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Caxton lodge

Inspection report

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Ratings

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC), which looks at the overall quality of the service.

The inspection was unannounced.

Caxton Lodge is a small care home in a residential area of Blackpool, between Bispham and Norcross. The home provides personal care for people who live with varying degrees of dementia and can accommodate a maximum of nine people. At the time of our inspection there were nine people using the service. The home has two lounges and a dining room. All bedrooms have hand wash basins. There are six single bedrooms on the first floor and three bedrooms on the ground floor. There is a passenger lift between the two floors.

Summary of findings

There was a registered manager in place at the home. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Infection control procedures were in place but not always followed. Standards of cleanliness and hygiene were variable. The infection control procedures did not reflect current legislation and best practice guidance. This meant that people who used the service were not fully protected against the risks of cross infection.

The arrangements for monitoring quality and assessing risks were inconsistent and sometimes ineffective. We identified some issues, for example, environmental risks, that had not been assessed, and as such, there was no plan in place to manage them. This meant that the health and safety of people who used the service could be compromised.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Throughout the inspection we consulted a number of people who used the service, their relatives and some community professionals. We received good feedback from people and all those we spoke with expressed general satisfaction with the service provided at Caxton Lodge.

People we spoke with including people who used the service, their relatives and community professionals, were able to tell us about positive outcomes experienced by people who used the service due to the support they received.

People felt that staff understood their needs and provided care in line with their personal preferences. Care workers were aware of people's individual care plans and the support they required.

There were processes in place to ensure that people who used the service were protected from abuse. Staff received training in this area and demonstrated good understanding of safeguarding procedures.

The rights of people who did not have capacity to make certain decisions about their care were protected. Where decisions were made in a person's best interests, the registered manager ensured the person's representatives and other professionals involved in their care were involved.

Staffing levels were calculated in line with the needs of people who used the service. People felt that there were enough staff on duty at any one time, to meet their or their loved one's needs and that staff were competent to carry out their roles.

People who used the service, their relatives and staff felt able to raise concerns. People felt confident that any concerns they did raise would be dealt with properly.

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?

Requires Improvement

The service was not safe and required improvement. Risks to the health and safety of people were not always identified or managed. This meant that people were exposed to risks to their wellbeing that, in some cases, were avoidable.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager and staff ensured the rights of people who did not have capacity to make some decisions about their care were protected.

There were procedures in place to safeguard people from abuse. Staff were aware of the procedures and were able to recognise signs of abuse and respond appropriately.

Is the service effective?

Requires Improvement

The service was not effective and required improvement. The environment was not well adapted to meet people's needs and was not safely maintained in a consistent manner.

People were not always supported during mealtimes in an appropropriate manner.

Staff were provided with effective training and support to help ensure they had the skills and knowledge to provide people with safe and effective care.

Is the service caring?

Good

The service was caring. People felt they were treated with kindness and compassion and that their privacy and dignity was respected.

People received care and support that was planned in accordance with their individual needs and wishes. People who used the service and, where appropriate, their representatives felt involved in their care plans and able to make decisions about their support.

Is the service responsive?

Good

The service was responsive. Staff recognised and responded to people's changing needs so that people continued to receive the care they needed.

People who used the service and other stakeholders felt able to express their views and opinions about their care and the service as a whole.

People told us the registered manager listened to their views and attempted to use their feedback to help develop and improve the service.

People told us they were enabled to raise concerns and these were responded to appropriately.

Summary of findings

Is the service well-led?

The service was not well led and required improvement. Arrangements for assessing quality and identifying risk were not always effective. This meant that opportunities to improve the safety and quality of the service were sometimes missed.

People and their relatives were aware of the management structure and felt able to approach the registered manager or provider.

Requires Improvement

Caxton lodge

Detailed findings

Background to this inspection

The inspection team consisted of a lead adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses, this type of care service. This expert by experience had personal experience of caring for someone who used a care service for people living with dementia.

Prior to our visit, we reviewed all the information we held about the service. This included events we had been notified about and any comments or complaints we had received. We also reviewed information sent from the provider about various aspects of the service, such as staffing levels and training figures.

The registered manager of the home had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information provided within the PIR.

