated in order for staff to accurately assess the impact of health changes on a person's care.

There was a complaints procedure in place. People and their relatives were confident that their complaints would be dealt with appropriately.

Activities were planned into each day so that people had social contact and stimulation.

Is the service well-led?

The service was well led.

The registered provider had effective quality assurance systems in place to monitor the service provided and these were completed on a regular basis.

The service was managed by a person registered with CQC. Staff and relatives told us that the registered manager was supportive and approachable.

The service was open and transparent with people who used the service, relatives and staff. They were open to ideas as to how to make the service better.

Good ●

Birch Heath Lodge

Detailed findings

Background to this inspection

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

The inspection took place on the 8 and 11 February 2016 and the first day was unannounced.

The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed all the information that CQC held on the service. This included any notifications, complaints or whistleblowing. Prior to the inspection, the registered manager had 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 also spoke with the local authority's safeguarding and strategic commissioning teams who expressed no concerns about the service.

On the day of the inspection we spoke with eleven people who used the service and seven relatives and friends. We also had the opportunity to speak with eight members of staff. We looked at the care records relating to nine people who used the service, which included, care plans, daily records and medication administration records. We had the opportunity over the two days to observe the interaction between people who received support and staff on duty.

The registered provider had records available that related to the management of staff and the service. We looked at these and it included staff files, training records, and minutes of meetings, maintenance records, appliance test certificates and quality audits.

Is the service safe?

Our findings

People who lived at Birch Heath Lodge told us that they were "Well looked after" and that staff would make sure that they are "Safe and sound". A person described it as, "Not quite home but the second best thing and I am safer here".

The registered provider had a safeguarding adult's procedure in place. This was designed to ensure that any problems that arose were dealt with openly and that people living at the service were protected from harm. The registered manager was aware of the local authority guidelines and the duty to report low level safeguarding concerns. These are situations where there have been minor risks occurring as a result of an isolated case of poor practice. Training records showed us that staff had received training in safeguarding and staff we spoke with was aware of procedures to follow if they were concerned that abuse had occurred or poor care had been delivered. Staff said that they would not hesitate to report any concerns.

The registered provider had policies and procedures in place to ensure that staff were aware of how medication should be ordered, stored, administered and disposed of in line with current guidance. People required support in order to take their medicines as prescribed and told us, "Staff take care to make sure I get my tablets when I need them". Some people were prescribed a medicine 'as required' (PRN). There were guidelines (protocols) to help staff give these medicines in the way the doctor intended.

Some medicines were kept in the fridge in order to maintain their effectiveness. We saw that the temperatures were not always taken twice daily and brought this to the attention of the registered manager who said that they would ensure this was rectified.

We sampled the records of twelve people and eleven records demonstrated that people had their medication as directed and this had been recorded correctly. We noted that staff did not check at handover that the MARS were correctly signed and so that any errors were highlighted immediately. We also saw that the amount of medication received or carried over was not always recorded when it was not within a blister pack. We spoke to the registered manager who told us that they would review staff practice.

Staff were aware of their responsibilities to keep people safe and to take any necessary actions to reduce risk. Care files showed a range of risk assessments and tools used to help keep people safe and to enable staff to deliver the support required. These included individual risk assessments for areas such as moving and handling and use of bed rails. Risk assessments were also put in place for situations very specific to an individual. For example we saw that a person had a medical condition that posed specific risks to themselves and staff. A risk assessment was in place as well as information booklets pertinent to that person's medical condition.

The registered provider had ensured that, where assessed as required, people had an air mattress to minimise the risk of developing a pressure area. The mattresses were checked at regular intervals. However, the required pressure was not recorded to enable staff to check whether each mattress was correctly set. 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 too soft. The nursing staff were able to tell us how the pressure was calculated but this was not recorded. We brought this to the attention of the registered manager and the deputy manager on the day of the inspection. Remedial action had been taken by the second day of the inspection.

