

Catholic Care (Diocese of Leeds)

Westhaven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 15 September 2016 and was unannounced. This meant the registered provider and staff did not know we would be attending. One Adult Social Care (ASC) inspector carried out the inspection. The service was last inspected on 8 October 2013 and was found to be meeting all the regulations inspected.

Westhaven is a small care home providing accommodation for people who require support with their personal care. It specialises in supporting people who have a learning disability. Westhaven was registered with the Care Quality Commission (CQC) in October 2010 to provide this service for up to seven people. At the time of our inspection, five people were living at Westhaven.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager registered with the CQC. A registered manager is a person who has registered with the CQC 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.

The service's premises were not always safely maintained. The electrical installations at the property had not been checked within the required timescales. We also found some areas of the service required repair, updating and redecoration. This was a breach of a Regulation 15. You can see what action we told the provider to take at the back of the full version of the report.

The registered provider had audits in place to check that the systems at the service were being followed and people were receiving appropriate care and support. However, we found the audits had failed to detect that the electrical installation test had not been completed and that parts of the premises were not adequately maintained. This was a breach of a Regulation 17. You can see what action we told the provider to take at the back of the full version of the report.

We found that staff had a good knowledge of how to keep people safe from harm and we found that the recording and administration of medicines was being managed appropriately in the service. Staff had been employed following appropriate recruitment and selection processes.

We found that while there was a low number of staff employed by the service at the time of the inspection there were sufficient numbers of staff on duty to meet the needs of people living at the home. Action had been taken to address the staff shortage by the register provider. .

Assessments of risk had been completed for each person and plans had been put in place to minimise risk. The service was clean, tidy and free from odour and effective cleaning schedules were in place.

People's nutritional needs were met. We saw people enjoyed a good choice of food and drink and were

provided with snacks and refreshments throughout the day. People told us they were well cared for and we found people were supported to maintain good health and had access to services from healthcare professionals.

Staff were knowledgeable about the people they cared for and they interacted positively with them. People were supported to make choices and decisions regarding their care.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. Care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported.

People were offered a variety of different activities to be involved in. People were also supported to go out of the home to access facilities in the local community.

The registered provider had a complaints policy and procedure in place and there were systems in place to seek feedback from people and their relatives about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The services premises were not always safely maintained.

Staff displayed a good understanding of the different types of abuse and had received training on how to recognise and respond to signs of abuse to keep people safe from harm.

Staff had been recruited safely and there were sufficient numbers of staff employed to ensure people received a safe and effective service.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and training in key topics that enabled them to effectively carry out their role.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) guidelines were being followed.

People told us they had a choice of food which they enjoyed. They told us they had enough to eat and drink.

People who used the service received support and treatment from healthcare professionals in the community where required.

Is the service caring?

Good ●

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and staff were knowledgeable about people's support needs.

People were offered choices about their care, daily routines and food and drink whenever possible.

Is the service responsive?

Good ●

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people.

We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people were encouraged to comment on the quality of the service they received.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service had systems in place to monitor and improve the quality of the service but these were not always effective.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were opportunities for people who used the service and their relatives to give feedback on the service.

Westhaven

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 registered 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 15 September 2016 and was unannounced. One adult social care (ASC) inspector carried out this inspection.

Before this inspection, we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the home. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home. No concerns were identified.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection, we spoke with the registered manager, two members of staff, five people who used the service and two relatives. We spent time observing the interaction between people who lived at the home, the staff and any visitors.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for three people, medication records for three people, supervision and training records for three members of staff and quality assurance audits and action plans.

Is the service safe?

Our findings

Safety checks of the building and equipment were carried out, but this did not always lead to action to keep people safe. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm system, fire extinguishers, emergency lighting and gas safety. A suitable fire risk assessment was in place and we saw that regular checks of the fire alarm call points were completed to ensure that it was in safe working order. However, the registered manager was unable to provide a current periodic electrical installation test certificate. This is a certificate that indicates that the electrical installations at the premises are in a satisfactory condition for continued safe use.

We discussed this with the registered manager who informed us that they believed the last inspection was completed in 2008; however, they did not have a certificate to confirm this. The registered manager told us they would arrange for this test to be completed at the earliest opportunity. Following the inspection we received a certificate to confirm that the electrical installations were tested on 20 September 2016 and were in a satisfactory condition.

Some areas of the service had undergone improvement and we found that furniture in the lounges had been replaced. The dining table had recently been stripped and varnished and the dining chairs had been reupholstered. The kitchen was in good condition and modern appliances were available for people to use. However, some areas of the service appeared 'tired' and required updating and repairs carrying out.

