H Plus Care Ltd

Larchfield

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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Larchfield is registered to provide accommodation and nursing care for up to 75 older people living with dementia. On the day of our visit there were 46 people using the service.

The service did not have a registered manager in post at the time of this inspection. The registered manager left the service in April 2015. At the time of our visit the home was being managed by the deputy 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 and associated Regulations about how the service is run.

People said they were with happy with the care provided. We heard comments such as, "They seem to be all right to people", "They do their best to look after me" and "I am well cared for, I have a particular care worker who puts me to bed and a particular care worker who washed me, which I think is wonderful."

Summary of findings

Staff had a good understanding of how to protect the dignity of people they looked after. Staff were observed being very respectful and kind to people and care records ensured people's communication needs were being met.

People said they were safe at the home and knew what to do if they felt unsafe. During our inspection staff demonstrated a good understanding of how to protect people from abuse.

People and their relatives felt there was not sufficient staff. During this visit we observed there appeared to be enough staff on duty. However, the way staff was allocated meant they were not always working efficiently or visible in the service. A recommendation was made about the allocation of staff based upon current best practice.

Relatives gave mixed responses in regards to whether they felt staff were experienced and skilled. We found staff did not receive effective supervision. We have made a recommendation about staff training on best practice on the subject of end of life care.

Staff did not comply with the service's medicines policy and procedure in regards to the administration and recording of medication.

Staff did not work in accordance with the Mental Capacity Act 2005 in regards to covert medicines and mental capacity assessments were not completed, when applicable.

People had personal evacuation plans. This recorded what actions had to be taken if people needed to be evacuated due to an emergency. This meant the service had arrangements in place in the event of unforeseeable circumstances.

The service ensured social activities were on offer to people but this was not experienced by everyone in the home. We have made a recommendation about the service seeking guidance on the subject of meaningful activities to promote people's health and well-being.

People said they knew how to complain. Relatives said they had no reason to complain but were aware of what to do if they did. The service had a complaints procedure, staff said they were aware of this and knew what action to taken in the event they received a complaint.

Screening tools used to assess whether people were at risk of poor nutrition and dehydration were not used effectively. This was because some staff used them incorrectly.

Care records were not accurate, complete and written at the point care was delivered. This meant care records could not reliably inform care practice.

The service did not ensure staff were aware of their responsibility and accountability when incidents occurred.

The service had not met their statutory duty to notify the Care Quality Commission (CQC) without delay of reportable incidents that occurred within the service.

Outcomes of identified actions were not always shown in audits undertaken to improve the quality of the service. The service sought feedback from people and staff however; there was no evidence of action taken in response to feedback received.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 always safe.

People said they felt safe from abuse and knew what to do if they had concerns.

The service undertook safe recruitment procedures.

Not all staff followed the service's medicines policy and procedures.

Is the service effective?

Requires improvement

The service was not always effective.

People received care from staff that did not have the knowledge and skills to carry out their job roles.

Care records did not always reflect how consent was sought.

Staff demonstrated how they were able to respond to changes in people's needs.

Is the service caring?

Requires improvement

The service was caring.

People said they were happy with the care provided.

We observed staff being kind and respectful to people.

People could not be confident their wishes and preference in regards to end of life care would be met.

Is the service responsive?

Requires improvement

The service was not always responsive.

Pressure relieving mattresses used to prevent people getting pressure ulcers, were not all always set at the correct weights.

Social activities were not always on offer to everyone in the service.

People and their relatives said they knew how to raise a complaint.

Is the service well-led?

Requires improvement

The service was not always well-led.

Care records were not accurate, complete and written at the point care was delivered.

The service had not complied with their statutory duty to notify the Care Quality Commission (CQC) without delay of any incidents that occurred within the service.

Summary of findings

Some of the systems in place to manage, monitor and improve the quality of the service provided were not effective.