During the inspection we spoke with four people who used the service and four relatives. We also spoke with four staff members including the registered manager and care workers. Two community professionals involved with the service, a social worker and a dementia care specialist, shared their views of the service with us.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and wellbeing.

Throughout our visit we carried out observations, including how staff responded to people and supported them and daily activities such as the lunch time service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of records including some policies and procedures, safety and quality audits, staff personnel and training files, records of accidents, complaints records and various service certificates.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We spoke with a number of people who used the service and some relatives. No one we spoke with had any concerns about their safety. One person said, "I have observed nothing untoward, in fact they do more than I imagined for the service users. They treat them like family members, always friendly," and another person commented, "I feel quite reassured when I am not here that Mum is getting well looked after."

People we spoke with told us they would be comfortable in raising any concerns they had. Their comments included, "I've never been worried," and, "I will go to one that's on, on the day."

The registered manager was also appointed as the lead person for infection control within the home. However, in discussion it was apparent that she was not fully aware of national guidance, which should be followed by all registered services. The home had policies and procedures in place to provide staff with guidance in the area of infection control but the registered manager was unable to confirm that these were in line with national good practice guidance.

People we spoke with expressed satisfaction with the standards of cleanliness and hygiene in the home. People's comments included, "The home is always kept clean", and "it is normally very good". One relative commented that the home was maintained in a clean manner and explained that they would always change her relative's bedding at her request.

However, during our visit we found that standards of hygiene and cleanliness were not acceptable in some areas. We found some areas of the home were not clean and equipment such as the bath lift and people's table trays were not hygienic.

We also noted a hand towel in the upstairs toilet area, which appeared to be kept on a windowsill, as well as a lack of hand sanitisers around the home.

We observed some failures on the part of staff to follow correct infection control procedures. One staff member was observed entering the kitchen wearing an apron they had on when coming from the upstairs area of the home.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Formal infection control audits were not routinely carried out. However, the registered manager demonstrated that she carried out checks within the home by showing us action she had taken to make improvements in this area. We confirmed that the registered manager had taken steps to address some of the issues with staff and had also arranged some additional infection control training.

We confirmed that there were appropriate arrangements in place for the disposal and collection of clinical waste. This helped to protect people from the risk of cross infection.

We spoke with the registered manager about processes for carrying out health and safety audits and environmental risk assessments. She told us that audits were carried out on a regular basis, such as those relating to health and safety. However, not all audits were recorded, for example infection control audits.

During a tour of the home we identified a number of risks and hazards that had not been identified through the audit process. These included unsafe steps to the back garden of the home, potentially harmful toiletries in communal areas, a poorly laid carpet which was creating a considerable trip hazard in a person's bedroom, unrestricted windows on upper floors, poor lighting and unmarked steps on the landing of the upper floor and access to the lift motor room being allowed, which was potentially hazardous to people who used the service. We also observed drawing pins left loose on a low table, which was in close proximity to where some people chose to sit.

On arrival at the home we noticed that the front garden was not secured from the footpath or road as the side gate was left wide open. There were several gardening implements, such as garden forks, spades and cutting blades left lying around. We were later informed that people who used the service often sat out in this area.

This demonstrated a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed these findings with the registered manager and our concerns that processes for environmental risk assessments were not effective because they had failed to

Is the service safe?

identify the hazards that we found. The failure to identify and address risks such as those identified, could compromise the health, safety or wellbeing of people who used the service.

We viewed a selection of people's care plans and found that any risks to their health and wellbeing in areas such as falling, nutrition or developing pressure sores for example, had been assessed. Where personal risk was identified, the person's care plan included guidance for staff in how to maintain their safety.

We spoke with a number of care workers who had a good understanding of risk assessment processes used within the home. Care workers were able to discuss individual people's needs and tell us what measures they took to help maintain people's safety when providing their care.

In discussion, the registered manager and staff demonstrated good understanding of people's rights to make decisions about their care and daily lives. People who used the service that we spoke with felt their rights were respected. People confirmed they could come and go from the home as they pleased and receive visitors in private. One relative told us when she visited she always requested to see her family member in private and that this was always arranged.