We saw that the walls in some areas of the service had notices indicating that they contained low level asbestos and that the plaster should not be removed. However, we found that the top layer of plaster had cracked in one location exposing the plaster underneath. We saw that annual checks of the asbestos walls were completed, however the damage to the plaster had not been identified and there was no evidence of any attempt at repair. We asked the registered manager to notify the registered provider's maintenance team to ensure this was made safe as quickly as possible.

The flooring in the laundry room was badly stained and although cleaned regularly remained unsightly. As this area linked the kitchen to other areas of the premises, it was subject to heavy use and as a result required replacing. We found that the walls in the hallway were marked and the wooden panelling that lined the hall was damaged in places and required repair. In the sluice room on the second floor, we saw that following a leak from the roof the ceiling was cracked and the paint had bubbled and started to peel away. The cold tap in one toilet would not turn on and in one of the bathrooms the bath was dirty and tiles surrounding the bath were damaged. In the downstairs toilet, the flooring had started to turn up at the edges and there was a gap around the base of the toilet that would make effective cleaning difficult. In the garden we found that although the grounds were well maintained, one of the benches located at the top of the garden had started to deteriorate and it fell apart when pressure was applied to it. It required removal. When we asked relatives if there was anything they would like to improve about the service, one said, "I think they do a great job, but I think some of the rooms could do with sprucing up, although [Name's] own room is lovely."

We viewed the monthly health and safety audit and noted that a leaking window had been reported several times, however when we spoke with the registered manager we were told that this had not yet been repaired. We viewed the room with the leaking window and saw that the paintwork on the windowsills was heavily chipped and some wallpaper had started to peel away from the walls.

These issues showed that the premises and equipment in place at the service were not properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On arrival at the service we found only one member of staff on duty. We spoke with the member of staff who told us that at this time there were only four members of staff that worked at the service. This meant that at times they were required to work by themselves. This was confirmed by the registered manager who told us two members of staff had recently left the service and they also had one staff member on long term sick and one member of staff on maternity leave. This had meant the service was running on a lower number of staff than was ideal. They also explained that the service's staff were also expected to provide some 'outreach' support to one person who was living in their own home in the community.

We viewed rotas and saw that on some occasions there was only one member of staff on duty for the entire day. As the people who used the service were all highly independent, there was no evidence that this placed any of the people using the service at risk. However, it did mean that if there was an emergency situation at the service then staff would have to manage this alone. The registered manager had recognised the need to quickly increase staffing levels and had recently employed another member of part-time staff to work alongside one person who used the service to ensure their activity programme was able to continue. Following the inspection we spoke with the registered manager who confirmed that another new member of staff had been selected following interview and once all relevant checks had been completed they would start their induction.

People living in the home told us they felt safe and said the staff were there to help them if needed. One person said, "The staff help me keep safe. I have a falls alert device around my neck and have a listening monitor in my room at night so they can hear if I need anything. I like having the monitor it makes me feel safe." Both of the relatives we spoke with told us that they had no concerns regarding people's safety at the service.

We looked at the recruitment records for three staff members. We found that application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. We noted one person did not have two references on file, as a result the registered manager had increased supervision during the initial period to ensure they had the required skills to carry out their role. Staff were provided with job descriptions and terms and conditions of employment. This helped to ensure staff knew what was expected of them.

The registered provider had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authority's safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We saw that safeguarding concerns were recorded and submitted to both the local authority's safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report accidents, incidents and concerns.

We saw that all of the staff had completed training in safeguarding vulnerable adults from abuse and the staff we spoke with told us how they would identify abuse and the steps they would take if they witnessed abuse. The staff provided us with appropriate responses and told us that they would initially report any incidents to the registered manager. They also told us they knew how to escalate the concerns if they felt the issue had not been appropriately addressed. Staff told us "I would speak to the manager, or [Name of Learning Disabilities services manager]."

We saw care plans contained risk assessments that were individual to each person's specific needs. We also saw room assessments for the environment including the kitchen and bathrooms had been completed. For example, one person's risk assessment prevented them from using the kettle due to arthritis in their hand. However, they were able to use the wall mounted water boiler and this enabled them to continue to access their own hot drinks. This meant that risks were managed in a way that enabled people to maintain their independence. We saw 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. This showed the registered manager had taken steps to reduce the level of risk people were exposed to. All staff were required to administer people's medicines and checks of staff training records confirmed they had completed relevant training to enable them to carry out this role safely. The registered manager explained that following the completion of training competency checks were completed before the member of staff was able to administer medication without supervision. This ensured that people were able to access their medication at the correct time regardless of which staff were on duty. One person who used the service told us, "Staff help me with medication, I have some in the morning, some at teatime and some at bedtime."

