

Mr George Dixon & Mrs Angela Allick & Mr Michael Dixon & Mrs Susan Ellis

Loxley Chase Care Home


Inspection report

3a & 5 The Crescent
Linthorpe
Middlesbrough
TS5 6SD
Tel: 01642 818921

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection on the 7th and 9th January 2015. We last inspected this service in January 2014.

Loxley Chase is a three-storey converted building providing single en-suite accommodation for up to 30 older people including people who were living with dementia. There is a lift giving access to all floors. The home has a large lounge as well as a smaller snug area, a

dining room and a separate room, which is used for activities and social events. It is situated close to shops and amenities and it is on a bus route providing access to Middlesbrough town centre.

The home had a registered manager in place and they have been in post as manager since 2005. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the service received good, kind care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm. People we spoke with were positive about the care they received and said that they felt safe.

Staff were trained and understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Accidents and incidents were monitored each month to identify trends. We found that when trends were found action was taken. For example certain times of the day were highlighted as being high risk, so the provider ensured extra staff were rostered on to cover these times.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We observed a morning medicines round and observed medicines were administered and stored correctly.

We observed two meal times. On the first observation we saw staff supporting people to eat, one of whom tried to feed two people at once, which meant neither person received the support they needed. On the second observation two members of staff were feeding two people in the lounge. Both members of staff were sat chatting to each other and did not seem to be including the people they were feeding, and one of the staff

members was feeding the person whilst sitting at the side of them, not directly in front of them. We discussed this with the registered manager and the owner who said they would act on this immediately with staff.

The service was clean and tidy. We observed the cleaning rota that highlighted what needed cleaning when. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE. The infection control policy was in need of updating to include contaminated bedding and clothing being placed in red bags.

The registered manager had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. Staff did have a limited understanding but were booked in for MCA and DoLS training on the 25th February 2015.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. The care plans included risk assessments which were sufficiently detailed for each individual.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were also supported to use equipment they may need to maintain their independence whilst staying at the service such as adapted plates and cutlery. People also had a choice of which dining room they ate in.

Summary of findings

We saw people had access to advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them). One person used such a service from Avalon, this had been set up where they had previously lived and was kept going once the person moved to Loxley Chase.

People who used the service were encouraged to be as independent as they wanted to be. They often went for cream tea at Nunthorpe Hall. We saw evidence of some excellent activities taking place at the time of our inspection.

The service had a system in place for the management of complaints, although not all complaints were documented. One relative we spoke with related a concern, the registered manager rectified this at the time of our inspection and the relative was satisfied with the outcome.

There were effective systems in place to monitor and improve the quality of the service provided.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

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 living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Staffing levels were appropriate. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were policies and procedures to ensure people received their medicines safely and they were stored appropriately.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and were provided with choice.

People were supported to maintain good health and had access to healthcare professionals and services.

Staff were trained to meet the needs of the people using the service.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



Is the service caring?

The service was caring.

People who used the service and their relatives told us they were very happy with the care and support they and their relative's received.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

People's care plans were reviewed on a regular basis and systems were in place to quickly identify if someone's needs had changed.

People were supported to access the community, such as going out for tea or just for a walk. The activities they were provided with were excellent.

Complaints and concerns were not always acknowledged or documented.

Good



Summary of findings

Is the service well-led?

The service was well-led.

From our observations and speaking with people who used the service, staff and relatives, we found the culture within the service was centred around each individual, staff always sought to make improvements and were very open.

The manager delivered a high level person centred care that incorporated the values expected by the provider.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the manager to ensure any trends were identified and lesson's learnt.

Good



Loxley Chase Care 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 the 7th and 9th January 2015 and was unannounced, which meant the provider did not know we were visiting.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The provider was not asked to complete 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.

During the visit we spoke with nine people who used the service, one of the proprietors, the registered manager, deputy manager, four carers, the activity coordinator and the cook/kitchen assistant. We also spoke with the advocate and the person who brought the dogs in for pet therapy. We spoke via telephone with one relative of a person who used the service and a healthcare professional (district nurse). We undertook general observations and reviewed relevant records. These included three people's care records, three staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, "I feel safe and that means a lot to me." And another said "I feel safe, this is my home and I never want to leave."

Relatives we spoke with on the day of our inspection and via telephone said, "I am more than happy, my relative is very safe." "There is nothing we are worried about, they have completely took all my worries away." And "Now I know my relative is safe, I go to bed and sleep at night." Another relative said, "My relative is very safe, they are very strict on health and safety."

Staff we spoke with said, "I think people are safe here, anything they need they can have and we always reassure them when hoisting and so forth." and "All carers here care about the residents like their own family."

From our observations, staff took steps to ensure people living at the service were safe. We spoke with six members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to the manager and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. A copy of these plans were placed next to every fire alarm in the service.