Guidance was in place for staff about how to protect people who used the service from harm, otherwise known as safeguarding procedures. The safeguarding procedures included information for staff about different types of abuse and guidance on how to identify signs that a vulnerable person may be the victim of abuse or neglect. The procedures included contact details for the relevant authorities so that staff could refer any concerns to the correct agencies without delay.

In discussion, staff showed awareness of the home's safeguarding procedures and were able to tell us how they would respond to any concerns about the safety or wellbeing of someone who used the service. Records confirmed that safeguarding training had been provided to all care workers to help ensure they fully understood their responsibility to protect vulnerable people from abuse.

The registered manager and staff demonstrated a good understanding of the legal requirements of the Mental Capacity Act 2005, to ensure the rights of people who lacked capacity to make decisions about their care, were protected. All those spoken with had a good knowledge of this area and of associated requirements designed to protect the rights of people deprived of their liberty in their own best interests, known as Deprivation of Liberty Safeguards (DoLS).

We viewed the care plan of one person who had been assessed as lacking capacity to consent to certain aspects of their care. There was a good level of information about the measures the registered manager had taken to ensure the person's rights and best interests were protected. We spoke with a community professional who was involved in this person's care. They told us that the registered manager at the home had worked in a positive way with them and the community mental health team to ensure that this person received the support they required.

The registered manager advised us that staffing levels were calculated in line with the needs of people who used the service. This information was supported by staff rotas we viewed during the inspection. We saw several examples on staff rotas where the home's usual calculated hours had been increased to provide additional support. For example, one person using the service had recently been admitted to hospital and we saw that the registered manager had arranged an extra care worker to be on duty each day, to support her in hospital, throughout her stay.

People told us that staffing levels were adequate to meet their needs. We asked people if their requests for assistance, for instance when they used their call bells, were answered quickly. People confirmed that they were. One relative told us she sometimes heard call bells ringing when she visited and they were always answered quickly.

People told us when they had medical appointments outside the home, such as hospital or clinic appointments, staff accompanied them. One person said, "The owner gets extra staff in to cover for this."

We found some examples of staff rotas which were not accurate. On some dates, the rotas did not include all the staff who had worked shifts or show changes that had been made due to short notice absence. This meant that rotas were not always maintained accurately so they reflected true staffing levels and a clear picture of staff who had worked on any particular date.

People who used the service and their families, told us they had confidence in the staff and their ability to carry out their roles safely. Training records showed that all staff at the home had completed important health and safety

Requires Improvement

Is the service safe?

courses, which included fire safety, moving and handling, first aid and infection control. Staff we spoke with confirmed this information and confirmed they felt the training was adequate to help them support people safely.

Requires Improvement

Is the service effective?

Our findings

The feedback we received from people who used the service, their relatives and community professionals was generally positive. People expressed satisfaction with the service and spoke highly of staff and the registered manager. Positive outcomes for people who used the service were reported to us during a number of discussions.

One relative told us that when her family member had first come to live at the home, she did not socialise and preferred to stay in her room but, more recently, she was choosing to spend more time in the lounge with other people. The relative felt that this was due to the fact that the staff responded to her needs and supported her in an appropriate way, which gave her confidence.

A community professional told us that the registered manager and staff had been extremely helpful in assisting a person, who she also supported, to settle at Caxton Lodge. She explained that the person had some complex needs due to their living with dementia and that it had been a challenging task for the staff at the home to ensure they settled in their new environment. She was very complimentary about how the person had been supported and the way staff had worked in partnership with her and other professionals.

We asked people how they felt about food provided at the service. They said, “You can have what you want for breakfast”, and “the food is alright”, and “It’s good food, on small plates”. One person commented that they tried to eat everything because the staff had worked hard making it, but felt the menu always seemed to be the same.

Relatives we spoke with described the food as "fine”, and "quite good”. One relative told us that staff would always make her loved one something else if they didn’t like what was on the menu. She also went on to explain that her family member liked certain types of bread and coffee and that staff at the home ensured they were always available.

People told us snacks were available throughout the day, including toast, biscuits and milky drinks in the evening, and we observed them to be offered during our visit. Staff enabled people to eat their meals where they wished to, for example, in their room. One person commented, “They even put napkins on your tray.”