We looked at how medicines were managed within the home and checked three people's medication administration records (MARs). We saw that medicines were obtained in a timely way so that people did not run out of them, were stored securely, administered on time, recorded correctly and disposed of appropriately. People had regular medication reviews, and we saw that medication was adjusted accordingly. Weekly and monthly audits were completed and this included stock checks and checks of people's MARs. When errors were identified, we saw that action was taken to address this with staff to minimise reoccurring errors.

During the inspection we found, although there were issues identified in relation to maintenance, the service was clean, tidy and free from odour. Cleaning schedules included daily, weekly and deep cleaning tasks to be completed by the staff. This showed us that the registered manager had considered the impact of infection for people in the home and had put interventions in place to minimise this risk.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and found that at the time of the inspection no applications were required for any of the people who used the service.

Staff told us they had completed MCA training and records we viewed confirmed this. During our discussions with staff, we found that they had the appropriate levels of knowledge regarding MCA for their roles. The registered manager told us that restraint was not used in the home and this view was supported by the staff we spoke with.

The registered manager explained that training was delivered through distance learning packages and face-to-face training. The training matrix record showed staff had completed training in a range of subjects that were deemed essential for their role. These included health and safety, safeguarding, food safety, medication and MCA training. One member of staff told us, "I'm happy with the training. All of mine is up to date and I have a safeguarding refresher next week." Another said, "We are well trained." We saw that all staff held a National Vocational Qualification (NVQ) or equivalent at level 2 or higher.

New staff were required to complete an organisational induction that included information on the aims and objectives of the service, principles of care, record keeping and professional boundaries. We were also told that staff were required to shadow more experienced members of staff prior to working alone. The registered manager told us, "Everybody is different and they pick things up at their own speed, we will give them as long as they need to ensure they are confident before doing any lone working." Although the current staff had not completed the Care Certificate this had now been introduced for all future starters. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives. It covers 15 topics including, for example, understanding your role, duty of care, privacy and dignity and infection control.

Staff told us they felt well supported by the registered manager and they completed supervision on a regular basis. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss any training or development opportunities and address any concerns or issues regarding practice. One member of staff told us, "I have supervision every six weeks and we also have staff meetings." We viewed supervision records and saw the frequency of supervisions varied for each member of staff. However, we found most

staff received supervision in line with the service's policy.

People who used the service were involved in decisions around the weekly menus, the purchasing of ingredients from the shops and the preparation of meals. Some people prepared their own breakfast and lunch and staff usually prepared the evening meal. People were able to request a meal of their choice each week. One person had a number of different cookery books and they were able to choose a meal that they would like to have cooked for them and the other people using the service, if a person did not want this meal then alternatives would be prepared. One person told us, "The food is good and there's enough of it" and "I choose a meal every week, I sometimes choose stew, sometimes fish" A member of staff told us, "They all like different things, some love curries others don't like anything spicy. It's not unknown for us to have five different meals on the go." A relative said, "The food is always good. They show them [people using the service] how to cook to give them some independence."

People were weighed on a regular basis and if any weight loss was identified, we saw that appropriate action was taken. For example, one person had an ongoing gastric condition and this was having a negative effective on their appetite, resulting in continued weight loss. We saw that the GP had been contacted and a referral had been made for an appointment with a specialist consultant to ensure that the issue was fully explored and a plan of treatment implemented.

People's health needs were supported and were kept under review. We saw evidence that individuals had input from their GP's, opticians, dentist and more specialist professionals including the speech and language therapists (SALT). Where necessary people had also been referred to the relevant healthcare professional to ensure they received the most appropriate care. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). A relative told us, "[Name] has got a problem at the moment and they (staff) have been wonderful, the manager was taking [Name] to hospital the other day and then I think [Name] had a dentist appointment the day after, they make sure [Name] gets seen to [by a health professional]."

Although elements of the environment required updating, people clearly felt this was their home. They were able to decide how their own bedrooms were decorated and in the rooms we viewed we saw that people had a variety of possessions that were important to them. People were familiar with their surroundings and were able to safely navigate their environment. They knew where items they needed such as cutlery and crockery were kept so they could prepare their own snacks and meals.

Is the service caring?