Accidents and incidents were managed appropriately. At the end of every month all accidents and incidents were

reviewed to see if any themes or patterns emerged. The registered manager said "If we noticed the majority of the incidents were occurring every evening at say five thirty we would arrange for extra staffing at this time."

We saw a three week staffing rota for two weeks before and one week after the inspection day. There were enough staff on duty at all times. Relatives we spoke with said, "Staff are busy when people have phoned in sick." And "Yes there are enough staff, there was an issue about 18 months ago, we thought too much was being put on staff, we spoke with the owner and they acted on it straight away and more staff were brought on, since then there have been no issues." Staff we spoke with said there were enough staff on duty.

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

The service had relevant disciplinary procedures in place and we saw evidence that disciplinary action was taken when this was appropriate.

We looked through the medication administration records (MARs) and it was clear all medicines had been administered and recorded correctly, with full explanations if they had refused.

The medicines trolley was stored safely when not in use and the temperature was checked and recorded daily. We looked at the storage and administration of drugs liable to misuse called controlled drugs. We saw these were stored and recorded safely. We did see some medication to be used for end of life for one person who had used the service. We could not see the persons name on the label due to the pharmacy printing their name in very dark bold lettering. We discussed the potential for an error due to this and the manager was planning on getting the pharmacy to re label the medicine so the persons name was more apparent.

Is the service safe?

The service had protocols for when required medicines (PRN) and these were individual to each person, explaining why and how each PRN should be administered and when to be repeated.

Medicines training was up to date, although we did not see any evidence of competency checks. We discussed this with the registered manager who said they would now introduce these.

We spent time looking around the service and found it to be in very good condition, we also found it to be homely, comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person wanted them.

The service was clean and tidy. We observed the cleaning rota. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE. We observed

the laundry and noticed a red bag on the floor which contained contaminated bedding. We discussed the possibility of cross contamination with the manager. We looked at the infection control policy and there was no mention of how staff were to deal with contaminated washing stored in red bags. The registered manager said they would update this straight away and also said they were about to implement an infection control lead.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, the lift and collaboration scales. Water temperature checks were recorded weekly. It was noted from a recent contracts audit that water temperatures were exceeding tolerances, we did observe that some temperatures were coming to near the maximum of 43o and the main kitchen sink was 59o. The handyman was now trained to adjust the temperatures accordingly.

Is the service effective?

Our findings

Relatives we spoke with said, "Staff have all the training they need to look after my relative." Another said, "The staff could not be more professional and kind."

People who used the service said, "Staff are very nice, they do an excellent job." Another said, "I cannot emphasise how well they look after me, they really do." And "I cannot speak highly enough of them (the staff)."

Staff we spoke with said, "We receive a lot of training, I have just done first aid." Another staff member said, "I received a good induction, I did all the mandatory training and they made sure I was confident in what I had learnt."

People were supported by staff who were trained to deliver care safely and to an appropriate standard.

All training was up to date; we saw evidence of this on the training matrix and this was backed up with certificates. Training staff had received included moving and handling, infection control and dementia. Staff were booked on 'Malnutrition Universal Screening Tool' (MUST) training on the 27th January 2015. MUST is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition (under nutrition), or obese. It also included management guidelines which can be used to develop a care plan. Staff were also booked on refresher MCA and DoLS training in February 2015 and End of Life training on the 13th January 2015. The registered manager said they also had planned in stroke awareness training. Staff we spoke with confirmed that they had access to further training as required.

Staff received good support through supervision every six to eight weeks and an annual appraisal, which ensured they could express any views about the service in a private and formal manner. Topics discussed during supervision were training and development, personal needs, punctuality, relationships with people who used the service, relatives and colleagues, job knowledge and any areas for improvement and development.

Relatives we spoke with said they were happy with the levels of communication from the registered manager and staff at the service and said they would contact them if

there were any issues with their relative. One relative we spoke with said, "They are very good at communicating if there are any concerns." And "I am more than happy, they communicate and consult with me regularly."

All staff said they would have no hesitation in seeking advice from a healthcare professional and contacting people's family or carers straight away if they had any concerns about someone's health or well-being. We saw from care plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded. The service kept a record of GP visits, including the reason why someone had a visit from the GP and the outcome.

We spoke with a healthcare professional via the telephone after the inspection who said, "They communicate with me straight away if they have any concerns."

The registered manager demonstrated a good understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interests guidelines were followed. At the time of the inspection, three people who used the service had an application for Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty. The registered manager had also informed the Care Quality Commission of the request for a DoLS authorisation and was aware that once the outcome of the request was finalised to let CQC know.

We saw evidence of consent in the care files. People could have their room doors locked and were provided with their own key if they so wished.

