Galfrie Limited

The Old Hall Residential Home

Inspection report

Old Hall Street
Malpas
Cheshire
SY14 8NE

Tel: 01948860414

Date of inspection visit:
24 January 2017
25 January 2017

Date of publication:
17 March 2017

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 took place on the 24 and 25 January 2017 and was unannounced.

The Old Hall residential home is registered to provide accommodation and personal care for up to 16 older people. The service provides single room accommodation based over two floors of the building. Each bedroom has a private en-suite bathroom. Communal areas include a dining room, a lounge and a conservatory. The home is located on the main high street of Malpas in Cheshire and is within reach of the local community and services and public transport network. At the time of our inspection there were 12 people living at the service.

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

At the last comprehensive inspection on 15 September 2015 we found a breach of regulation 11, 15 and 17 of the Health and social care Act 2008 (Regulated Activities) Regulations 2014 and found that a number of improvements were required at the service. People were not always protected from the risk of infection and the premises were not safe. Consent to care and treatment was not always sought and the registered provider's quality assurance systems were not effective and failed to seek the views of people living at the service. The registered provider was issued with a warning notice for Regulation 15. We asked the registered provider to take action to address these areas.

After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by 28 January 2016.

We followed up on the warning notice in February 2016 and found that the registered provider had made the necessary improvements required. This inspection found that further improvements had been made at the service.

The registered provider had undertaken some checks in relation to the safe management of Legionella. However there were insufficient records to determine whether these met Health and Safety requirements. We contacted the Health and Safety Executive following the inspection who confirmed they would provide advice to the registered provider.

Fire safety management records at the home were not always kept up to date and accurate. Information relating to checks on door closures and heat and smoke seal testing had not been recorded since March 2016. We have requested the Fire authority to visit the service to complete an inspection. Records showed that staff had received training in effective evacuation in the event of a fire.

The registered provider had introduced a number of quality assurance audits since our last inspection visit. Further improvements were needed to make sure that they were effectively used in accordance with the registered providers own timescales to ensure the quality and safety of the care provided to people.

Staff understood what was meant by abuse and they were aware of the process for reporting any concerns they had and for ensuring people were protected from abuse. Family members told us that they felt reassured by staff and that their loved ones were safe living at the service.

There were sufficient levels of suitably trained staff to support people. When new staff were appointed, recruitment checks were carried out to make sure they were suitable to work with vulnerable people.

People received their medication as prescribed and staff had completed competency training in the administration and management of medication. Medication administration records (MAR) were appropriately signed and coded when medication was given.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Discussions were held with family members and people were referred onto the appropriate services when concerns about their health or wellbeing were noted. Staff worked well with external health and social care professionals to make sure people received the care and support they needed.

The mealtime experience was positive and engaging. People were provided with appropriate dietary options and received good levels of support from staff. Staff were patient in their approach and encouraged people to eat and drink in a discreet and respectful manner. Staff respected individual choices and where required alternative meal options were offered and sourced. People made positive comments about the quality of the food available.

Staff attended regular training sessions to update their knowledge and skills. Team meetings were held to ensure staff were kept up to date with any changes occurring at the service.

Staff were caring and they always treated people with kindness and respect. Observations showed that staff were mindful of people's privacy and dignity and encouraged people to maintain their independence. Relatives and visitors told us that they had no concerns about the care. They said they had always been made to feel welcome and part of a family when visiting.

Care plans contained detailed information on each person and how their support was to be delivered. Information was regularly reviewed with people living at the service. This meant that people received personalised care in line with their wishes and preferences.

Family members told us that they felt confident in raising concerns to the staff and management acted that they would be acted upon immediately. People and their family members knew how and who to raise complaint too.

People were provided opportunities to give their views about the care they received from the service. Relatives were also encouraged to give their feedback on how they viewed the service. This showed that the registered provider valued the views of people living at the service.

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 consistently safe

Records relating to fire safety and water checks were not kept up to date and accurate.