Our findings

The service had a friendly atmosphere and we saw that people who used the service were relaxed and happy around staff. We saw that people looked well cared for and were well presented. One relative told us, "[Name] is always well turned out; they have always liked smart clothes. I saw them out and about once and they looked really smart, I almost didn't recognise them."

We observed that people went about their daily lives and moved around the home as they wished. People chose when they wanted the company of staff and would move into the kitchen or dining room to say hello and have a chat or spend time by themselves in one of the living rooms or their own bedroom. One person who used the service told us, "It's really good here." Another said, "The staff are kind to me, they help me when I need it." One relative told us the staff were, "Lovely" and, "Brilliant". Another said, "I can't fault the staff, they couldn't do a better a job."

We observed staff interacting with people in a manner appropriate to each person. We found that their approach was professional, but friendly and caring. Staff spoke with people in a polite and respectful way and showed an interest in what people wanted to say to them. They responded appropriately and asked for more details to encourage further conversation and this was clearly appreciated by the people who used the service. One relative told us, "The staff always speak to people in a nice way, they are very patient."

The promotion of people's independence and personal development was an important element of the service provided at Westhaven. Staff told us that some of the people who used the service were very independent and would only require prompting to ensure that personal care and domestic tasks were completed. People were able to make themselves tea, coffee, cold drinks and snacks throughout the day and were involved in setting tables and preparing meals. This showed that staff recognised that providing people with life skills was important to the people using the service.

People were free to make choice about all aspects of their care. Care plans identified what people enjoyed doing and their usual routines, however people were able to decide for themselves how much or how little routine they wanted each day. People could choose how and with whom they spent their time and what activities they wanted to participate in. One person told us, "I decide when I get up and when I go to bed. I used to go out a lot but now I am happier staying indoors, but if I wanted to go out I can do." People were also supported to make choices that involved an element of risk. For example, one person had been advised by the speech and language therapist (SALT) that they needed to have an item of food cooked in a particular way. However, the person, was unhappy about this and as they were able to make their own decisions opted to have the item of food cooked how they wanted. Staff told us that they made sure that the person was supervised during mealtimes to minimise any risks.

People were treated with dignity and respect. Staff knew how to approach people and ensured they called them by their preferred names, knocked on people's doors before entering and ensured people had privacy whilst they carried out their own personal care. For example, a member of staff told us, "[Name] can shower himself, so we leave him to it and just monitor from outside." People were provided with a key to their own

room to ensure that others could not enter whilst they were away from it. All of this ensured that the people's privacy and dignity were maintained.

Relatives told us they were welcome at the home, free to visit as often as they pleased and stay as long as they liked. One said, "If I let them know I am coming they will let me stay and have a meal with them." Another told us, "The staff are always friendly, and they make you feel really welcome at the home."

Discussion with the staff revealed there were people living at the service who had different needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We were told that people from all backgrounds were welcome at the home and that steps were taken to ensure that all people were treated with dignity, respect and without discrimination. We saw that people were able to express themselves as they chose and that the home offered a safe environment for this to happen.

Is the service responsive?

Our findings

Care was based on people's assessed needs and preferences. People's care plans had been developed over many years and as all of the people using the service were able to accurately communicate their wishes and feelings, they included detailed information in relation to the type of support people required on a daily basis. We saw that when required health care professionals were consulted and plans were created to address specific needs. These plans were incorporated into the person's care plan to ensure they were receiving safe and effective care.

In addition to six monthly reviews, each person who used the service had their placement reviewed on a monthly basis and recorded in a brief report. This included information in relation to whether the person had indicated they were settled in their placement, any visits they had received, any appointments attended and any activities they had been involved in. It was evident that people were involved in most of these monthly reviews and were given opportunity to comment on any concerns or changes they would like to make.

Care plans contained detailed information regarding people's daily routines. For example, one care plan we viewed contained a morning routine that clearly described what the person was able to do independently, what tasks they required support with and it also provided a description of the person's normal presentation. This enabled staff to recognise if the person was acting out of character, was feeling unwell or was anxious about something. This meant staff knew how to support people in a way that they wanted to be supported. One person who used the service told us, "The staff are nice, they help me when I need it, they get me up in the morning and help me to bed at night."

People who used the service were encouraged to engage in activities of their choosing to ensure they were engaged and occupied during the day. In addition to the usual activities associated with daily living including shopping, cooking, collecting money from the bank and domestic tasks, people also enjoyed a variety of social and independent activities. Activities were recorded and this provided details of any family visits and when opportunities were provided for people to go out and access their local community. A member of staff told us, "They all used to go out and about, however, two of them have recently started to decline when asked. We keep offering outings to them but it's their choice not to take these up."