People told us that they did not always think that there were enough staff and that, "We sometimes have to wait and ten minutes can feel like a lifetime". Relatives commented, "I am not always sure that there is enough staff as the buzzers go for a while" and "Staff can be running up and down and all around". On the days of the inspection, we saw that people did not have to wait for care and call bells were answered in a timely manner. We looked at the duty rotas and found there was a mixture of qualified nurses, care staff, domestic, administration, maintenance and kitchen staff on duty. Staffing levels were calculated based upon the dependency of the people who used the service and there had recently been an increase in staff hours to reflect increased dependency. The staffing levels took into account the service being split across two buildings but the registered manager was not certain if it also took reflected the layout of the main building where rooms were quite dispersed.

There were systems in place for staff to record accidents or incidents. These were reviewed by the registered manager to ensure that steps were taken to minimise reoccurrence. An analysis of accidents and incidents took place on a monthly basis so that wider themes or trends could be identified. Where harm had occurred we saw that the registered manager had involved family or significant others in a review which demonstrated that they were open and transparent.

People lived in a place that was clean, well-maintained and odour free. Everyone we met said that it was a pleasant environment, spacious, warm and airy. A visitor told us, "It is one of the only places we have been where there is never a malodour".

The registered provider had systems in place to ensure that people lived in a building that was well maintained. We looked at the recorded checks kept for the environment, including the bedrooms, lighting, gas, electricity, and water and fire systems. The equipment people used was also checked and maintained to ensure that it was safe to use. Regular checks were carried out by the registered manager, the registered provider and the home's maintenance staff to help ensure a satisfactory and safe environment. Where areas required attention these were quickly highlighted and attended to. A recent visit by the quality manager from Maria Malliband Care Group (MMCG) had highlighted areas within the kitchen that required remedial action and the Chef and maintenance staff were in negotiation as to how to resolve these matters as a matter of priority.

Prior to the inspection, Cheshire fire and rescue had carried out an assessment of the service and identified a number of remedial actions. We saw that swift action had been taken to rectify a number of these issues and an action plan was in place to complete the remaining works in a timely manner.

Safe recruitment processes were in place and we sampled the files of four staff members to check that the appropriate checks had been carried out. Personnel files were well organised and demonstrated safe recruitment and management of staff. There was evidence of a robust interview process and references were appropriate and verified. A disclosure and barring service check had been carried out prior to the commencement of employment. This meant that the registered provider could be assured that staff were of a suitable character and skill to support people who used the service.

Is the service effective?

Our findings

People said that "I get good care and staff do what they can to keep me well". People had confidence in the staff and the support they received.

A GP visited the service on a weekly basis. People told us that they were reassured by this and knew that they could ask the staff to request the GP at any other time. Other members of the multi-disciplinary team such as: district nurses; continence advisors; hospital clinicians and care managers were also involved and their intervention recorded by staff.

People told us, "The food is lovely" and "There is lots of choice". People's views and preferences were taken into account when designing the menus. The chef told us that they met with other colleagues within the MMCG to share ideas and knowledge. The menus included two choices for lunch and evening. The chef advised us that the people made a choice the day before as to what they wanted for lunch but teatime's decisions were made on the day. Some people did not always remember what they had chosen for their meals but they could change their mind and an alternative would be offered. We observed that the food looked appetising and well presented. The dining areas were pleasant and small tables attractively set with flowers, condiments and napkins. The dining experience was calm and unhurried. People chatted happily to each other and the staff, whilst eating. Staff checked frequently that people were able to eat their food and offered discrete assistance. Where people required help, this was done in a manner that was supportive and dignified. Additional drinks and snacks were offered throughout the day. The chef and kitchen staff were able to identify people who required special diets. The chef took care to ensure that purée and soft diets looked appetising. The environmental health department had recently awarded 5 stars for a well-managed kitchen.

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We looked at policies that were in place for staff to follow in relation to the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards (DoLS) and consent to care and treatment. These policies provided information to staff about the procedures they should follow when a person was unable to make certain decisions for themselves. We noted that the organisation policy in regards to the deprivation of liberty safeguards did not clearly reflect the Supreme Court ruling in March 2014. The registered manager did, however, have guidance from the local authority that she had been following in regards to the ruling. Other organisational documentation required reviewing to ensure that it reflected the MCA and its code of practice. For example the bed rails policy

directed staff to seek consent from the service users or their family and the agreement to be signed by the person gaining consent. The risk assessment referred to an "Authorised next of kin" [if the person lacked capacity] .This meant that staff could be seeking verbal or written consent from people not legally authorised to do so. We brought this to the attention of the registered provider.

