

Mark Jonathan Gilbert and Luke William Gilbert

Maple Lodge

Inspection report

Arncliffe Road
Liverpool
Merseyside
L25 9PA

Tel: 01514481621

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 7 and 13 October 2016 and was unannounced.

Maple Lodge provides residential care without nursing for up to 44 older people. Some people living at the service were living with dementia. All accommodation is provided at ground floor level. People had access to secure outside seating areas. Car parking facilities were available at the rear of the building and the service was situated close to local amenities. There were 31 people living at the service at the time of our inspection visit.

At the time of this inspection there was a new manager in post who was in the process of submitting their application to register with the Care Quality Commission. 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 carried out an unannounced comprehensive inspection of this service on 5 and 9 November 2015 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We asked the registered provider to take action to make improvements, in relation to safeguarding people, mitigating risk, management of medication, training and support for staff and systems in place to assess, monitor and improve the service. We received an action plan from the registered provider detailing how and when they intended to make improvements to the service. At this inspection we found that the registered provider had made improvements to the service.

At the previous inspection in November 2015 we found that insufficient and ineffective systems were in place to assess, monitor and improve the service. During this inspection we found that improvements had been made in this area. However, we have made a recommendation that the registered provider strengthen their processes to ensure that all aspects of the service are considered in the auditing process. This was because the auditing systems had failed to identify a lack of records in relation to the care people received and pressure relieving equipment.

We have made a recommendation about records. Night care records lacked detail about the care and support people received through the night.

We have made a recommendation about the setting and monitoring of pressure relieving mattresses.

Not all staff had received training for their role. The registered provider had recently employed a trainer to identify, plan and deliver training throughout the service to ensure that all staff receive the training they required.

Procedures and information was available to assist staff to identify and report any concerns they had about a person's safety. In addition, information was also available to people who used the service, family

members and visitors on how to raise concerns about a person they may feel was at risk from abuse.

The atmosphere within the service was busy with lots of conversations taking place between people and their many visitors. It was evident that strong effective relationships had been formed between people and the staff that supported them. When invited, staff offered positive touch and hugs to offer reassurance.

Systems were in place for the management of people's medication. Designated storage facilities were available to ensure that people's medication was kept safe. Records of medication administered were maintained and checks were carried out on a daily basis to help ensure that people had received their medication safely.

Safe recruitment procedures involved obtaining appropriate written references and a Disclosure and Barring Service (DBS) check prior to a member of staff commencing their full employment. These checks helped the registered provider ensure that only suitable people were employed at the service.

People's nutritional needs were planned and catered for. Staff were aware of how people needed to have their food prepared in order for them to eat safely. People were happy with the food selections available to them.

The registered provider had a complaints procedure that was accessible around the service. People and their family members were aware of who they could speak to if they had a concern and felt that their concerns would be listened to.

People participated in activities within the service and at a local community centre. The service had access to a minibus and driver throughout the week for people to go on trips out.

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 protected from the risk of abuse.

Safe recruitment procedures were in place.

People's medication was safely stored and managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Although action was being taken, not all staff had received training for their role;

People's needs in relation to the Mental Capacity Act 2005 were protected.

People enjoyed the food they received and their needs in relation to food and drink were planned for.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People were supported to maintain their individuality.

Positive forms of communication had been developed to support people living with dementia.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and planned for.

Activities were available for people to participate in.

Information was available as to how people could make a

complaint or raise a concern about the service.

Is the service well-led?

The service was not always well-led.

There was no registered manager in post.

Improvements were needed to the systems in place to monitor the service that people received.

Policies and procedures were in place to offer guidance staff on how to support people safely.

Requires Improvement 

Maple 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.

We visited the service on the 7 and 13 October 2016. Both of these visits were unannounced.

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

We observed the support people received, spoke with 14 people who used the service and spent time with other people during two mealtimes. We spoke with six visiting family members, six care staff, the cook, the manager, the registered provider and the registered provider's quality compliance manager. In addition, we spoke with a visiting health care professional.

We looked at the care records of three people who used the service, recruitment records of the four most recently recruited staff, and in addition we looked at records relating to the management of the service. We toured the building looking at the communal areas, bathrooms, the kitchen and people's bedrooms.