Staff understood their responsibilities in relation to protecting people from harm or abuse. There was a whistle blowing policy in place and staff knew how to report concerns.

Risks to people's health, safety and welfare were identified and managed. Medicines were safely managed.

Is the service effective?

Good

The service was effective

People had access to relevant health care professionals and received appropriate interventions in order to maintain good health.

Staff sought verbal consent from people before providing care and had an understanding of legislation designed to protect people's rights.

People were cared for and supported by qualified and competent staff.

Is the service caring?

Good

The service was caring

People and their families felt staff treated them with dignity and respect at all times.

People received care and support from staff that knew them well.

Is the service responsive?

Good

The service was responsive

People received personalised care from staff. Care plans

provided appropriate information to guide staff and were reviewed regularly.

People, or their representatives, were included in planning care to meet individual needs.

A complaints procedure was available at the service. People were confident that they could raise any concerns and that they would be listened to.

People were encouraged to join in the activities of their choice provided at the service. Local community connections were maintained.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Quality assurance systems were not effectively used in line with the registered providers own timescales.

The service had a manager who was registered with the CQC. People and their family members had confidence in the registered manager and said that they were approachable.

The registered provider had sought feedback from people and their family members through surveys, which enabled them to identify areas of improvement.

CQC were notified as required about incidents that had occurred at the service.

The Old Hall Residential Home

Detailed findings

Background to this inspection

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

We visited the service on 24 and 25 January 2017. Our inspection was unannounced on the first day and the inspection team consisted of one adult social care inspector.

We spoke with four people who used the service and four of their family members. We also spoke with five members of staff and the registered manager. We looked at the care records relating to three people who used the service, which included, care plans, daily records and medication administration records. We observed interaction between people who received support and staff.

Prior to the inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners of the service, prevention of infection and control teams and Health watch who had previously visited the service to obtain their views. At the time of our inspection no concerns were raised about the service. Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Requires Improvement

Is the service safe?

Our findings

People living at the service told us, "I feel very safe here. The staff always make sure I feel safe" and "They are always there to help us when we need it. I have my buzzer in the night so I can call them if I need anything". Family members told us, "We couldn't wish for a safer place for [our relative] to live. We don't ever need to worry. They are very good and contact us if there is ever anything of concern".

At our previous comprehensive inspection we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the premises were not safe and the management and prevention of infection control was poor. We issued the registered provider with a warning notice. On our focused inspection undertaken in February 2016, we found that the registered provider had made the required improvements.

During our visit we reviewed documentation in relation to fire safety management at the service. Records in relation to fire safety management were not always kept up to date and accurate. We noted that checks on door release on activation of the fire alarm and heat and smoke seal checks were last recorded as being completed in March 2016. The registered provider stated that appropriate checks had been completed but records had not always been appropriately maintained and they would take action to address this immediately. We contacted the Fire officer to inform them of our findings and they agreed to visit and inspect the service. Training records identified that fire evacuation drills had taken place and the relevant safety checks had been completed of all firefighting equipment.

The registered provider informed us that Legionella checks were completed as required at the service. However the documentation did not provide robust evidence on which checks were carried out and the outcome of those checks. During discussions with the registered provider it was not clear as to whether checks were completed in accordance with the Health and Safety executive (HSE) requirements. We contacted the HSE to inform them of our findings and they confirmed that they would visit the service.

Staff were able to describe different types of abuse, and the action they would take if they became aware of an incident of abuse. Staff explained that potential signs of abuse might be shown by a person living with dementia. Observations such as changes in body language, mood or a person becoming withdrawn were described. Staff confirmed that they would report any concerns to the registered manager and were confident they would be listened to and that appropriate action would be taken. The registered manager confirmed that all staff were due to attend 'safeguarding adults from abuse' refresher training in 2017 and this was in the process of being arranged.