Larchfield

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 23 & 24 July 2015. The inspection team consisted of two inspectors, a specialist advisor on the care of people with dementia 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.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

The provider did not complete a Provider Information Return (PIR) as this was not requested prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we received feedback from a social worker from the local authority. We observed how staff interacted with people. We spoke with four people, four relatives and 10 staff members. We spoke with the deputy manager, general manager and operations director. We looked at eight care records, four staff records and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

At our previous inspection on the 17 and 21 March 2014 we found cleaning practices at the home were unsatisfactory. For example, staff were cleaning floors with dirty water; personal protective equipment (PPE) was being stored with dirty linen and sharps bin in one unit unlocked. We served a compliance action in respect of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 15 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

During this visit, we found the areas of concerns identified at our last visit were addressed. People spoke positively about the cleanliness of the home. One relative commented, "Staff do wash their hands and wear PPE however, it would be good if they wash people's hands." Another relative commented, "There is no smell as you find in so many places. They're (staff) always cleaning." However, we noticed there were very strong stale odours that lingered throughout day, on the first day of our visit on one of the units. This was brought to the attention of management. On the second day of our visit, there was no malodour.

At our previous inspection on the 17 and 21 March 2014 we found the provider did not have effective recruitment and selection procedures. Relevant checks were not carried out according to the regulation. We served a compliance action in respect of a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 18 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

During this visit, we found the service undertook safe recruitment procedures. Staff records showed the service now met the requirements of the regulation.

At our previous inspection on the 17 and 21 March 2014 we found there were not enough qualified, skilled and experienced staff to meet people's needs. We served a compliance action in respect of a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 18 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

Relatives expressed concern about staffing levels. For instance, we heard comments such as, "The only concern I have is the lack of staff. There is a big turnover of staff, a lot of people get confused not knowing staff", "There's a lack of staff. I have noticed this recently and it is not good news, they are just getting her out of bed and its 11:50am" and "They are short of staff at weekends."

Staff numbers on the most of the units were observed to be adequate. This was supported by a review of previous staffing rotas. There were occasions when we observed people did not have sufficient care and support. This was during the breakfast and lunch time periods. The staff dependency tool used to ensure there were enough staff to meet people's needs did not clearly show how the service ensured it was being regularly reviewed and updated.

People told us they felt safe from abuse. One person commented, "Staff don't knock you about. I am well cared for." Another person commented, "I never gave it a thought" but continued to say staff responded quickly when they pressed the call bell. Relatives told us they felt their family members were safe and had no concerns. Staff we spoke with demonstrated a good understanding of how to protect people from abuse. They were able to give a thorough account of signs or changing behaviour which may indicate abuse had occurred.

Risk assessments were undertaken and in place to ensure people's safety. Care records showed where people were identified at risk appropriate measures were put in place. For example, one person was identified at high risk of being scalded with hot water. A plan was put in place to support the person and with the added measures; the risk was re-assessed as low.

Care records reflected the decision making process in relation to covert medicines. Covert medicines relates to the administration of any medical treatment in a disguised form. We noted not all instructions by the GP that related to covert medicines were followed and reviewed by staff.

Care and medicine records were not always up to date. For example, we looked at the 'care support book' for a person who had an allergy. This contained the person's mobility needs; socialisation needs; elimination needs; eating and drinking needs; food and fluid intake and daily records of care being delivered. We noted the eating and drinking preferences had not been completed and there was no information about the person having an allergy. An incident

Requires improvement

Is the service safe?

had occurred where the person had an allergic reaction. We noted appropriate measures were immediately put in place by management to reduce the likelihood of this happening again.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All units had a maximum and minimum thermometer to measure their fridges temperatures on a daily basis, which was regarded as good practice. During the inspection, these records were reviewed. Omissions of more than two weeks of recording were found in the previous month in one unit and omissions of a couple of days in another unit. There was therefore the potential for the fridges to have stored medicines outside of the recommended safe values during this period. This showed staff did not follow policies and procedures in relation to managing medicines.

Equipment used to protect people from the risk of fire was not kept in their appropriate places. For instance, six fire extinguishers were observed underneath a desk instead of being positioned in their designated places. The management team were not able to give an explanation for this. This showed the service did not ensure they were compliant with statutory requirements.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support from staff with their medicines to ensure they were managed safely. One relative commented, “They (staff) are absolutely good with medicines.” Care records evidenced people’s medical histories and what medicines they were prescribed. Documents showed what ‘as and when required’ medicines people used however; it did not clearly identify the people they related to. We looked at medicine administration records (MAR). The majority of these records were correctly completed. However we noted one record which had not been signed by two members of staff as required.