We reviewed the records for four people who had been assessed as needing to be deprived of their liberty. There was a mental capacity assessment in place that considered the deprivation/restriction proposed and an assessment evident to ensure that any actions were in the person's best interest. One person had a DoLS authorised and the registered provider had informed the CQC of this. They had also taken steps to ensure that conditions contained within that authorisation were met. Staff were knowledgeable in regard to these procedures and had been able to recognise when a DoLS authorisation was necessary to safeguard people's rights.

Staff spoke to people whilst providing support and asked their consent to do so. We observed staff asking people whether they could provide them with a pinafore to help them keep their clothes clean at lunch. We found staff had acted in accordance with the requirements of the Mental Capacity Act 2005 in order to ensure each person's rights were protected and that they received appropriate care and support to meet their needs.

Staff received regular training and they were provided with the knowledge and skills required to support people who lived at the service. Staff said they enjoyed the training offered but they would like more 'face to face' training alongside the e-learning. They felt that some courses would be enhanced with further discussion and debate with their peers. Staff were given time within their working week to complete training.

There was a robust induction programme in place for new staff which included learning and shadowing an experienced member of staff. The induction programme had been revised to ensure that it met with the standards required of the Care Certificate. This is a set of standards that all staff should adhere to.

The registered provider had processes in place that enabled registered managers to update training records and identify what training staff required. Staff said, "My training is up to date" and the registered manager reminded them when they were due for refresher training and ensured that this was completed.

Staff had the opportunity to obtain qualifications such as the Diploma in Health and Social Care (QCF). One staff member told us that they never thought that they could achieve a qualification but had been encouraged by the registered manager. They said that they had been supported throughout and very proud of their achievement. Staff were also supported to gain new skills. The registered provider was due to introduce a care practitioner role to equip care staff with clinical skills. A number of the senior care staff were due to start this training and were enthusiastic about the challenge. Qualified nurses were being supported through their revalidation.

As well as training staff received supervision. Staff confirmed that they regularly had the opportunity to sit with senior members of staff to discuss issues of a personal and professional nature. On the day of the inspection a staff member had received a practical observation of how to assist a person who required help with eating. Staff files held records of these supervision sessions and sessions were planned throughout the year. The registered manager also ensured that she carried out an annual appraisal of each staff member in order to review their performance and to discuss ongoing development for the following year.

Is the service caring?

Our findings

People liked the staff that were looking after them and had no concerns about how their support was delivered. They said that staff were, "Kind", "Considerate" and had "Hearts of gold". However, people felt that they "Got on better with some staff more than others". A number of people said that some staff could be "More authoritarian" or "Surly". A person said that "They are trained in the practicalities but you can't teach someone how to be towards a person. That is a skill".

People said that staff came when they called them but sometimes there was a delay. People commented that "The staff are fine when they come to you but they are always so busy running around that you don't always get time to chat" and "They work so hard to do their best for you. I love them".

Many of the staff had worked at the home a long time and this was evident in the knowledge that they had of people they supported. Staff told us they keep on coming to work as "The people always come first here".

Observations showed that people were engaging with staff and relaxed in their presence. All the staff approached people in a kindly, non-patronising manner. They were patient with people when they were attending to their needs and were caring and respectful in their approach at all times. There were warm and friendly interactions. Staff were kind and responded well to people's needs and did not rush them. We observed a staff member gently try to wake someone who was sleeping when it came to the meal time and apologised saying "I am so sorry to wake you but it's in a good cause".

Staff treated people with dignity and respect and they were discreet when assisting people with their personal care needs. People received personal care in the privacy of their bedroom or bathroom with doors closed. Staff knocked on doors before entering and were seen to wait outside when a person wished to use the bathroom in privacy. Staff understood the importance of ensuring people's privacy was respected. Staff promoted personal choice and independence at all times by ensuring that people were involved in day to day decisions regarding their care and support. Staff addressed people in an appropriate manner and knew if someone preferred to be called by their first name.