We saw that, throughout the lunch time service, people who required it were provided with assistance. Drinks were brought to people but we noted that they were not asked for their preference, for example, whether they preferred a hot or cold drink. We also noted that not all the people who used the service were offered condiments. In discussion, the registered manager advised us that staff were fully aware of people's preferences through the care planning process.

We observed that one person was provided with assistance to prepare for their meal with no other conversation or interaction from the care worker. This person spoke throughout lunch in a quiet voice but no staff member picked up what they were saying. When we spoke with the registered manager about this observation she advised us this person did tend to talk to herself in a quiet voice and preferred not to be disturbed.

We observed one person being given some sandwiches and a bowl of soup which was placed at their side. We observed that the person had not realised the soup was there. However, a staff member took it away after a while without checking with the person if they wanted it.

One person told us there was a menu on the wall. They explained that if you didn’t like what was on the menu you could have an alternative. We observed the menu board on the wall was current and in a picture format. However, it was quite high up and the pictures were small and difficult to see.

Staff and the registered manager told us about arrangements for maintenance within the home. There were processes in place to report any environmental issues and record the action taken as a result. We viewed the records, which showed that issues recorded were generally dealt with promptly. However, there was no rolling programme of improvement, which would help ensure all areas of the home are maintained in a good condition.

We found some areas of the home to be in a tired condition and in need of improvement. Some paintwork was scuffed and discoloured in both communal areas and in some people’s bedrooms. We noted that some flooring was in need of replacement. In addition, outdoor space was in need of clearing to provide a safer environment for people to enjoy.

Requires Improvement

Is the service effective?

People and their relatives told us about the environment and no person expressed any concerns. One relative commented, "Scruffy paint doesn't bother me, it's the care that counts. Mum has been able to bring items of furniture from home to keep in her room, too."

We viewed a selection of people's care plans and found that the service had effective processes for gathering information about people's needs prior to their admission. This meant people could be assured staff had a good understanding of their needs and that the service was right for them. One community professional described her experience. "The care home assessed the person's needs before they agreed to take her on. This included visiting her at home, talking to her and her family and myself. Once they were confident they could meet her needs, they agreed to offer her a place at Caxton Lodge."

In viewing care plans we saw that the home used a detailed assessment and care planning process which was comprehensive and prompted staff to address all areas of people's personal, health and social care needs. We noted some good examples of person centred care planning, which meant people's care was individualised and centred on their personal wishes.

Care plans included information about people's needs in relation to communication and advice for staff on how to communicate with them effectively. Where people had behaviour that may challenge the service there was advice for staff about how best to support them at times when they may be distressed or anxious.

We looked at the care plan of one person who became very distressed when she first arrived at the home. We saw that the registered manager had acted quickly by involving the family and the relevant health and social care professionals. Through tracking the person's care, we could see that the registered manager had worked positively with the person, their family and external professionals to ensure she received the care she needed and that her rights were protected.

People's care plans addressed their health care needs and where appropriate we saw that the home involved community health care professionals such as district nurses and GPs. We confirmed, through viewing daily diary records, that staff were able to identity changes in a person's health and acted appropriately by seeking advice from the relevant professionals.

People we spoke with were satisfied with the arrangements for supporting people to access medical advice and care. One relative commented, "Any concerns at all are followed up. They are very good like that. They seem to have good links with the local services as well."

The home had a programme in place to provide all staff with appropriate induction, training and support. Staff were very complimentary about the home's training programme and felt it provided them with the skills and knowledge required to carry out their roles effectively. One staff member told us, "I've done loads of training since I came here."

At the time of our inspection an external trainer was delivering a course for some staff on the area of dementia care. Staff told us they found the course very useful and felt it would enhance their skills.

Good

Is the service caring?

Our findings

People spoke highly of staff at the home. People felt that staff understood their, or their loved one's, needs and that they provided kind and compassionate care. One person commented, "I find them all extremely kind. Nothing seems too much trouble." Their relative told us, "I have always been impressed by the attitude of the staff here. It seems like they want to be here."

