

L.Murphy & Company Limited

Quintaville

Inspection report

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Date of inspection visit:
13 October 2016
14 October 2016

Date of publication:
14 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Quintaville provides accommodation and personal care for up to 20 older people who may be living with a dementia, learning disability or had needs relating to their mental health. At the time of our inspection there were six people living at the home. Nursing care is not provided by the home. Where needed this is provided by the community nursing team.

This inspection took place on the 13 & 14 October 2016, the first day of our inspection was unannounced. This inspection was carried out by one adult social care inspector. Quintaville was previously inspected in July 2013, when it was found to be compliant with the regulations relevant at that time.

The registered provider is also the 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.

Everyone living at Quintaville was able to make simple, day-to-day decisions for themselves. However, some people did not have mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not contain capacity assessments. Where decisions had been made in people's best interests we found these were not being recorded. Some people were having their freedom restricted for safety reasons. Applications to ensure actions taken were lawful had not been made, as they should be. We raised this with the registered manager who agreed that people's records did not contain sufficient information to demonstrate the home was working within the principles of the Act. The registered manager assured us they would take immediate action to address this.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. We checked whether the home was working within the principles of the MCA and found the home was not taking appropriate action to protect people's rights. We found that people were potentially being unlawfully deprived of their liberty, due to the home having locked doors, which meant people were not free to leave on their own. Staff told us that people living at the home would be at risk if they left the home unsupervised. We found no evidence that people's capacity had been assessed to consent to these arrangements.

Not all areas of the home were clean and some were in need of refurbishment. For instance there was a strong persistent odour in two of the bedrooms we visited and they were in need of redecoration. One person's ensuite bathroom was not hygienic and needed refurbishment. The registered manager carried out a range of health and safety checks on a weekly, monthly, and quarterly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting, equipment and infection control.

People said they felt safe, happy and cared for at Quintaville. People looked well cared for, and we saw people were happy to be in the company of staff. Their comments included "I do feel safe", "the staff are kind" and "I'm happy here." Relatives told us the registered manager made sure people were safe and well looked after.

People were protected from abuse and harm. Staff received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. Staff said they felt comfortable raising concerns and were confident these would be dealt with. Recruitment procedures were robust and records demonstrated the home had carried out checks to help ensure staff employed were suitable to work with vulnerable people.

People told us they were happy living at Quintaville, staff treated people with respect and maintained their dignity. Throughout our inspection there was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. People and relatives told us they were involved in identifying their needs and developing the care provided. People's care plans were informative, detailed and designed to help ensure people received personalised care. Care plans were reviewed regularly and updated as people's needs and wishes changed. People were supported to follow their interests and take part in social activities. Records showed that people were supported and encouraged to go shopping, out for coffee and to the local cinema on a regular basis.

People received their prescribed medicines on time, in a safe way. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. Staff had received training in the safe administration of medicines. Risks to people's health and safety had been assessed and regularly reviewed. Each person had detailed risk assessments, which covered a range of issues in relation to their needs. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

People who were able told us they enjoyed the meals provided by the home. Comments included, "the food is good", "It's very nice." One person said "if you want something different all you have to do is ask." A relative said, "Meals I have seen always look appetising." People were freely able to help themselves to snacks and drinks when they wanted, and we saw people who were not able, being offered snacks and drinks throughout the day.

People, relatives, and staff spoke highly of the registered manager and told us the home was well managed. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback, raise concerns, and were confident they would be taken seriously.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. Records were stored securely, well organised, clear, and up to date.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people's safety had been appropriately assessed and were well managed.

People received their medicines as prescribed and medicines were managed safely.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Is the service effective?

Requires Improvement ●

The service was not entirely effective.

People were not always protected by legislation designed to ensure that their rights were protected because the principles of the Mental Capacity Act 2005 (MCA) had not been followed.

People were cared for in an environment that was not always clean or well maintained.

Training records were not up to date and did not clearly indicate when updates or refresher training had taken place or was needed.

People were supported by staff that were knowledgeable about people's care and support needs.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that promoted their Independence and respected their dignity.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

People were able to take part in activities and social events, meaning people were occupied and stimulated.

Is the service well-led?

Good ●

The service was well-led.