We saw that each person had their own bedroom which they had personalised with items such as family photographs. A married couple were able to use one bedroom to sleep in and the other bedroom had been made into a lounge area for their own use. People had access to a shared sitting rooms area, a dining room and an enclosed garden patio area and conservatory. We observed staff asking people where they would like to be and staff ensured each person was comfortable and had all what they required.

A hairdresser was at the service on the day of the inspection. She told us that she has been coming for many years and has her own "salon" room within the Greenwood unit. This means that people can "Go to the hairdressers" as they would do if they lived independently. We observed people enjoying this experience, for example one person was sat having their hair done reading a magazine and having a glass of sherry.

Notice boards at the service were easily accessible and offered a variety of information to everyone living

there or visiting. The notices and information displayed helped to keep everyone up to date with the management of the home.

People who were considering entering a care home were provided with details on the service and the registered provider in order to help them make an informed decision as to whether they wished to come to Birch Heath Lodge. This included a service user handbook and a statement of purpose. The latter set out the philosophy of care. These documents were also available for all people at the service in the foyer areas.

Is the service responsive?

Our findings

People indicated that the service was responsive to their needs through comments such as "Staff keeps me comfortable and I get what I need" and "My relative is happy here and I would know about it if they were not".

A pre admission assessment was completed prior to a person entering the service and this addressed their physical, mental, emotional and social needs. It also indicated key people in their lives including those that may have legal responsibility for decision on their behalf. This information then formed the basis of a care plan to direct staff as to how to provide support.

Care plans were reviewed on a monthly basis to ensure that they remained relevant and an accurate description of the care required. Care plans varied in their content and the level to which they were personalised. We found that, on occasions, a person's care had changed significantly over a period of time and whilst the review provided detail of this, the care plans had not been rewritten to reflect substantial change. This meant that there was a risk that staff who did not know a person well might not deliver the care as required. The registered provider was in the process of changing to a computerised care planning system. The registered manager and staff were in the process of this changeover and the plan was to review all care plans as they were being migrated to ensure that they were more personalised and person centred.

Some of the people who lived at the service required support due to a decline in their cognitive abilities. Staff provided support in a patient and kind way. However, the documentation kept did not always reflect an understanding of the person and their condition: for example a person was described as having "Bizarre behaviours which include getting anxious and confused".

Staff used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. Staff monitored people's weight to identify whether there was a loss or gain. However, this was not being consistently recorded in the relevant care plan nor MUST assessment. Staff had weighed people but kept this information on a weights diary sheet used to record the weight of all people. Not only did this not comply with data protection but it meant that there was a risk that a significant change might not be picked up and responded to.

We looked at the care plans for two people who had wound care in place and found that records did not provide clear enough information for the appropriate level of care to be delivered. There was no audit trail of what intervention someone had received once a pressure ulcer had been noted.

Wound records were not always completed. Some records indicated that dressings had not been changed as often as care plans directed although staff assured us that they had been. For example, the wound care records for one person indicated that on four occasions between the period from October 2015 and January 2016 the wound dressing had only been changed once a week rather than twice a week. Another gave instructions on the 28 December 2015 for a wound was to be redressed twice a week but the record only had three entries: 28 and 31 December and the 4 January 2016. Where wound care records had ceased we found

conflicting information as to whether the wound had healed or required ongoing monitoring.

Body maps had been completed but not all signed and dated. Where these indicated a pressure ulcer developing subsequent action was not always recorded. For example, a body map for a person recorded a 3cm x 5 cm red area on their bottom. There was no further information to tell us what action, if any, had taken place and there were no care plans or risk assessments completed. A body map was completed in November 2015 and indicated a person had pressure ulcers on both heels. Despite the documentation stating that "this form is not to be used for multiple occasions" staff had used the record to document concerns in December 2015 and January 2016 in regards to skin breaks on the person's sacrum. There were no corresponding care plans or risk assessments in place for these additional concerns. We did observe that action had been taken to provide the persons with pressure relieving equipment and regular positioning.