The service celebrated people's birthdays and special occasions. On the day of the inspection one person had started to get excited about their upcoming birthday. They explained how they were going out for a meal and that the other people who used the service were going with them. We also saw that people who used the service were provided with the opportunity to go on an annual holiday and the destination was discussed and decided during house meetings. A relative told us, "They go to some lovely places on holiday; they go way more than I do."

People were also encouraged to develop their own individual interests. One person subscribed to 'Art Therapy' and received various art accessories which they had used to create a variety of pictures and pieces of art. We saw that the person's artwork was displayed around the service and they spoke with pride about

the work they had produced. Another person enjoyed watching live music and told us they had recently attended a live 'beam back' to a Take That concert at a local cinema.

All of the people who used the service had lived there for a number of years and they knew each other very well. People were able to decide who they wanted to spend their time with and we saw they had developed good relationships with those they lived with and the staff team. Relatives told us that they had become friends with all of the people who used the service and when they visited they would spend time catching up with each person to see how they were. A member of staff told us, "Two people go out together every week, they go to the shops, or go for a drink at the pub. They are really good friends." This meant that positive relationships were encouraged by the service.

People told us they knew how to make a complaint if they wanted to but nobody indicated this had been necessary. They told us if they did have an issue or a concern then they would either speak to a member of the care staff or the registered manager. One person who used the service said, "I don't have any complaints, I would speak to the manager if I did." A relative told us, "I've never had to make a complaint, but if I did I would speak with the manager."

There was a complaints procedure in place, and we saw that this was displayed in both the dining room and the hallway of the service and included an easy read version to ensure that all people using the service could understand the procedure. We looked at the complaints file and found the last recorded complaint had been received in June 2014. We saw that when complaints had been received they were investigated and 'signed off' by either the registered manager or the learning disabilities services manager to the satisfaction of the complainant. We noted that the complaints procedure did not signpost people to the local ombudsman. The registered manager addressed this immediately and submitted a revised complaints procedure following the inspection that included this information.

There were other opportunities for people living in their home and their families or friends to raise concerns or provide feedback to the registered manager. These included residents meetings and relative meetings. However, we noted that no recent quality assurance surveys had been completed.

Is the service well-led?

Our findings

In addition to the audits of medication, health and safety, care plans and infection control completed by the registered manager, periodic quality assurance monitoring visits were undertaken by the senior manager. These audits reviewed different elements of the service in relation to 'service users', staff, premises, records and any outstanding issues. We viewed records from an audit completed in June 2016 by a senior manager and saw that under 'premises', no observations were noted. This meant the registered provider's own quality assurance process had not identified that the service did not have a current valid electrical installation certificate and issues in relation to areas of the service being inadequately maintained were not appropriately addressed.

The quality assurance systems in place were not effective in assessing, monitoring and improving the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service had a registered manager who was registered with the Care Quality Commission (CQC). Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. □

People spoke positively of the registered manager. A member of staff told us, "The manager is really friendly and approachable. They are on the ball and if you need them you can just pick up the phone and give them a call." Relative's comments included, "[Name] is really nice and they talk to you very nicely. They have a good knowledge of all the people who live there", "I think she is lovely and doing a very good job" and "[Name] always makes time for you." People also commented that the communication with staff at the service was good. One relative said, "They keep me updated and if anything happens, they always call."

People who used the service and staff were involved with developing service delivery where possible. We saw that staff meetings were held regularly and ways of improving the level of service provision were discussed, for example, people's care, menus and meal preparation and medication. A member of staff told us, "The staff meetings are really useful, you can get things off your chest and discuss some of the finer points of people's care."

Regular 'residents' meetings had taken place and were well attended. The registered manager told us that they were usually held before staff meetings so issues or comments raised could be shared with staff. We viewed the minutes from a meeting held in September and found that a variety of topics were discussed including holidays, menu's, reviews, staffing and health and safety in addition to any other general comments about the service. We noted that there were no recent quality assurance surveys completed by any of the stakeholders involved in the service. This meant that an opportunity to gather valuable feedback about the service had been missed.

The registered provider had a clear vision, set of values and a mission statement. The service recorded

values such as care, compassion, community, dignity, equality and justice. The mission statement described how these values were used to make decisions about service delivery: how staff used the values to drive everything they do in relation to the service and the way in which it operated.

The registered manager kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. This meant that people's personal and private information remained confidential.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use the service were not protected against the risks associated with premises that were not properly maintained and unsuitable because of inadequate maintenance. Regulation 15 (1)(c)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. Regulation 17(2)(a)(b)