Before this inspection we reviewed the information we held about the service which included notifications of incidents that the registered provider had sent to us since our previous inspection. We contacted the local authority who commissioned care from the service, they told us that they were working with the registered provider on an action plan to make improvements around the service. The local authority did not have any immediate concerns about the service.

Prior to our inspection the registered provider had submitted a provider information return (PIR). The PIR gives the registered provider the opportunity to tell us key information about the service, what is working well and their plans for improvement over the next 12 months.

Is the service safe?

Our findings

People told us that they felt safe. They told us that they had confidence in the staff team when they delivered their personal care and support. People's comments included "They [Staff] are always around if you need something" and "I feel very safe, and its cosy". People told us that the service was always clean. Their comments included "My room is always clean and comfortable" and "it's always clean".

Family members told us that they felt their relatives were "Warm and safe" and that the environment was "Very clean". A number of family members told us that they visited regularly, some on a daily basis. They told us that staff were always in the lounge areas to support people and that there were always enough staff on duty to meet people's needs.

At the last inspection we found that the registered provider did not have effective systems and processes in place to effectively manage, immediately or on becoming aware of, any allegation or evidence of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made.

Safeguarding policies and procedures were available within the service. These documents gave guidance and information as to what actions needed to be taken by staff in the event of an incident of abuse or suspected abuse. In addition, leaflets were available in relation to the local authority's safeguarding board titled "No silence, No Secrets" along with a booklet informing people of what they can do to help" in relation to protecting individuals from harm. During discussions, staff knew what action they needed to take if they thought that a person was at risk from any type of abuse. They gave examples of the different types of abuse and the signs that could indicate that a person may have experienced abuse, such as a change in behaviour. The manager had developed a register to record any safeguarding concerns raised. The register was completed on a monthly basis and contained information which included the time and date of the concern, the nature of concern raised and any injury sustained. Additional information was recorded in relation to what treatment was sought, the outcome of the concern following investigation with any actions required and if appropriate, whether family members were informed.

At the last inspection we found that the registered provider did not do all that was reasonably practical to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made.

Information was available in care plans that demonstrated identified risks to individuals' had been assessed and planned for. For example, people's care planning documents considered risks relating to falls and moving and handling. In addition to an actual assessment identifying areas of risk further information to minimise these risk was available. For example, one person had a moving and handling risk assessment in place that demonstrated that they required the use of a hoist when transferring from one position to another. A plan for safe use of the hoist which had been developed by a specialist therapist from the local authority was in place. This plan gave staff specific information as to how to transfer the person safely at all times. Risk assessments were in use to identify if a person was at risk from falls. In addition to the

assessment, a person's history of falls was recorded along with guidance for staff as to when to contact the local authority falls team for advice. Risks to people were reviewed on a regular basis and care planning documents were updated as required to take account of any changes. This helped to ensure that any risks people faced were safely managed to minimise the risk of harm.

At the last inspection we found that the registered provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made.

A dedicated room was available for the storage of people's medication. The storage facility was secure and contained locked cupboards, and a medicine trolley. A fridge was available to store medication that needed to be kept cool to ensure their effectiveness, and a system was in place to record when refrigerated items had been opened. Facilities were available for the safe storage of Controlled drugs (CDs). Controlled drugs are medicines prescribed for people that require stricter control to prevent them from being misused or causing harm. The room was clean and well organised and safe systems were in place for ordering, storing and disposing of medication. The majority of people's medicines were delivered from the pharmacy ready prepared for administration. Staff told us that having this system in place enabled them to spend more quality time with the people who used the service. People told us that they received their medicines when they needed them.

Each person had a medication administration record (MAR) that detailed each item of their prescribed medication and the times they needed administering. We looked at the MARs and saw that they had been completed appropriately. A daily medication check had been introduced to ensure that people received their medicines safely at all times. These checks included checking the administration records, the temperature of the room and medicines fridge and a check on any new or temporary medicines people had been prescribed. The manager explained that these checks helped staff responsible for managing people's medication to identify and respond to any errors quickly.

Recruitment procedures were in place. An appropriate application form had been completed and written references had been applied for and received. In addition, a Disclosure and Barring Service (DBS) check had been carried out. Carrying out these checks minimised the risk of people being employed who were not suitable to work with vulnerable people.