The registered provider used a Braden Scale assessment tool to assess a person's level of risk of developing a pressure ulcer. These were not always updated to reflect significant changes and did not accurately reflect the risk.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider must identify and assess risks and have measures in place to address those risks. Records must be an accurate reflection of the care and treatment.

Specific staff were employed to deliver and organise activities within the home. One person had been off work for a period but other staff and volunteers had been used to ensure that activities still took place.

The registered provider had a complaints policy in place. We saw this displayed in the reception areas of the service. People and families said that they had not had cause to make a formal complaint but would go the management team if they needed to. It was felt that most issues could be dealt with informally and people felt able to speak about concerns openly. There was a confidence that concerns would now be dealt with appropriately.

People were supported to attend hospital appointments by staff where appropriate and one person said "I have so many appointments, but the staff are really good at making sure I don't forget them." We also saw that professionals such as the physiotherapist, dietician were involved where a need had been identified.

Is the service well-led?

Our findings

People said that "This is a good home and it's got a good manager". People felt that the service was managed well and staff said that they were supported.

The home had a registered manager who was registered with the Care Quality Commission. During the inspection we saw the registered manager was active in the day to day running of the service. She had been at the home for many years and it was clear that she knew the needs of the people and her staff well.

Staff told us they felt supported by the registered manager and they loved coming to work. Many staff had also been at the home for a long time and said that the management was one of the reasons that they stayed: aside from the people who they supported. They were positive about how the registered manager runs the service and said she was, "Always fair" and "Extremely supportive". Staff felt that management listened to them and that they were treated as people not just employees. A staff member had been the runner up in Dignity in Care finalist at MMCG Care Awards and the service had been short listed for Team Award in National MMCG Care Awards. Staff felt that hard work was recognised.

The registered manager had recently involved the staff in decisions around rotas and allocation. Extra hours had been made available and staff were consulted in how best these hours could be utilised. A variety of options were tried before staff made the decision that these would be of most benefit to themselves and the people they supported in the afternoon.

A 'Birch Health interest group' had also been set up so that staff could discuss collectively how to raise funds for the home and the local community.

Staff meetings were held regularly and people had the opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which contained evidence of a wide variety of topics discussed with staff such as: the people living at the home and their needs; activities; maintenance and the environment; health and safety and meals. The minutes showed that the staff were kept up to date with the management of the service. Staff had been prepared by the registered manager for a CQC inspection and knew about the inspection process.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet. The registered provider made policies and procedures available to staff in order to assist them to follow legislation and best practice. A folder was available in the staff office which staff had signed to say they had seen. They were also made available on-line.

The registered provider had a system in place called Care Blox. This required staff to "clock in and out" for salary purposes. However, it also had the facility to give messages to staff as they entered or left the premises. This was used to prompt staff when they had tasks to complete and also was a confidential way of

delivering personal messages to staff. This was used effectively by the registered manager and provided an audit trail of information conveyed to all employees.

The quality, safety and effectiveness of the service were checked by the registered manager but also by members of the senior management team. On the day of our inspection, the quality manager was carrying out a monthly visit. Quality audits covered all aspects of the service including: care files; accidents and incidents; training; complaints; bed availability; infection control; health and safety; medications and environment. The registered provider and registered manager evaluated these audits and action plans were written where areas of improvements were identified. Progress was then evaluated the following month. This demonstrated regular and ongoing monitoring.

Where significant incidents had occurred we found that the registered manager had been open and transparent with the person and interested parties. The registered manager and staff spoke with us about the "Duty of Candour". They were aware of the requirement to be open and honest about a person's care and treatment if things have gone wrong and the importance of making an apology.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was knowledgeable about these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

The registered manager tried to include people who used the service and relatives in the running of the home and to hold regular meetings. Meetings with relatives were not always well attended. There was a schedule in place detailing all the meeting dates for 2016.

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 17 HSCA RA Regulations 2014 Good governance The registered provider failed to ensure that where risks were identified measures were put in place to manage those risks. Records relating to care and treatment were not an accurate reflection of the support required and delivered.17(1) (2) (a)(b)(c)(d)