People felt the management team were approachable and their opinions were taken into consideration.

Staff felt they received a good level of support and could contribute to the running of the home.

The provider had systems in place to assess and monitor the quality of care.

The home encouraged feedback and used this to drive improvements.

Records were well maintained and stored securely.

Quintaville

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 was 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.

Prior to the inspection, we reviewed the information held by us about the home. This included previous inspection reports and notifications we had received. A notification is information about important events, which the home is required to tell us about by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection, we spoke and met with five people who lived at the home. We looked at the care of five people in detail to check they were receiving their care as planned. In addition we spent time with people in communal areas and observed how staff interacted with people throughout the day, including during lunch. It was not possible to speak with some people in detail about their experiences of the service due to their complex care needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not comment directly on the care they experienced.

We looked at how the home managed people's medicines. We also reviewed the staff recruitment, training and supervision files for three care staff. We reviewed the quality of the care and support the home provided, as well as records relating to the management of the home. We spoke with three members of staff and the registered manager. We looked around the home and grounds which included some bedrooms (with people's permission). We also spoke with two relatives of people currently supported by the home. Following the inspection, we sought and received feedback from two health and social care professionals who had regular contact with the home.

Is the service safe?

Our findings

People who were able to speak with us said they felt safe, happy and cared for at Quintaville. Their comments included "I do feel safe", "the staff are kind" and "I'm happy here." Relatives told us the registered manager made sure people were safe and well looked after. People looked well cared for, and we saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from the risk of abuse and harm. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse were displayed in the main office. These contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the registered manager. Recruitment procedures were robust and records demonstrated the provider had carried out checks to help ensure that staff employed were suitable to work with vulnerable people. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks). Staff had received training in safeguarding vulnerable adults and whistleblowing.

People received their prescribed medicines on time, and in a safe way. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. There were safe systems in place to monitor the receipt and stock of medicines held by the home. Staff had received training in the safe administration of medicines and records confirmed this. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We checked the quantities of a sample of medicines against the records and found them to be correct. We saw medicine that required refrigeration was kept securely at the appropriate temperature.

People's topical medicines and creams were well managed. Each person had clear guidance, indicating which creams should be used when and where and staff had signed to confirm they had been applied. Medication Administration Records (MARs) clearly identified people's allergies and protocols for 'as required' medicines (PRN). We saw where changes to prescriptions had been made these had been appropriately documented.

People told us there were sufficient staff on duty to meet their care needs. One person said "There is always someone around if I need them." On the day of the inspection there were two care staff on duty as well as the registered manager, supporting five people. Staff told us they were supported by a part time housekeeper, who worked four days a week. Care staff were also responsible for the laundry, cooking, assisting people during meal times and providing activities. Staff were available to support people in a timely manner when they needed assistance or attention and staff had time to spend talking with people.

The registered manager told us staffing levels were determined according to people's needs and adjusted the rota accordingly. Staff confirmed that when people's care needs increased, for example if they were unwell, staffing levels were increased to ensure people's care needs were met safely. During the night people

were supported by one waking and one sleeping staff member, who assisted the waking night staff with people's care needs when necessary.

Risks to people's health and safety had been assessed prior to their admission to the home and regularly reviewed to identify any changes. People's care plans contained detailed risk assessments, which covered a range of issues in relation to people's needs. For example, risks associated with skin care, poor nutrition, and mobility had all been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk and action staff should take in order to minimise these risks.

We saw that one person's skin integrity had been assessed as being at increased risk of developing pressure ulcers, as they were no longer able to change their position independently. Guidance had been sought from the district nursing team. This person had a specialist pressure relieving mattress in place and staff had been instructed to support the person to change position every two hours, which we saw happening.

Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

The registered manager carried out a range of health and safety checks on a weekly and monthly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting, equipment and infection control. All accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment in the home was safe.

Is the service effective?

Our findings

Most of the people who lived at Quintaville were living with a dementia, learning disability or had needs relating to their mental health, which affected their ability to make some decisions. We checked whether the home was working within the principles of the MCA and found the home was not taking appropriate action to protect people's rights. Throughout the inspection we heard people being offered choices and being asked for their consent. However, people's records did not reflect a good understanding of the MCA in practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the time of our inspection, everyone living at Quintaville was able to make simple, day-to-day decisions for themselves. For instance in relation to what they wanted to eat or wear. However, some people did not have mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not contain an assessment of their capacity.