There were sufficient staff on duty to meet people's needs. Throughout the inspection we observed people's needs being met in a timely manner, for example people's requests for personal care were answered quickly. People told us that they didn't have to wait very long for staff to respond to any requests and that there were always staff available to meet their needs safely.

The environment was clean, well decorated and tidy. People and their family members all commented that the service was always clean, and that the staff worked hard to keep it clean. To help ensure people were protected from the risk of infection, infection control procedures were in place. Personal protective equipment (PPE) was available throughout the service and used appropriately. For example, staff used disposable gloves and aprons when they assisted people with personal care.

A team of handy persons were employed by the registered provider to maintain and carry out checks on equipment in use across the service. We saw that regular checks were carried out on hot water temperatures, fire detection equipment, moving and handling equipment, shower heads and the call bell system.

Is the service effective?

Our findings

People told us positive things about the service they received. Their comments included, "Staff always ask if we need anything", "Can always get support when I want it" and "All my needs are met".

Positive comments were made by people in relation to the food available. They told us "There is always a choice", "You have a choice of how much you want to eat" and "I only like a light lunch as I have a full cooked breakfast every day". One person told us that staff always made sure that salt was available on the table within their reach as "They [staff] know I like to put salt on my food – they don't use it in the cooking".

Family members told us that they thought their relatives received a good selection of food throughout the day. One family member told us that their relative had "Put weight on" since moving into the service which they needed to do. Another family member told us, "There are now protected meal times, this is a positive thing as people can concentrate on having their meals. The menu for the day is always displayed".

At the last inspection we found that people were not supported by staff who had received appropriate training and support for their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made although we found further improvements were needed.

Prior to this inspection the manager of the service had commenced formal supervision sessions with the staff team. Staff told us that they felt very well supported by the manager and that they could approach them for advice at any time, as they were always around and about. The registered provider had employed a trainer to deliver training courses to staff throughout the organisation. The trainer was in the process of planning a programme of training for the next 12 months. They explained that they were basing the programme on the training and developments needs of the staff throughout the service.

Staff told us that they felt they had received sufficient training to meet people's needs. Since the last inspection some staff had received training in fire, moving and handling, safeguarding, person centred care, dementia care, first aid and diet and nutrition. The registered provider and the manager were fully aware that not all staff had received specific training for their role and demonstrated a commitment to ensure that any shortfalls would be met by the newly recruited trainer.

At the last inspection we found that the registered provider needed to develop a food and drinks strategy to address the nutritional needs of people. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made.

Since the last inspection people's care plans had been revised and a new format had been introduced to record people's dietary needs and wishes. The care planning documents included a malnutrition screening tool (MUST) which when completed, identified if a person was at risk from malnutrition. In addition, information was also recorded in relation to any known food allergies, likes and dislikes. When specific

needs relating to a person's eating and drinking had been identified advice had been sought from external health care professionals. For example, one person's care plan contained a nutrition and hydration plan that had been developed by a health care professional. This plan gave clear information to staff as to how they needed to support the person in relation to the person's positioning when they were eating and drinking, the assistance required and any equipment that the person needed. At the time of our inspection a visiting speech and language therapist was carrying out an assessment with a person in relation to their eating and drinking needs.

Staff had a good understanding of people's needs and wishes in relation to eating and drinking. They described the needs of one person who had a specific food allergy and staff explained in detail how they prepared food for another person who required a soft consistency diet. Catering staff had access in the kitchen to a list of people's needs and wishes in relation to food and drinks. The menu for the day was written on a board in each dining room. A pictorial menu was available but not always used. We discussed the benefits of using the pictorial menu to assist people who may have difficulties seeing or reading, in making their choice from the menu.

The majority of people chose to eat their meals in the two main dining rooms. A small, quiet dining room was available for people to use also if they wished. A number of people also chose to eat their meal in the lounge area with the support of staff. We saw that people were given the choice as to where they wanted to sit. The service had introduced protected mealtimes to enable and encourage people to eat their meals with minimum disruption. Family members were aware of this and understood why it had been implemented.