A professional who had recent involvement with the service told us, "My first impression from the care home and the staff was that they care about the residents and they go the extra mile."

Throughout our visit we observed staff approaching people in a kind and respectful manner. We observed gentle support being provided with patience. Care workers responded to people's needs and provided assistance when people required it.

However, we also felt that there were missed opportunities for interaction between staff and people who used the service. No activities were in evidence on the day of inspection. We observed one person who sat in a chair most of the day, dozing, with no-one interacting with them. They were woken at lunchtime, and a staff member assisted them to eat their meal. The staff member allowed the person ample time to eat their meal and spoke with them occasionally but also appeared to watch television at times while providing support.

Some activities were provided at the service. One person told us of their frequent walks to the beach in the nicer weather. We also heard about a reminiscence tea dance that some people had recently enjoyed at a local venue. The registered manager told us she planned to ensure people had the opportunity to attend this event on a regular basis.

We asked people if they felt they could make decisions about their own care. One person told us, "Oh yes, I have my own key to my room." A relative told us their loved one was able to make daily choices, "She can do what she wants, go where she wants within reason, wear what she wants. If she wants to stay in her night clothes she can, if she wakes in the night and wants a cup of tea, she gets one." We saw that staff enabled people to make choices throughout the day. Staff told us one person liked to have a lie in and eat a late cooked breakfast and we saw that this happened.

We asked people if they felt involved in their or their relative's care plan. People confirmed that they were involved in care plan reviews and were able to make decisions and request changes. One person stated that she was involved in regular reviews of her relative's care plan, and that the staff had a clear understanding of her relative's condition, which some homes she had visited previously had never heard of.

One person explained that they had looked around many homes before finding Caxton Lodge. They had chosen Caxton Lodge because they were able to accommodate all their requirements. These were that they would be able to get up and go to bed at will, get dressed when they wanted, eat what they chose. This person told us their expectations had been exceeded and that they had the care they wanted, with people caring for them who were like family members. Another person told us that Caxton Lodge allowed people the freedom to get up and move about when they wanted and was not regimented. They also said the service gave them the opportunity to live the way they wanted and needed to.

Relatives confirmed they were free to attend the home at any time. One person told us they worked unusual shift patterns and, as a result, needed to visit at odd times but this was not a problem. People also told us they were sometimes invited to join in events at the home such as birthday parties.

We viewed very detailed life histories in people's care plans, which helped staff understand the individual and the things that were important to them. We saw some good examples of person centred care planning, which included good levels of detail about people's individual wishes and preferences.

There was a dedicated dignity champion at the home whose role was to monitor the service provided and ensure that people's privacy and dignity was promoted at all times. The dignity champion had received some additional training to enable them to carry out this role, which also included challenging any practice that was not of a good standard.

Good

Is the service caring?

At the time of the inspection, the home had commenced a programme to receive external accreditation for their provision of care to people at the end of their life. The programme included a requirement for additional training to staff in the area as well as quality monitoring by an external community professional.

Good

Is the service responsive?

Our findings

People were confident that they were given sufficient information and kept involved in their or their family member's care. One relative told us she felt very sure that was the case and another said, "I am very involved. They keep me up to date with everything." Another relative told us that staff were very responsive to her loved one's needs. She said, "The staff know [my relative] well and they are good at picking up if something isn't right. That's good because the quicker a problem is spotted the better. I feel quite confident in them."

Through viewing people's care plans we saw that staff identified changes in people's needs and took appropriate action to address them. We viewed the care plan of one person who had experienced some changes in their health. We saw that care workers had quickly noted the person's decline in health and sought advice from community professionals. The person's care plan was reviewed in line with their changing needs and the advice given from health care professionals to ensure they continued to receive safe and effective care.

There were processes in place to assist the registered manager in gathering information about people's views and experiences of the service. Satisfaction surveys were available in the home for people to complete, should they wish. This included people who used the service, visitors and community professionals. However, we were advised by the registered manager that it had been some time since any responses had been received and as such people could have been encouraged to share their views more regularly.

Group meetings for people and their relatives were not routinely held. However, the registered manager had recently started to go through the process of holding meetings with everyone who used the service and their supporters on a one-to-one basis. The manager advised us the purpose of the meetings was to ask them their views on the service provided.