People had personal evacuation plans. This recorded what actions were to be taken if people needed to be evacuated due to an emergency.

We recommend the service finds out how to ensure staff is appropriately allocated throughout the units based upon current best practice.

Requires improvement

Is the service effective?

Our findings

People felt staff were experienced and skilled to provide care to them. One person commented, "They do they're job alright."

Staff received appropriate induction and training. Staff spoke positively about their induction, one staff member commented, "The induction taught me how to speak to customers; treat them with respect and dignity and carry out personal care. I had to read all their care records in order to know their preferences and how to best support them."

Staff said the training they had received met their needs and they were supported to attend specialist courses, if this was an identified training need. We heard comments such as, "The training is sufficient for me but some new staff might benefit from both face to face training and e-learning" and "There has been a need for dementia training because some of our customers are showing signs of the early stages of dementia."

Staff were complementary of the support they received and told us supervision meetings took place regularly. A review of the staff supervision matrix supported this. One staff commented, "I have found the deputy manager very supportive whilst the registered manager has been away."

Whilst some staff records evidenced supervision meetings held this was not evident in all the staff files reviewed. One staff member commented, "Supervision occurs almost every day" and specifically referred to the daily handover meetings they attended. However we saw no notes of one to meetings with staff which looked at their personal development and training needs.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. Staff demonstrated a good understanding of the act and knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow.

People said staff sought their consent and involved them in decisions. One person commented, "They (staff) ask if I need help with anything. I will tell them if I do or don't" was sought before care was carried out.

Most of the staff we spoke with were aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. Staff demonstrated a good understanding of the act and explained competently how they would support people who did not have the capacity to make certain decisions. For example, one staff member commented, " Everyone is deemed to have capacity until proven otherwise. I would look to see if people can digest the information given."

Care records did not always reflect how consent was sought and how decisions were made for people who could not make specific decisions. For instance, photographs taken of historical injuries in one person's care plan showed no evidence of consent to photography or a best interest decision taken in lieu of consent. Bed rails and sensor mats were observed to be correctly fitted. A review of the people's care records they related to did not reflect the decision making and consent process for their use, or their safe fitting.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received positive feedback about the food. One person commented, "I get a decent amount of food to eat." We heard comments from relatives such as, "The food looks like decent meals, a different meal every day" and "The food is reasonably adequate." Staff we spoke with said they felt people were supported to have enough food and fluid. Comments included, "All I do is support people with feeding" and "There is always drinks and cakes if people would like them."

People did not always have their meal times reasonably spaced and at the appropriate times. This was because some people were being fed breakfast later on in the day, so were unable to eat at lunch time. For example one unit we observed the breakfast and lunch time period. Breakfast appeared to be varied; American pancakes, cereals, toast, porridge, scrambled eggs and beans. However, we noted people were fed at different times. For

Requires improvement

Is the service effective?

example we observed people being assisted to eat their breakfast at 10.25am, 10.30am and 10.55am. The lunchtime period started at 1.20pm and we observed one person be supported to eat their lunch at 2.15pm. Care records did not evidence people's time preferences for meals.

The meals appeared to be of good quality and were attractively presented on the plate. The picture of what lunch was on offer for the day was not inaccurate in the units. The picture displayed sausage and chips but when lunch arrived on the units it was in fact sausage and new potatoes. This might have caused confusion for some people.

An orientation board was on display in the dining room, set at the correct date and weather. The clock however did not work which may have caused confusion for people trying to orientate themselves to the time of day.

The service had some examples of good practice relevant to a home for people with cognitive impairment. For example, attractive murals at one end of the units and memory boxes outside of people's rooms.

During our visit we received feedback from a social worker from the local authority who came to visit a person they provided support to. The social worker gave positive feedback in regards to the care delivered on one of the units. They commented, "There has been quite a positive change from what I have experienced. The interaction between people and staff was very good. I have observed person centred care and discussions with staff were open and transparent."