The menu available within the service was provided by a company that prepared and delivered the meals ready to be cooked by the catering staff. A catering manager was employed by the registered provider to oversee and monitor the quality of the foods available to people who used the service. They explained that the menus were nutritionally balanced to help ensure that people received a good varied diet. In addition to the prepared foods, a stock of fresh, tinned and frozen foods were available to offer cooked breakfast, light meals and supper to people. People told us that there were always sandwiches and snacks available for supper.

We joined people in both dining rooms for lunchtime meals. People were seen to request a variety of meals. For example, one person had soup and they told us that they always had a light lunch as they had a cooked breakfast. Another person had salad and sandwiches and another had braised steak and mashed potato. Throughout the meal staff were seen to offer encouragement to people to eat their meals and offer alternatives if people had changed their mind about what they wanted to eat. People were offered hot and cold drinks throughout the day. In addition, a juice dispenser was available in one lounge for people to help themselves to.

Two people were using specialist mattresses to prevent them developing pressure ulcers. The mattresses had more than one setting, however, we found that no information was available as to how the setting was calculated, what the correct setting should be, or how and when the setting was checked. Staff told us that the community nursing service who supplied the mattresses set the pressure levels for individuals. Information relating to the correct setting and checks to monitor the settings should be readily available to ensure that the mattresses remain effective at all times.

We recommend that the registered provider records and carries out regular checks on the settings of pressure relieving mattresses in use.

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 interest and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. The manager demonstrated a good knowledge of the Mental Capacity Act 2005 and what the service needed to do to ensure that people's rights under the MCA were maintained. When required, applications had been made to the local authority in relation to Deprivation of Liberty Safeguard authorisations on behalf of people. A register was maintained by the manager of all DoLS applications made, authorisations made and specific dates as to when the authorisations required reviewing or renewing. This register was important as it ensured that all DoLS in place were monitored, and reviewed at appropriate times to ensure that they remained within their legal obligations.

Where appropriate, assessments had been carried out of people's ability to make specific decisions. Any decisions made in a person's best interest had been recorded. The format for recording these decisions gave the opportunity to record the purpose of the assessment, the decision required and the person's ability to participate and contribute to the decision. However, although family members told us that they had been involved in their relatives decision making, the completed assessments failed to record the names of all of the people involved in the decision making process. This information should be recorded to ensure that people's rights were being maintained with the involvement of relevant others, in line with the principals of the Mental Capacity Act 2005.

People told us and records demonstrated that individuals' had access to local health care professionals to maintain their health. Records demonstrated that people had access to local GP services and district nursing services. A community nurse visited the service during this inspection. They told us that staff were always available to speak to when they visited and that any information they required was made available. In addition, they told us that whenever a person required any monitoring to assess and improve their health, for example, if a person needed their fluid intake monitoring, staff ensured this took place.

People's living environment was clean and pleasantly decorated. However, improvements could be made to offer further stimulation and orientation to people living with dementia. The manager explained that they were in the process of looking for ways in which the environment could be made more stimulating for people. One idea they had implemented was having dining table centre pieces that lit up to offer stimulation to people whilst they ate their meals.

Is the service caring?

Our findings

People told us that they felt that the staff were very caring. Their comments included "The girls [staff] are great", "Very caring" and "Very polite and caring".

Family members told us positive things about the staff team. Their comments included, "Staff are lovely", "Very pleasant staff" and "You're always made to feel welcome with a pot of tea". One family member commented that their relative was "Always clean, smart and well dressed as he always liked to look good with his shoes shined".

Two family members told us that prior to their relative moving into the service they visited several times unannounced. On each visit they were given a tour of the service and were asked if they wanted to speak with staff. They told us that there was a "Very open culture". Another family member told us that they observed positive interactions between staff and people who used the service on a daily basis. They told us, "There are lots of hugs and positive touches to offer comfort to people".

People and their family members told us that choices were offered all the time. For example, people told us that they were offered a choice in where they spent their time and what they wanted to wear on a daily basis. Two family members told us that their relative demonstrated very clear choices in relation to the clothing they wore and that staff respected these choices.

People were encouraged to maintain their individuality by staff. For example, one person enjoyed wearing make-up and a staff member was seen to discuss different products with them. Several people told us that they liked the staff to manicure and paint their nails for them.