People chose in the morning what they would like for lunch, if they did not like or want what was on the menu they would be offered an alternative.

Is the service effective?

We observed two meal times. On the first observation we saw staff supporting people to eat, one of whom tried to feed two people at once, which meant neither person received the support they needed. On the second observation two members of staff were feeding two people in the lounge. Both members of staff were sat chatting to each other and did not seem to be including the people they were feeding, and one of the staff members was feeding the person whilst sitting at the side of them, not directly in front of them. We discussed this with the registered manager and the owner who said they would act on this immediately with staff.

Relatives we spoke with said, "The food is lovely, we have eaten here on many occasions." One person who used the services husband visited daily and was always offered a meal.

People who used the service said, "Food is very pleasant and you get choice." And "The food is just what you want, it is very nice and we get plenty to eat." Another person who used the service said, "I am on a liquid diet, but they give me everything I need."

We discussed special dietary needs with the cook/kitchen assistant. They said they have a record of all peoples needs and we also saw a list on the wall. They said they are always updated on peoples needs by the staff and the dietician.

We observed people also had enough to drink throughout the day.

Is the service caring?

Our findings

The service had a nice friendly and homely atmosphere. We sat and chatted to people sitting in the lounge whilst observing staff interaction.

People we spoke with who used the service said, "Staff are very kind, it is really good here." "Staff are very nice, I cannot grumble about anything." And "Staff are very nice, they do an excellent job, I cannot speak too highly of them." Another person who used the service said, "I had been in another home, this is much nicer."

Relatives we spoke with said, "They are all fantastic." "I like the staff they are extremely approachable." "I get the impression everyone wants to work here." And "Staff are very good, they treat my relative with dignity, they are very careful who they employ here." Another relative said, "99% of the staff are lovely and pleasant, I do find one member of staff to have an abrupt, uncaring manner, such as they may move someone from behind with telling them and they could be startled." We discussed this member of staff with the registered manager who was dealing with the concern.

The healthcare professional we spoke with after the inspection said, "The care the service provides is very good."

The service had policies and procedures in place to ensure that staff understand how to respect people's privacy, dignity and human rights.

We asked staff about maintaining people's privacy and dignity and they explained how they told the person exactly what they were doing with any type of care, they knocked and gained permission before entering people's rooms and they ensured that doors were closed when carrying out any personal care. They also explained how they cover people with towels whilst performing personal care.

We observed the care between staff and people who used the service. People were treated with kindness and

compassion. Staff were attentive and interacted well with people. Staff were aware of people's likes and dislikes such as one person preferred to sit near staff and sat with them whilst they did their paperwork.

One person was transferred into a wheelchair and we observed two members of staff supporting them with this. The person knew exactly what to do whilst being hoisted. Although the two staff members never rushed the person and they treated them with care, they could have explained each next step more so everyone had an understanding of what was happening.

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home. Relatives we spoke with said, "We can come and go as we please, we are always welcome, we are very happy with the care."

We talked to someone who was an advocate for one of the people who used the service. They explained that their role is mainly to visit identified people to maintain communication. This had been set up at a previous home and continued when they moved to Loxley Chase. The advocate said, "I am always made very welcome, this place is perfect, everyone seems happy."

There was evidence in the room files of how to access advocacy services; we did not see any information on the notice boards. The registered manager arranged for the advocacy information to be on the notice boards at the time of our inspection.

Staff were booked in on end of life on the 13th January 2015. People's end of life wishes had not been documented in their care plan. We discussed this with the manager and the owner who said they have arranged for the managers to attend training of the Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life, delivered by care providers, enabling frontline staff to provide a gold standard of care for people nearing the end of life.

Is the service responsive?

Our findings

We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the support plans and they were reviewed monthly. Each plan had a life story at the back and registered manager explained they were trying to gain further information along with photographs from relatives.

People who used the service and their relatives told us they had been involved with the care plans. Relatives we spoke with said, "I am very much involved with decisions about the care my relative receives." "Yes I have seen their care file." And "Yes I am involved with their care." Another relative said, "We never have to ask them to do anything, they are very responsive."

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We observed activities taking place on both inspection days. The first day they had a quiz and when a person got a correct answer they took part in a quick round of 'play your cards right'. Part of the quiz included reminiscence, where the activity coordinator handed items round for people to look at or smell, this brought on a lot of conversations about what that item reminded them of and times in their lives. They then played name that tune, which had everyone singing, they finished off with wine and cheese and a film.

We discussed activities with the activity coordinator. They said when they do an activity such as the quiz they keep each item short, such as a few questions, then play your cards right, then reminiscence, a name that tune then back to a few questions again. They explained how this keeps everyone's interest and gives everyone a chance to be included.