Where decisions had been made in people's best interests these were not being recorded. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. For instance, where the home held or managed people's monies. There were no records to show the rationale for this decision, no mental capacity assessment to show that people did not have capacity to manage their own finances or this was being carried out in their best interests.

We raised this with the registered manager who agreed that people's records did not contain sufficient information to demonstrate the home was working within the principles of the MCA. The registered manager assured us they would take immediate action to address this. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us and records confirmed they had attended courses relating to the Mental Capacity Act and Deprivation of Liberty safeguards. However, staff we spoke with demonstrated varying levels of understanding and were not always able to relate this training to their daily care practices.

At the time of our inspection, no applications had been made to lawfully deprive people of their liberty. We found that people were potentially being deprived of their liberty, due to the home having locked doors, which meant people were not free to leave on their own. Staff told us the people living at the home would be at risk if they left the home unsupervised. We found no evidence that people's capacity had been

assessed to consent to these arrangements. If a person is under continuous supervision, is not free to leave on their own and does not have the mental capacity to consent to these arrangements, they are being deprived of their liberty unlawfully.

This was a breach of Regulation 11(1)(2)(3) Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

We spent time looking around the home with the registered manager. We found that not all areas of the home were clean and some were in need of refurbishment. For instance there was a strong persistent odour in two of the bedrooms we visited and they were in need of redecoration. One person's ensuite bathroom was not hygienic and needed refurbishment. This showed that day-to-day maintenance was not always provided in a timely way to ensure people were kept safe. We discussed this with the registered manager who told us they would take immediate action to address our concerns.

This was a breach of Regulation 15 (1)(a)(e) Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

People were supported by staff who had worked at the home for a number of years; were knowledgeable about people's needs and wishes and had the skills to support them. Records showed staff had undertaken an induction and received training in a variety of topics. These included fire safety, first aid, pressure area care, moving handling, and food hygiene. However the home's training matrix was not up to date and did not clearly indicate when updates or refresher training had taken place. There was no information to show when staff were required to update their skills and knowledge or when this was planned. Staff we spoke with mostly told us they had the training and skills to meet people's needs safely. We discussed this with the registered manager who told us they would take immediate action. On the second day of our inspection the registered manager had reviewed all staff training needs updated the home's training matrix and confirmed training had been booked where it had been identified.

Staff received regular supervision and an annual appraisal. Supervision gave staff the opportunity to discuss all aspects of their role and professional development. The manager assessed staffs' knowledge by observing staff practice and recording what they found. Records contained information on what had been observed, what the staff member did well, what had not gone so well and any action that needed to be taken to address any concerns. Staff told us they felt supported and valued by the registered manager.

People, and their relatives, spoke positively about the care and support they received at Quintaville. People had confidence in the staff supporting them. Comments included, "I am very happy here", "the staff are kind to me." "One person's relative said "The staff are kind and caring and know [person's name] very well." Another said "I trust the staff and registered manager they have all worked for [registered manager's name] for many years, it's a real family home."

People had access to a range of health care services and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. Care records showed staff responded quickly to people's needs. Where staff had identified concerns we saw people had been referred to an appropriate health care professional to support people's physical and mental health and well-being. For instance, records showed how the home had supported one person by arranging a number of hospital appointments in response to an on-going health condition. After the inspection one visiting health care professional told us registered manager made referrals quickly when people's needs changed and were proactive in advocating for the people they supported.

People said they enjoyed the meals provided by the home. Comments included, "the food is good", "It's very nice." One person said "if you want something different all you have to do is ask." A relative said, "Meals I have seen always look appetising." Staff knew people's food preferences and these were used to plan weekly menus. Where people needed assistance to eat, we saw staff provided support whilst encouraging the person to do as much as they could for themselves. People, who did not wish to have the main meal, could choose an alternative. Staff told us that people were able to choose what they wanted to eat and where they had their meals. We saw people were able to have their meals in the dining room, the lounge or in their own rooms if they wished.