Throughout the inspection we observed staff respecting people's privacy and dignity, staff routinely knocked on people's doors prior to entering. One person experiencing confusion was seen to attempt to remove a piece of their clothing, staff responded quietly and reassured the person whilst gently supporting them to their bedroom to assist with making them more comfortable.

People were treated with respect and dignity during mealtimes. For example, staff positioned themselves next to people around the table so that they could offer the support needed in a discreet and unobtrusive manner. People were not rushed and staff engaged in conversation whilst offering support.

Positive relationships had been formed between people who used the service and staff and it was evident that specific ways of communicating with people living with dementia had been developed. For example, during a group conversation one person asked the name of a member of staff who was speaking. The member of staff went over to the person and gently sat next to them to show their face. This resulted in the person being able to identify and name that particular member of staff. Another person frequently required support with orientating themselves to the bathroom. Staff told the person the colour of the door, how many doors along and the side of the corridor they needed. Offering support in this manner enabled the

person to remain independent in visiting the bathroom.

Staff were seen to offer comfort to people by touch. For example, when invited to, staff would hold people's hands or put an arm around a person's shoulder to offer reassurance. We saw people putting their arms out to staff for hug, this demonstrated that positive relationships had been formed and that people knew who to go to for reassurance. One person had a comfort doll. Several other people enjoyed introducing the comfort doll to others and clearly were enjoying the experience of holding it. Staff understood the potential benefits of these dolls in relieving people living with dementia of anxiety and at times of distress.

When the information was available, the care planning records gave the opportunity people's choices in relation to their end of life. In addition, where a decision of Do Not Attempt Cardiopulmonary Resuscitation (DNAR CPR) had been made by or on behalf of an individual under the appropriate legislation, this was recorded and placed where staff could locate the information.

Information was available within the service for people and their family members to offer advice and support. For example, leaflets were available relating to services within the local authority for people living with dementia and their families, Alzheimer's and memory loss.

Is the service responsive?

Our findings

People told us positive things about the service they received. Their comments included "I get everything I need", "They always take me out" and "There is always something going on and people visiting".

Prior to a person moving into the service an assessment of their needs took place. The purpose of this assessment was to identify specific needs of the individual and to ensure that Maple Lodge had the facilities and resources to meet these needs. Information gained during the needs assessment contributed to the planning of the person's care. Family members told us that they had been involved in this assessment process. One family member said that as part of the assessment, they had discussed for over half an hour their relative's nutritional needs to ensure that the appropriate care and support could be delivered.

Each person had a care plan that detailed their needs and wishes. Since the previous inspection the manager had introduced new care planning documents to record and monitor people's specific needs. At the time of this inspection the new care planning documentation had been completed for the majority of people who used the service. The newly implemented care plans gave the opportunity to record people's physical, psychological and personal care needs, how these needs were to be met and any related risks and how to manage them. These documents were reviewed on a regular basis. Accompanying the care plans was a 'personal care booklet' which contained people's life history, as told by themselves and family members. Other records contained in people's care files included assessments relating to the Mental Capacity Act 2005, records relating to people's financial arrangements, health care professional visits and contact with family members.

Staff maintained daily records of what care and support people had received and been offered throughout the day and night. However, the night time records contained little information to demonstrate what actual care had been offered and delivered. For example, records stated 'personal care delivered', however, they did not record what actual aspects of personal care had been delivered. This meant that records failed to demonstrate that people received the care and support they required in line with their care plan. We recommend that the registered provider improve the content of the night records so that they show information relating to the actual care and support delivered through the night.

An activities co-ordinator was employed at the service. Their role included supporting people with activities both within the service and out and about within the community. People told us that they had regular access to a local community centre several days a week which they enjoyed attending and carried out different activities. In addition, the service had access to a mini bus and driver to take people out and about. During the inspection people had visited a local pub for lunch, and on their return people told us that they had really enjoyed themselves. People told us that they often went out on the minibus to visit places such as garden centres and in and around Liverpool city centre.

People told us that they had a choice of how they spent their time. A number of people told us that they enjoyed spending their time in the lounge chatting with other people and their visitors. One person told us that they preferred their own company and liked to spend time in their bedroom, other people were seen to

play card games and read. The communal lounges were busy with lots of conversation taking place.