Staff told us how they responded to the changes in needs in people. For example, two staff members stated if they were unsuccessful in supporting people, they would get another care worker with a different approach, who may have more success. Staff said they worked as a team when they provided support to people and would always update qualified nursing staff with any changes. For instance, one care worker noticed a change in a person's skin colour and reported it to nursing staff. This showed there were aspects of the service that provided good outcomes for people who were being cared for.

Requires improvement

Is the service caring?

Our findings

Staff were observed being respectful and kind to people however, there some occasions when this did not happen. For example, we observed a staff member walk in to the room of someone they were not familiar with. The staff member did not have a uniform or name badge to identify who they were and did not announce who they were as they entered the person's room. This had the potential of causing further confusion or anxiety for people who would not know who staff members were.

At the time of our visit, there was no one in the service that received end of life care. The service had an 'End of life care planning procedure' dated 5 September 2013. We noted care records did not capture people's preference and choices in regards to end of life care. The staff training matrix evidenced staff had not undertaken the relevant training. This meant people could not be confident their wishes and preferences in regards to end of life care would be met.

People and their relatives said they were happy with the care provided. We heard comments such as, "They seem to be all right to people", "They do their best to look after me" and "I am well cared for, I have a particular care worker who puts me to bed and a particular care worker who washed me, which I think is wonderful." Relatives gave comments such as, "The level of care here is good", "The staff are caring and seem to be on top of their job; they are always polite to me" and "It could be more homely."

Staff demonstrated a good understanding of people's needs and how best to care for them. We heard them speak with people politely and with compassion. One care worker was observed speaking tenderly to one person; we heard them say to the person, "Can I sit you up so I can give you something to eat?" They provided the person with information about everything they wanted to do. The person would not turn to be fed, so the care worker pulled out the bed and sat on the other side.

Positive interaction was observed between a member of staff and a person they provided care to. The staff member was identified by the person initially by voice alone, on further discussion, it was clear that the care worker took time to get to know the person.

People were supported by staff that protected their dignity. Staff said they knocked before they entered people's rooms. This was observed during our visit. One staff member commented, " I never assume anything I always ask how the person would like me to help them."

Staff promoted people's independence. One staff commented, "I always encourage people to do as much for themselves as possible, I always involve people in what I am supporting them with."

Some example of good documentation was seen in care plans, when caring for people with cognitive impairment. For example, life story documents, and recording tools used for the measurement of pain for people with dementia who cannot verbalise. However these documents were not used consistently with all people who lived in the home.

Care records ensured people's communication needs were met because staff were aware of people's individual communication skills, abilities and preferences. For example, in one care record we noted a person was able to communicate verbally but was very limited. The care record noted the person's preferred method of communication. We observed this being used when staff communicated with the person. This meant information was given to people in way they could understand.

We recommend the service finds out more about staff training, based upon current best practice, in relation to end of life care.

Requires improvement

Is the service responsive?

Our findings

Pressure relieving mattresses used to prevent people getting pressure ulcers, were not all set at the correct weights. When people lost weight pressure relieving mattresses used needed to be adjusted to reflect people's current weight and not left at the historical weight. We noted this was not being adjusted when people lost weight. For example, one person's pressure relieving mattress who was nursed in bed 24 hours a day was set at 90kg, yet their current weight was 60kg. This had the potential of putting the person at risk of getting pressure ulcers.

In another unit, we noted one person who was also being nursed in bed 24 hours a day had to be turned regularly. Their turning chart showed this was not being done. We spoke with the trainer who informed us a pressure relieving mattress was being fitted that day so there was no longer a need to turn the person. On the second day of our visit, we visited the person and saw the mattress had not as yet been installed. This meant the day before; the person had not been turned at all. This meant the service was not always responsive to the needs of people.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home employed two full time activity co-ordinators. Staff spoke very highly of the activities workers. They said the introduction of the posts had made a huge difference to the well-being of people who lived at the home. This was evident on the second day of our visit. A professional entertainer visited the home in the afternoon; we observed good interaction as staff sang along with people who participated in a sing along. This however was not observed on the first day of our visit. Although the weekly diary for the home specified that a foot massage session would be happening that morning across all units in the home, we observed this did not happen in one unit.