Where people required a soft or pureed diet this was provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. We spoke with the staff who told us they were provided with detailed guidance on people's preferences, nutritional needs and allergies. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available.

Is the service caring?

Our findings

People told us they were happy living at Quintaville. However, not everyone who lived at the home was able to share with us in detail their views and experiences of the care and support they received. We spent time observing people in the lounge and saw people were smiling and appeared happy to spend time with staff and looked well cared for. One person said "I'm very happy living here." Another person said the staff are "kind and look after me."

There was a relaxed and friendly atmosphere within the home. Many of the people and staff had lived and worked at the home for many years. Staff spoke affectionately about people with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. Throughout the inspection, we saw staff had the time to sit and spend quality time with people and showed a genuine interest in their lives. People responded well to staff and there was much fun and laughter between staff and the people they supported. Staff told us they enjoyed working at the home and had developed close relationships with the people they cared for. Staff comments included, "it's a really good place to work", "we are one big family", and "it's homely."

People were treated with respect; staff maintained people's dignity and were mindful of their need for privacy. We saw staff knocked on people's doors and waited for a response before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. When staff discussed people's care needs with us they did so in a respectful and compassionate way.

People's care plans were clear about what each person could do for themselves and how staff should provide support. People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up and go to bed. We saw staff gently encouraging people to be as independent as possible, were patient and allowed people time to complete care tasks themselves. People were supported in a kind and considerate manner, which did not make them feel, rushed or pressured.

People were involved in making decisions about their care and we heard staff continually asking how people would like to be supported. For example, we heard staff asking people where they would like to have their lunch as well as offering choice with food and drinks. People's views were listened to and respected. We saw from people's care records their views had been sought as their needs had changed. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. For instance one person preferred not to socialise in the lounge areas of the home. The registered manager had recognised this person's need for space and privacy and had turned an upstairs room into a private sitting room for them.

People's bedrooms were personalised, and furnished with things which were meaningful to them. For example, family photographs, ornaments and furniture. However, some of the bedrooms we saw where

dated and in need of decoration.

Is the service responsive?

Our findings

People and relatives, were involved in identifying their needs and developing the care provided. The registered manager carried out an initial assessment of each person's needs before and after they moved into the home.

People's care plans were informative, and designed to help ensure people received personalised care that met their needs and wishes. Care plans provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. Staff spoke affectionately about people and demonstrated a detailed understanding of people's needs and preferences. For instance, staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

Some people's care plans identified they needed support to manage long-term health conditions. Staff sought professional advice and guidance which had been incorporated into the person's plan of care. For example, one person's care plan provided guidance for staff on how to help the person manage a long-term health condition, whilst maintaining their independence with all aspects of personal care. The person's care plan provided staff with information on how to recognise signs and symptoms that would indicate this person was becoming unwell and what action staff should take should they become concerned. Staff told us how they supported this person with their personal care, whilst ensuring the person maintained their privacy, dignity and independence.

People who were able told us and records showed they were involved in developing their care and support plans. People were also asked how they felt about the care they received. Each person's care plan included information on the level of support the person normally required and had been regularly reviewed to ensure they accurately reflected the person's current care needs. Where a person's needs had changed this was documented during the review process. Records showed that people's relatives were kept fully informed and additional guidance was provided for staff on how to meet people's changing care needs. For example, one person had recently been referred to their GP and prescribed a nutritional supplement to promote weight gain. Records showed changes had been passed on to staff through handovers and the information had been used to update the person's plan of care. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes.

People were supported to follow their interests and take part in social activities. Due to people's complex care needs, Quintaville did not have a formal activity programme in place. Each person's care plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. Records showed that people were involved in activities both in the home as well as the local community. For instance people were supported and encouraged to go shopping, out for coffee and to the local cinema on a regular basis. Other activities included playing cards, dominoes, listening to music or watching their favourite TV programmes which people enjoyed. One person was being cared for in their room. We saw staff regularly supporting this person in order to avoid them becoming isolated. Staff told us they had plenty of time to spend with this person throughout the day, and ensured they were able to listen to their classical

music which they loved.

People were encouraged and supported to maintain relationships that mattered to them. For instance two of the people living at the home had relatives which lived in another country. We saw that people were supported to maintain these relationships through the use of Skype and face time which enabled them to keep in touch.