At the last inspection we made a recommendation that the registered provider review the management of medicines in line with national guidance and best practice. People's care plans clearly identified if they required support with the management of their medication. Training records showed that staff had been provided with training in administering medication. The registered provider had a policy and procedure for the safe handling of medicines which was accessible to staff. Some people had "as required medication" (PRN). We found that where PRN medication was prescribed all people had a PRN care plan in place to

guide staff in the safe administration of medicines. Medication records including MAR (Medication Administration Records) we viewed were appropriately maintained.

The registered manager had assessed people's individual needs in relation to the management and prevention of pressure ulcers. Where required people had a pressure relieving mattress in place to minimise the risk of developing a pressure ulcer. Staff at the service had a good knowledge of each person's needs and were confident in describing how they would recognise and report any changes to a person's skin integrity. Visiting health professionals confirmed that the service was effective in raising any changes or concerns immediately. However, we noted that the system in place to ensure that staff checked whether mattresses were correctly set was not always effectively used. We found that two people's mattresses were set incorrectly. We raised this with the registered provider who took immediate action to address concerns during our visit.

Risks to people's personal health and safety were well managed. Risk assessments and management plans identified potential risks and provided information for staff to help them avoid or reduce risks of harm to help keep people safe. Risk assessments covered areas such as mobility, skincare, nutrition, continence and falls. Staff had a good knowledge of people's identified risks and described how they would manage them. Plans showed that monthly reviews were undertaken by the registered manager and where changes to care and support needs were highlighted, discussions were held with staff for their knowledge. Staff were able to describe the changing needs of people supported and the importance of making sure people were kept safe from harm.

At the last inspection we made a recommendation that the registered provider reviewed staffing levels to be able to adapt to people's changing needs and dependency. The registered manager told us that the standard staffing levels on day shifts were one senior care worker and two care workers in the morning, one senior care worker and one care worker in the afternoon/evening. At night time the service ensured that there was one awake and one sleep in care worker during the night. Staff rotas confirmed that staffing levels had been consistently maintained, as most staff absences were covered by permanent staff working additional hours. Observations showed that there was always a staff presence in communal areas of the home. Visiting health care professionals told us there always seemed to be enough staff around, and they could always find someone to assist them.

The registered provider had a policy and procedure in place to review and monitor accidents and incidents. Staff were able to describe how they were required to record information about any accidents and incidents that occurred to people using the service. These included such things as slips, trips and falls. This showed that staff understood the importance of notifying the registered manager about any accidents and incidents that occurred at the service.

Robust recruitment processes were followed that meant staff were checked for their suitability before being employed in the home. Staff records included an application form and a record of their interview, written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

The home was clean and in a hygienic condition. Schedules were in place to make sure all areas of the home were regularly maintained. There was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons and staff were seen to use them. The service had recently been visited by the Infection Prevention Control (IPC) team from Cheshire and Wirral Partnership. IPC had stated that positive improvements in the management of IPC were being made.

Maintenance certificates to show that there had been routine servicing and inspections carried out on items such as hoists, electrical and gas installation were up to date and available for review.

Good

Is the service effective?

Our findings

People and their family members confirmed that their health care needs were met by the service. One person told us, "If ever I feel unwell, I let them know. They are straight onto the GP for me". A family member told us, "They are very quick to respond to any changes in [my relatives] health. I know the slightest change will be picked up on and dealt with quickly".

At the last inspection, we had concerns about staff understanding and the application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We issued a requirement notice to the registered provider which identified that improvements to practice in this area were required. During this inspection we found that the required improvements had been achieved.

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 make 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had attended training in MCA 2005 and DoLS and showed an improved understanding of mental capacity and the best interest decision process. Before providing care, staff sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made. They said they would report any concerns about a person's capacity to make particular decisions to the registered manager.

Where complex and significant decisions had been required to be made, care plans evidenced that formal capacity assessments and best interest meetings had been held with all relevant parties. The registered manager demonstrated that applications had been made to the local authority on behalf of people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations. These were for people they believed could not make a decision, due to mental capacity, as to where they should reside or the use of other restrictions in place such as locked doors or bed rails. The registered provider had improved practice and recording of evidence in relation to decision making in line with the MCA 2005.