One of the activity co-ordinators was observed tidying out a cupboard in an activity lounge in the morning. People in the unit were observed sitting for long periods of time without any interaction or stimulus, except for two people who had visitors that morning.

Meaningful activities did not always meet the needs of people who received care. We reviewed 'one to one activity records' which demonstrated time spent with people on an individual basis. For example, one person had their hands massaged. However other records evidenced staff spent short periods of time with people and recorded it as meaningful activity. For example, one activity record showed a staff member checked to see if someone was fine. No further interaction was recorded.

Care needs were not always reviewed. This caused isolation and confusion for some people who were at the early stage of the disease. For instance, one person when referring to the people they lived with commented, "You don't know what their problems are, I need to know who I can talk to". This meant the service was not responsive to person's need for social interaction.

Relatives spoke positively about being able to maintain their relationships with their family members. One person commented, "I can come anytime I want and stay as long as I like."

Care plans had taken into account people's individual wishes and preferences in the way they wanted their care and support to be provided. We heard staff address people in the way they preferred. We noted care records were signed and dated by staff to confirm they had read people's care plans and understood their needs.

Staff told us how they responded to people's needs. For instance, one staff member commented, 'I know from the care plan what people used to like doing before they came in. We have one person who worked with his hands so we make sure he has something he can feel.' .

People and their relatives said the service was responsive to their care needs. For example, one person told us, staff would respond quickly if their relative required medical treatment. A relative commented, "X told me that if they needed medical treatment staff would respond very quickly."

Staff said management were responsive to their needs. For instance, one staff member stated initially they did not have enough working hours, but this was quickly resolved by management.

People we spoke with said they had no reason to complain but would either speak with management or get their relatives to raise concerns on their behalf. Relatives said they had no complaints and were aware of what to do if they had. Staff said they had a good understanding of the service's complaints procedure and were aware of how to

Requires improvement

Is the service responsive?

handle complaints. We looked at the service's complaints policy that was last reviewed on 1 June 2015. This clearly outlined the procedures for people to follow should they wish to make a complaint.

We recommend the service seeks current guidance on meaningful activities that promotes people's health and well-being.

Requires improvement

Is the service well-led?

Our findings

Care records were not accurate, complete or written at the point care was delivered. For instance, one person was on a pain relieving gel, yet this was not mentioned in the person's pain care plan. The personal care plan referred to a fracture in the person's legs and the need for this to heal. The care plan had not been updated as the fractures were now healed. Care records were not always fully completed. This was evidenced in all care records reviewed where mental capacity assessments were not completed. People's MUST (malnutrition universal screening tool) used to identify whether people were at risk of poor nutrition and dehydration) were either not correctly completed or not completed at all. This meant care records in use were not reliable to inform care practices.

During our visit we noted some observations chart had not been kept up to date but were completed retrospectively. For instance, supplementary charts used by staff to record care delivered such as, people's food and fluid intake, observational charts and how often people who were nursed in bed 24 hours a day were being turned, were not completed at the point the care was delivered. For example, on the first day of our visit at 10:55am when visiting one of the units, we noted an observation chart for one person was last completed at 06:00am. At 12:30pm we noted another person's chart had been last completed at 06.00am. At 12:55pm we revisited the rooms of the people we visited and found all the blank spaces in the sheets had been completed. One care worker commented, "I have filled the sheets in, we haven't got time during the morning." This meant there were undue delays in the completion of care records.

This was a breach of regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where specific actions were required by management this was not done in a prompt manner. We reviewed the minutes of a staff meeting held in April 2015 where management had informed staff uniforms would be ordered. Management said they had placed an order for staff uniforms. We asked management to send us confirmation of this. After our visit we received information from the deputy manager which showed an order for staff uniforms had been raised on 30 July 2015. We noted this had not as yet been authorised.

Although the service took appropriate action In regards to incidents, there was no evidence to show whether the conduct of staff were investigated. For instance, a staff member was involved in an incident which placed a person at risk of harm. We spoke with management to find out what action had been taken in regards to the staff member. Management explained all the actions they had taken since the incident to reduce the risk of harm to the person. We found this to be appropriate however, when we asked management team what action had been taken in regards to the staff member, they responded no action had been taken to address the staff member's performance. This meant the service was did not act in line with their disciplinary policy and procedures.