People who were able and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. One relative told us "The manager has always addressed any issues we have raised." However, some of the people living at the home were not able to raise concerns by themselves. Staff told us they knew people extremely well and were able to recognise if people were unhappy by their body language and general demeanour and would discuss any concerns they had with the registered manager.

The home's complaint procedure was displayed in the main hallway. This clearly informed people how to make a complaint, and gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the home's complaint file and saw the home had not received any formal complaints since the last inspection. The registered manager told us this was because they dealt with issues as they arose.

Is the service well-led?

Our findings

Quintaville is a small, friendly family run home which provides accommodation and personal care for up to 20 older people, however at the time of this inspection there were six people living at the home. The home was managed by a registered manager who was also the registered provider. The registered manager was supported by a small team of staff who had worked at the home for many years. Staff had a real sense of pride in their work. The registered manager and staff spoke passionately about the relationships they had developed with people who lived at the home, many of which had lived at Quintaville for a number of years.

People and staff told us the home was well managed. There was an open and relaxed approach to the management of the home. People, relatives and staff described the registered manager as kind, honest and approachable. Relatives told us they were very visible within in the home and had an excellent working knowledge of people who lived there. Staff were positive about the support they received and told us they felt valued. Staff identified a positive open culture which was person centred and strong management support as a major factor. Staff had a real sense of pride in their work and spoke passionately about the people they supported.

The registered manager had a clear vision for the home, which they told us was to provide and maintain a stable family home for the people that lived there. Ensuring that Quintaville continued to deliver the same personalised care they have provided for over forty years. Staff had a clear understanding of the values and vision for the home and told us how important it was for the people they supported to live in a safe, caring environment.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Regular staff meetings enabled staff to discuss ideas about improving the home. Staff told us they felt able to make suggestions and request training. The registered manager used these meetings to discuss and learn from incidents; highlight best practice and challenge poor practice were it had been identified.

The home used a variety of quality management systems to monitor the services provided at Quintaville, which included a range of audits and spot checks. These included checks of; medicines management, care records, incidents, weights, pressure care and people's wellbeing. Checks were regularly completed and monitored to help ensure and maintain the effectiveness and quality of the care provided. Systems were in place to ensure the general maintenance of the home was maintained. Maintenance records showed that action had been taken where issues had been identified. For example we saw from the maintenance book that where staff had identified that equipment was faulty this had been repaired or replaced without delay. However these systems had not identified the concerns we found in relation to people's bedrooms.

People who were able told us they were encouraged to share their views and were able to speak to the

manager when they needed to. Although the home did not carry out formal resident's meetings, the registered manager spoke to each person daily and asked if there was anything they wanted or needed.

People, relatives and other representatives were encouraged to give feedback about the care and support provided by the home. This was done either through an annual survey, directly to the manager and staff or through care plan review meetings. People's care records contained many positive examples from people's representatives which complimented the staff and the care they provided. For instance, one person's representative had recently wrote 'you always go to great length to get it right for [person's name] and the staff always keep us fully informed.'

The registered manager welcomed and was responsive to feedback. Where concerns had been identified the registered manager ensured that action was taken to address those concerns. For example, at the end of our first day of inspection we raised a number of concerns regarding staff training. When we returned for our second day of inspection the registered manager had reviewed all staff training needs; updated the home's training matrix and confirmed training had been booked where it had been identified

The registered manager sent out annual questionnaires to relatives, staff and other representatives. People were asked to rate various aspects of the home, for example, staffing, safety, food and activities. We looked at the results from the latest survey undertaken in 2015 and found that the responses of the people surveyed were positive. Comments included; "we are very satisfied with the care provided", "the food is good" and "the home is always clean and tidy."

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

Records were stored securely, well organised, clear, and up to date. When we asked to see any records, the registered manager was able to locate them promptly.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people appeared to lack capacity, the home had not taken appropriate action to protect people's rights. People's records did not contain mental capacity assessments. Where decisions had been made in people's 'best interests' these were not being recorded.</p> <p>Regulation 11 (1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>People were cared for in an environment that was not always clean or well maintained.</p> <p>Regulation 15 (1)(a)(e)</p>