Care plans explored people's individual preferences for hobbies and social activities and we saw some evidence that attempts were made to provide these. For example, one person told us they enjoyed going to the promenade for a walk when the weather was nice and said that staff often escorted them.

Other people described activities such as memory games, craft sessions and card games. One relative told us they had been involved in trips out with some of the people who used the service, which included a local tea dance, which she felt people had really enjoyed. However, another person commented that there was not much in the way of activities and that this was an area where the service could improve.

There was an activities co-ordinator employed at the home. However, rotas showed this person only worked casual hours and had not received any specific training in providing activities for people with dementia.

People told us their views and opinions were encouraged. One person commented that they were regularly asked if they were happy with the service provided but went on to say, "They can tell by your actions." A relative told us she was always asked when they reviewed the care plan, and often when she saw the provider, she was asked if she was happy with the home.

We confirmed that there was a complaints procedure in place which provided people with advice about how to raise concerns. The procedure also included contact details of other agencies who could provide advice and assistance in raising a complaint. The manager advised us that the complaints procedure could be provided in a variety of different formats if required, such as easy read or large print. This helped meet the diverse needs of people who used the service.

There was a process in place for recording complaints, details of the investigation and any subsequent action taken. At the time of the inspection, no complaints had been received. However, the manager advised us that complaints records would include an action plan to demonstrate how the service had learned from any complaints made.

Staff were fully aware of the home's complaints procedure and told us how they would support someone in the event that they needed to raise a concern.

People and their relatives were aware of how to raise concerns. People felt confident that they would be listened to and any concerns would be dealt with appropriately. One relative commented that they would have no concerns about approaching the provider or registered manager, and another person told us, "I would go to the boss (the provider). She is nice and helpful."

Requires Improvement

Is the service well-led?

Our findings

There was a manager in place at the home who was registered with the Commission.

The registered manager showed some awareness of the need to assure quality across the service but formal systems to do so were not in place. The registered manager was able to describe various checks which she carried out in areas such as care plans and medication. However, these were not all recorded, for instance infection control and feedback about identified areas for improvement was generally given verbally.

This meant that quality assurance processes were at risk of being ineffective because they were not consistently applied. There was also a risk that opportunities for improvement could be missed because there was no formal recording of audits and checks made, which would help identify recurring patterns or themes that could be addressed.

We also found that some systems for checking the safety and the quality of the service had been ineffective because they had failed to identify risks to people who used the service. For example, environmental risk assessments had been completed but did not fully reflect some easily identifiable hazards that we found during the inspection.

People and staff told us that the registered manager addressed issues that arose within the service such as staff performance. However, action taken to address such issues was not always well recorded and in one example of concerns being raised about the conduct of a staff member, there was no action on the registered manager's part recorded at all.

This lack of recording meant that the service was at risk of being managed in an inconsistent way, which could lead to the quality and safety of care people received being compromised. The opportunity to anticipate risks and minimise them was not used effectively to safeguard the wellbeing of people who used the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were aware of the management team and who they were. They confirmed that the registered manager and provider were regularly available and also approachable. One relative commented, "I would have no concern about speaking to the manager she is very understanding."

Staff told us the registered manager was approachable and described her as supportive. Care workers told us that there was a positive culture in the home where people were encouraged to raise concerns. One care worker said, "You can always speak up here. You wouldn't have to worry about saying anything negative."

When reviewing the information we held about the service we noted that we received very low levels of notifications about incidents that had occurred in the home. We looked into this during the inspection, to ensure that the registered manager was making the correct notifications. We found that this was the case and the low levels of notifications we received was because very few incidents had occurred within the home.

The home had policies and procedures in place which provided guidance for staff in various aspects of day to day practice. However, we found some procedures were in need of updating to ensure they reflected current legislation and best practice guidelines, for instance, those relating to infection control.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not have effective systems in place to monitor the quality of services provided and identify, assess and manage risks.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered person did not have effective arrangements in place to protect people who used the service against the risks of exposure to infection.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **The registered provider did not ensure service users were protected against the risks associated with unsafe premises by means of adequate maintenance.**