People or their relevant others had been consulted about their medical conditions. Information had been collated and reviewed when any changes in their conditions occurred. Staff confirmed that people could see their GP on request and that the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary. Health care records held in people's files recorded when they had seen a professional, the reason why and what the instruction or outcome was. Health professionals visiting the service confirmed that the staff were always responsive to meeting people's ever changing health needs.

People told us they were satisfied with the meals provided. They said, "Its good home cooking. The food is always well prepared and we have fresh veg every day" and "I like most things to be honest, but if I don't we are always offered an alternative. They are very good, if we fancy something specific they go and get it for us". The service provided three nutritional meals a day plus snacks and drinks for anyone that requested them. One of the support staff prepared and cooked lunch and the evening meal during our inspection, as there are no designated cooks in the service. An accurate record of meals served were kept

People had their nutritional needs met by the service. People had been consulted about their likes and dislikes, allergies and any specific medical dietary needs. Information regarding these areas was recorded, up to date and available in the kitchen for staff to follow when preparing meals. We observed staff patiently guiding and assisting people to the dining room to eat, giving people a choice of where they wanted to sit. Staff gave verbal prompts or physical assistance to eat where required, and were patient and did not hurry people. For example, one staff member encouraged a person to eat by putting some food on their fork, which they then ate. They told us that some people required a bit of help to get started and then they are ok on their own. The dining area was clean, well-presented and condiments were available for people to season their food in line with their own personal preferences.

People were supported by staff who received on-going training and support within their roles. The registered provider had recently introduced a system to record the training staff had completed and to identify when training needed to be updated. Staff told us the training they received helped them to understand and meet people's needs. Training topics included food safety, moving and handling, understanding dementia and fire safety. The registered manager confirmed that the service had introduced the national Care Certificate award for staff to complete. The care certificate sets out common induction standards for health and social care staff. New staff completed an induction that included working alongside experienced staff on a supernumerary basis. A recently recruited member of staff told us their induction was thorough and the registered manager and staff team were supportive. They confirmed that they could always ask any questions if they were unsure and the team helped to explain care in a way they could understand.

Good

Is the service caring?

Our findings

People told us staff always respected their privacy, dignity and independence. They said, "The staff understand I like to do most things for myself. They will help where and when I need it" and "Staff help me with my personal care and make sure I have everything I need. They make sure I am covered up when it matters". People described the staff who supported them as lovely, kind and patient. One person told us, "They are all lovely. You couldn't ask for nicer people to help you". Family members confirmed that staff were always approachable and supportive of their relatives and also of them when they visited.

Staff members talked about those they supported with compassion and regard for them as individuals. Staff were caring and respectful, compassionate and used gentle, appropriate touch to help reassure people. An example of this was where one person required reassurance about when a family member would next be visiting. Staff knelt down next to the person to ensure they had eye contact and placed their hand gently on the persons arm. Reassurance and an explanation about when their relative would be visiting was given. Throughout this inspection we saw positive caring interactions between people and staff.

Care plans included people's likes and dislikes and their family and friends were involved in providing this information, where appropriate. Records were written in a way that promoted dignity and respect and staff practice confirmed they understood people's personal preferences. For example, staff facilitated relationships between people using the service, their families and the local community. People's religious faith was respected and their cultural needs had been met. Staff regularly accessed the support of local churches to provide religious services for people.

Family members told us that staff were always friendly with them and people who used the service. Staff greeted family members and offered them with refreshments and we were told that this was usual. Family members confirmed there were no restrictions placed upon when visiting their relative. One family member told us, "I come and go as I please to see [my relative]. There are no time restrictions, I never announce when I am coming, I just turn up. I have always been welcomed no matter what". Family members had the option of spending time with their relatives in the privacy of their relative's bedroom or in communal lounges amongst others. Visitors were welcomed to share in activities and social events if they wished to do so.