The activity coordinator said, "I do their life stories, I love sitting down talking to them and their families, it is great to know about peoples past, if someone is feeling a bit down, I will say remember when you worked at the clothes shop (for example) and they instantly perk up." And "They are not just the person here, they have had a life, I see a twinkle in their eye when I know something about them."

The activity coordinator said they are always trying new things such as a sweet trolley. They said they held a gentlemen's afternoon where they played the 1966 world cup.

At Christmas they hired a local venue and 92 people who used all four services within the group and families enjoyed a carvery with a cabaret and Santa, this was put in the newspaper. We were told how they used to visit the little theatre but the venue did not support wheelchairs, the activity coordinator sourced a travelling panto who now visits the home.

The activity coordinator told us that the church was coming to the home regularly as well as local schools who were putting on concerts and the brownies. We found the activity coordinator to be excellent and was working really hard to involve everyone. People who used the service said, "They are a very good organiser of entertainment."

One person who came in with two dogs to provide pet therapy said, "Out of all the homes I go to I love coming to these four (Loxley Chase and the three others in the group), everyone is always happy and smiling and they make me feel very welcome."

We looked at the services system for managing complaints and/or concerns. We saw there was no record of a complaint since 2011. One relative we spoke with mentioned a concern they had recently raised with a member of staff regarding an item of their mothers clothing. They mentioned how upset they were about this but had not heard any outcome. We discussed this with the registered manager who knew nothing about this concern. They quickly investigated it and the person who the concern had been raised with had rectified the situation. The registered manager said they would raise this with staff the need inform them of all concerns so they could document them and go through the proper channels as per their complaints policy. The relative was contacted and happy with the outcome.

Other relatives we spoke with said, "I have never had to complain but I know how to."

Although there was information in the room files, there was no evidence of information around the home of how to raised a concern or complaint, the registered manager

Is the service responsive?

rectified this at the time of our inspection. They did say this had been up on the notice board in the hall but must have been accidentally removed when Christmas items were taken down.

Is the service well-led?

Our findings

The service had a registered manager who had worked there for 31 years.

People who used the service we spoke with said, "The manager is very good indeed, she is excellent." And, "It is a very well run home, they deal with things in an efficient and pleasant way."

Relatives we spoke with said, "I am more than happy, I am always consulted about everything." And, "The manager and staff are extremely approachable." Another relative said, "I like that you see the manager a lot and also the service director is there a few days a week."

The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff we spoke with said, "I am very well supported by the management." And "I feel supported by the management and they always keep me updated with what is going on."

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. Staff we spoke with said, "We are able to voice our opinions and we get heard." We looked at the agenda and minutes of the team meetings and topics discussed were key worker role, training, shifts, upcoming dates such as Easter and Christmas and any other relevant business.

We saw a survey had been carried out in August 2014, this was sent to relatives/visitors, people who used the service and the multidisciplinary teams. The relatives/visitors survey received 18 responses out of 30, issues raised were two people had said the laundry was poor, an action plan was produced and improvements were made, this was followed up by a letter to all relatives and visitors.

The people who used the service the return rate was 100% again it highlighted the laundry as only being fair. We discussed what the issues were with the registered manager, and it was clothes going missing or being damaged. They now make sure that all peoples clothes have their names on and an extra effort is made if they find

an item of clothing to find its rightful owner. For delicate items these are now washed separately and if they are not dirty after one days wear to check if they could be hung up in the wardrobe to wear again, so they are not over washed.

The multidisciplinary team they received five out of six surveys back and no concerns were highlighted. No surveys were sent out to staff.

The owner and registered manager told us they were a member of the National Association for Older People (NAPA). Their aim was to improved the quality of activities for older people. They also said they are part of the relatives association. The Relatives and Residents Association is a national charity which exists for the benefit of older people in residential care, as well as their families and friends left behind at home.

They also told us they were part of the national care association, Its primary aim was to lobby the Government to benefit both its members and the people in their care.

The owner also told us that all the registered managers in their group attend or will be attending leadership management training.

We discussed the company's vision and values. The registered manager said they work on the floor with the staff to promote the values, which are to operate in a trustworthy manner and to communicate with openness and honesty.

There was a system of audits that were completed daily, weekly and monthly which included infection control, medications, care planning and the environment. The owner carried out monthly audits at the service. We highlighted the need for a more robust action plan as these audit recognised the need for a new bath panel in July 2014, this was again mentioned every month after that, and on the day of our inspection we saw the bath panel was taped up and in need of replacing. We discussed this with the registered manager and the owner who said the person responsible for buying the bath panel had bought the incorrect one and they were waiting for the correct one to be delivered. There was no mention of this in the audit. The owner said they would update their audit to include an action plan that named the responsible person to carry out the action and dates to be completed by.

Is the service well-led?

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We discussed the need for the registered manager to notify us of incidents more often.

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.

This section is primarily information for the provider

Enforcement actions

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