A complaints procedure was readily available at the service. People and family members were aware of who they would speak to if they had a concern or a complaint. The manager demonstrated a good understanding of how they would manage any complaints they received. This included ensuring that detailed records were made of any concerns raised. A specific form was available to record people's concerns, their personal details, any action taken, action required and by whom. In addition, the manager had developed a complaints log. This log enabled the manager to monitor and record any actions carried out following an investigation into a complaint. During our inspection we observed a family member requesting information in relation to how people's post was managed within the service, as a number of unopened important letters had been found. The quality compliance manager showed the family member where the information was recorded in relation to people's post. Following this query the manager discussed with the registered providers quality compliance manager ways in which the management of people's post could be improved.

To encourage people and visiting family members to share their thoughts, a comments box was in place in the foyer for people to post their opinions. The comments box was available to all to access. Family members told us that they were aware that they could put any comments they had in the box.

Is the service well-led?

Our findings

People were able to identify the manager and told us she was approachable. Family members told us positive things about the manager of the service. Their comments included, "Very approachable" and "Much better since [manager] been here".

At the last inspection we found that insufficient and ineffective systems were in place to assess, monitor and improve the service that people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made.

A new manager had been in post since May 2016 and their role was supernumerary. At the time of this inspection, the manager was in the process of submitting their application to CQC to become the registered manager of the service.

A new care planning system had been introduced to enable people's needs and wishes to be fully recorded and reviewed on a regular basis. Improvements had been made to the timings of referrals for specialist services for people, for example, speech and language therapist assessments and advice from the community falls team. The registered provider had employed a trainer to identify, plan and deliver specific training to staff and staff felt that they received the support they needed to carry out their roles.

Quality monitoring systems were in place to ensure that people's living environment was safe. For example, we saw that audits had taken place in relation to the fire detection system, hot water temperatures, equipment in use, including wheelchairs. A maintenance audit was carried out on a monthly basis which recorded areas that required attention and when the repairs had been carried out. We saw that in May 2016 through to September 2016 records had been made that the outside lights to the rear of the property were not working.

The registered provider's current systems in place for monitoring the service had not always been effective as they failed to identify outstanding issues relating to outside lighting, a lack of detailed records of care delivered to people throughout the night, pressure mattress settings and a failure to notify CQC of incidents which occurred at the service.

We recommend that a further review of the registered providers monitoring system takes place to ensure that all aspects of the service provided are considered.

The registered provider was in the process of implementing a new auditing tool at the service. This audit was to be carried out on a regular basis by a representative of the registered provider. The auditing tool when fully implemented would monitor and evaluate all aspects of the service. For example, delivery of person centred care, infection prevention, health and safety, medication management, catering and accidents and incidents. All aspects of this auditing process was planned to be in place by November 2016 and replace current systems.

By law services are required to notify the Care Quality Commission of significant events. Our records showed that the registered provider had informed the Commission of several notifiable events in a timely manner. The Commission reviews all notifiable events to make sure that appropriate action has been taken to mitigate any further risks to people and to decide if any further action is required. However, we found that not all notifiable events had been reported to the Commission. For example, although a safeguarding concern had been reported to the Local Authority under the correct safeguarding procedures the Commission had not been informed about the allegation of abuse as required. Following a discussion with the manager they recognised that some situations should have been reported to the Commission.

People and their family members told us that the manager speaks with them on a regular basis to gather their views about the service. A notice board was in place to share information with people and their family members. Displayed was a 'you said, we did' in relation to the menus available at the home. The manager explained that following a meeting in which menus were discussed a tasting session for the menu was being arranged for family members to test the meals available. In addition, the manager was exploring other ways in which people's views and suggestions relating to the service they received could be sought.

The manager had developed a system for the recording and monitoring of accidents and incidents that occurred. These documents were all maintained in one file for ease of access and contained any actions that had been carried out to prevent a situation reoccurring.

The registered provider had a range of policies and procedures for the service that were accessible for all staff. Policies and procedures support decisions made by staff as they provide guidance on best practice. Included in these policies was a whistleblowing procedure. Staff were aware of this procedure and were confident that they would be respected if they had to approach the registered provider with a concern.