The service was required to notify the Care Quality Commission (CQC) when DoLS applications made to supervisory bodies under MCA 2005 had been authorised or declined. After our visit, the service sent us information of people whom they had requested DoLS for. We found the CQC had not been notified about a number of DoLS applications that had been authorised.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

A review of the minutes of staff team meetings showed actions in them had not always been undertaken. The minutes were recorded in a way that made it difficult to identify who said what and who was taking the lead in resolving any issues that arose.

Audits to improve the quality of the service were not effective. For instance, we noted audits carried out on 4 March 2015, 30 April 2015 and 22 June 2015. The audits undertaken were comprehensive and covered all aspect of service delivery such as, staffing; supporting staff; protecting people; infection control and record keeping. In March 2015, the service gave itself an overall rating of 'inadequate'; April 2015 an overall rating of 'requires improvement' and June 2015 an overall rating of 'good'.

During this inspection we found areas of concern in regards to record keeping. The March 2015 audit had rated record keeping as 'inadequate', in April it was rated as 'requires improvement' and 'requires improvement' in June 2015. There was no documentary evidence to show outcomes of the actions undertaken as a result of these findings. For example, one of the action points was for the administration team to carry out a full audit of people's

Requires improvement

Is the service well-led?

care plans. This was to be completed by April 2015. There was no documentary information to show what the administration staff had found whilst auditing people's care plans and what further action was needed. These meant systems to audit the service were not continually reviewed to make sure they were fit for purpose.

This was a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had sought feedback from people and staff. The completion rate for both was very poor. At present 45 people lived at the home and the provider received 3 responses. In general the comments were positive however, there was no evidence of action taken where people had raised concerns. This was supported by one relative who commented, "We were able to give feedback but we have not seen any action."

The staff survey received 10 returns; six were unidentified staff, three from domestic or housekeeping staff and one from business support. Five of the unidentified staff responded they either disagreed or strongly disagreed that they was enough staff on duty. This survey was undertaken at the end of April 2015. No action plan was available following the two surveys. There was no evidence to show what action had taken place in response to the feedback received and what learning came. This meant feedback received was not analysed and used to drive improvements to the quality and safety of the service and the experience of people who engaged with the service.

This was a breach of regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt management were 'approachable', and were clear about the procedure to report wrong doing in the workplace. They said they were aware of the deputy manager's name and had confidence in them to sort out any issues.

Staff spoke positively about the management. We heard comments such as, "I feel very comfortable here, and everyone is approachable. Having a good relationship with your team helps to support people effectively", "We all talk and management listen. It's very open. I think this place is run very well. The managers always support us." and "Yeah, they're quite good, very supportive."

The service had systems in place to capture complaints. A review of the complaints log showed all complaints received were responded to appropriately.

The service had systems in place to analyse accidents and incidents that occurred between March 2015 and July 2015. Management found the number of incidents that had occurred between June and July 2015 between the hours of 8am to 8pm had dropped significantly and attributed this to staff carrying out enhanced observations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way as pressure relieving equipment was not correctly used. Care was not always delivered in line with people's care needs. Medicines were not administered in line with the medicines policy. Medicines administered covertly were not always done in accordance with the MCA 2005. Staff did not follow policy and procedures in regards to keeping medicine charts up to date. Fire extinguishers were observed underneath a desk instead of being positioned in their designated places. This showed the service ensure they were compliant with statutory requirements. 12(1) (2) (b) (d) (g).

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have effective communication systems and systems used to improve the quality and safety of the service, did not take into account the experiences of people. Audits undertaken were not effective as they did not clearly evidence the outcomes of action taken to issues identified. The sought the views of people and staff but did not analysis and respond to the information gathered. Records relating to care and treatment were not always complete, legible, accurate and up to date. There were undue delays in adding and filling in information. Regulation 17(2) (a) (c) (e) (f).

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff did not receive effective supervision. Regulation 18(1)(2)(a).
	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The service did not notify the Commission without delay of DoLS application that had been approved by supervisory bodies. Regulation 18(4)(B).