People told us they had the privacy they needed and we saw examples of how staff promoted people's privacy. Doors were closed when people were provided with personal care and staff knocked on doors prior to entering bathrooms toilets and bedrooms.

Comments from a recent satisfaction survey with people supported and their family members confirmed that they were happy with the care and support they received at the service. Comment included that the care was "Very good. I love living here. The staff are wonderful, kind and caring" and "It's just perfect. It's a small community home, we all get on pretty well together".

End of life care plans had been discussed and introduced for some people living at the service. Plans outlined important information about where people would like to be buried, along with any spiritual or

religious needs. Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These are put in place where people have chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible. Staff knew which people had a DNACPR in place therefore knew how to respond in the event of a person's death.

People's personal records were kept confidential. Personal records were stored in locked cabinets when not in use. Staff knew the importance of this and of their responsibility to share information only on a need to know basis.

Good

Is the service responsive?

Our findings

People received care and support that was individually planned and appropriate to their needs. Family members told us, "The care here is very good. When [my relative's] needs changed they reviewed their care straight away. [My relative] and I were always consulted about what changes were needed to help them".

People's individual needs were appropriately assessed and information was used to inform their plan of care. Each person's care plan file held comprehensive information around their care and support needs to guide staff. The information included; care plans and risk assessments for all aspects of their daily living needs including health, social and emotional well-being. Records also held information about people's likes and dislikes, social contacts and health and other professionals involved in their care.

Care plans showed regular reviews had been completed to ensure that staff had up to date information on people's current needs and how to meet them. We noted that one person's monthly care plan review had not been completed. The registered manager had previously identified this and the review had been completed by the second day of our inspection. People and their family members confirmed that they had been involved in reviews where changes in need had been identified by staff. This ensured that the care provided remained responsive to meeting people's individual needs.

People received a level of care and support which was specific to their needs and which enabled people to remain healthy, mobile and pain free. It was clear from our observations and talking to staff that they were knowledgeable about people's care and support needs. Staff informed us that they continued to try and promote people's independence and dignity in all areas of care provided. An example of this was that staff knew which people were at risk of falls. They discreetly responded by monitoring people carefully and being there to walk with and guide the person when the person chose to move around. Another person required the use of a hoist to transfer from a chair to their wheelchair. The person required guidance and support in understanding what was happening when using the hoist. Staff clearly explained to the person all interactions and advised the person where to put their hand on the hoist and guided them to do so.

Care plans evidenced that the service had sought the advice of a Speech and Language Therapist (SALT) or dietician when needed. Staff demonstrated a good knowledge of which people were on soft, fortified, or other special diets. Eating and drinking risk assessments and care plans were in place where people had difficulty swallowing or where they needed support to eat and drink. A number of people living at the service were at increased risk of choking. Plans identified specific instructions for staff to follow. These ensured that a person's food was appropriately cut up or pureed to the correct consistency and outlined the action to take in the event choking incident occurring.

People told us, "I really enjoy when we have quizzes here" and "We have done some baking recently. That was good, you get to eat the end product". The registered provider had introduced an activity coordinator who worked at the service three days a week. Resident meetings showed that people were consulted about what type of activities or interests they had or would like to participate in. Ideas such as, singing, quizzes, exercise sessions and 'book day' were shared and people told us that these events regularly took place. Care

plans contained a 'life story' section which identified life interests and pastimes. This gave staff additional information on which to initiate conversations. Staff sat and spent time chatting with people about family members, previous careers and using language from another country for reminiscence purposes. During our inspection the service was visited by the local church and a service for those who wished to participate was held in the conservatory. One person told us, "I attend each church service here. It is very important to me, so it is lovely that our local clergy come here to visit us". This showed that people's religious beliefs and preferences were respected and supported at the service.

People told us they would feel comfortable raising any concerns or complaints. There was a procedure in place to record and respond to any concerns or complaints about the service. The complaints records showed that no formal complaints had been received. The registered manager confirmed that she had an open door policy and most concerns were resolved through face to face discussions. Family members stated that if they had any concerns they would approach staff or the manager in person and would be assured that they would be listened too.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager who was registered with CQC since 2014. People and family members we spoke with knew who the registered manager was and were complimentary about her. They told us "She is lovely. She always wants to make sure we are ok and have everything we need" and "She is a lovely lady. The home is everything I could ask for really, I'm safe, warm and feel part of a community". Family members confirmed that the registered manager was visible in the service and always available to speak too.

At our last comprehensive inspection in September 2015 we asked the registered provider and registered manager to take action on how the quality and safety of the service people received was assessed and monitored. On this inspection we found that further improvements were required to be made.

Quality assurance systems had been introduced to assess and monitor areas of the service. Checks included a monthly review of falls, accident and incidents, infection control and medication. However, we found that some audits had not been completed in line with the registered provider's own timescales. Records identified that medication audits had only been completed in May, July, October and December in 2016. Care plans were to be reviewed on a monthly basis or more frequently if a person's condition changed. We found that one person's monthly care plan review had not been completed. The registered manager had highlighted that the person's care plan required reviewing and this had been completed by the second day of our visit. Concerns we raised regarding records relating to fire safety management and safe management of water systems had not been identified or addressed in a timely manner through the registered provider's quality assurance processes. We discussed this with the registered provider during the inspection.

Since our last comprehensive inspection the registered provider had introduced a new process for reviewing accident and incidents that had occurred at the service. Individual incidents were recorded on relevant forms and reviewed monthly by the registered manager. However, further improvements were needed to ensure that accidents and incidents were effectively analysed in order to identify reoccurring themes and trends. This action will enable the registered provider to learn from these occurrences and take steps to minimise the risk of further harm. Audit records dated from January to December 2016 identified that an increase of incidents occurred between the hours and 2pm and 8pm at the service. The registered manager had not identified this overarching trend. Where concerns had been identified the registered manager had not recorded actions that had been taken to reduce risks to people supported. Action plans had not been introduced to ensure that the registered manager and provider maintained an oversight of progress on the monthly basis. This meant that quality assurance systems were not effectively used to minimise or reduce the risk of people receiving care and support that was not suited to their needs.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider's systems and processes were not always effectively used in accordance with their own timescales to assess, monitor and improve the quality and safety of care.

We saw that the registered provider sought the views and opinions of people who used the service and their representatives. Satisfaction surveys were conducted in September 2016 to obtain people's opinions about

the quality of the service and feedback was overall positive. Resident meetings had been introduced and minutes were available for review. Discussions were held about people's own rooms and any changes they wished to make, food provided, care staff and activities. Comments recorded included, "I can't fault the food", "My room is spotless clean". This showed that the registered provider valued the opinions and feedback of people living at the service.

Staff told us that there was an open culture at the service and that they felt at ease speaking with a manager or senior member of the team. It was clear from our observations that there was good morale amongst the staff team. We saw minutes of 'team meetings' that took place where discussions had taken place in relation to practices such as, managing risk, MCA 2005 and DoLS, fire safety and policies and procedures. These meetings were held to ensure that staff were kept informed about the service and their responsibilities as staff members.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The registered manager had informed the CQC of specific events or incidents that had occurred at the service. Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well. The registered manager was clear on the process to follow and able to describe what required reporting to CQC.

The registered provider had introduced a comprehensive set of policies and procedures for the service. The registered manager informed us that they were in the process of being reviewed and adapted to reflect the service and local authority guidance and best practice. Policies were made available to staff in order to assist them to follow legislation and best practice and they ensured that staff had access to up to date information and guidance. Specific policies were discussed via the team meeting for staff awareness and use at the service.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.

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 17 HSCA RA Regulations 2014 Good governance The registered providers systems and processes were not always effectively used in accordance with their own timescales to assess, monitor and improve the quality and safety of care.