Carr Croft Care Home Limited

Carr Croft

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?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection carried out on the 16 December 2014.

At the last inspection in June 2014 we found the provider had breached three regulations associated with the Health and Social Care Act 2008. We found people did not experience care, treatment and support that met their needs, appropriate steps had not been taken to ensure that, at all times, there were sufficient numbers of staff and the assessing and monitoring the quality of service provision did not ensure people's safety and welfare. We told the provider they needed to take action and we received a report on 9 August 2014 setting out the action they would take to meet the regulations. The provider told us they would have met the regulations by the 31 October 2014. At this inspection, we found some improvements had been made with regard to these breaches. However, we also found other areas of concern.

Carr Croft Care Home is situated near Chapel Allerton on the outskirts of Leeds. It is a care home without nursing. They are registered to provide accommodation for up to

Summary of findings

35 persons who require personal care. Accommodation is situated over two floors with lift access. There is good parking facilities and a ramp to the front door providing level access.

At the time of this inspection the home 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 this inspection we found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

People were not protected from staff unsuitable to work with vulnerable people because checks were not robustly carried out prior to staff starting work at the home.

People were supported by sufficient numbers of staff to keep them safe. The provider had a programme of training and supervision, however, we were concerned that the training provided may not equip staff with the knowledge and skills because staff sometimes completed multiple training sessions in one day.

People were happy with the care they received and felt they were competent and caring. They were involved in activities within the home and the local community. People received good support to make sure their health needs were met. Care plans gave staff information about the best way to support people and assessments had been completed where areas of risk were identified in the care plans. However, staff did not always know and understand people's history or their cultural and religious needs.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of audits produced by the registered manager. Staff were complimentary about the registered manager and said the home was well managed.

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

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 consistently safe.

People were not protected against the risks associated with the unsafe management of medicines.

There were enough staff to keep people safe. However, staff recruitment checks were not robust and therefore, did not protect people from staff unsuitable to work with vulnerable people.

The service had a number of systems in place to manage risk. People said they felt safe and the staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff said they felt well supported and had a programme of training, however, multiple sessions were often completed in one day which raised concerns about the depth of learning for staff.

Staff we spoke with could tell us how they supported people to make decisions. The registered manager told us they were in the process of reviewing people's mental capacity assessments and determining whether any Deprivation of Liberty Safeguards (DoLS) applications needed to be made.

People told us a choice of meals was offered and people were mainly positive about the food provided.

People had regular access to healthcare professionals, such as GPs, opticians and attended hospital appointments.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. We saw staff involved people and supported them at their own pace so they were not rushed.

People told us they were happy with the care they received and their needs, in the main were met, however, some cultural and religious needs were not always responded to.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's care and support needs were assessed and plans identified how care should be delivered.

People had a programme of activity which included opportunities to access the local and wider community.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

Staff told us the home was well managed.

Systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement. Accidents and incidents were monitored to ensure any trends were identified and acted upon.

The provider asked people, relatives and staff members to comment on the quality of care and support through surveys and meetings.

Carr Croft

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.

This inspection took place on 16 December 2014 and was unannounced.

At the time of our inspection there were 22 people using the service. During our visit we spoke with 12 people living at the home, six members of staff, the registered manager and the provider. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people living in the home. We looked at all areas of the home including people's bedrooms, communal bathrooms, kitchen and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's care plans.

The inspection team consisted of two adult social care inspectors and an expert by experience in people living with Dementia. 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 our inspection, we reviewed all the information we held about the home. We requested a Provider Information Return (PIR) This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission (CQC). The provider told us they had completed the PIR and we saw evidence they had attempted to submit the form but the completed PIR was not received. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

We looked at the systems in place for managing medicines in the home and found that appropriate arrangements for the safe handling of medicines were not in place. When we looked at where medicines were stored we found three loose tablets in the bottom of a basket and could not identify who these were prescribed for. We saw two tablets had been dispersed in water and left in the trolley; we established these tablets had been signed as though they had been administered six hours earlier.

It was not possible to account for all medicines, as staff had not always been accurately recorded when medicines had been administered. We looked at one person's stock of painkillers and noted this did not correspond with the amount of medicines that had been signed for on the medication administration records (MARs). The MAR indicated nine tablets had been administered but 11 tablets were missing. The registered manager could not locate a box of medicines that had been dispensed by the pharmacist. We looked at the stock of codeine and noted this did not correspond with the amount of medicines that had been signed for on the MARs. We noted some medicines were not returned even though they were no longer in use. Failing to administer medicines safely and in a way that meets individual needs placed the health and wellbeing of people living in the home at serious risk of harm.

Some people were prescribed medicines to be taken only 'when required' e.g. painkillers that needed to be given with regard to the individual needs and preferences of the person. Clear information was available for staff to follow to allow them to support some people to take these medicines correctly and consistently, however, there was little or no information available to support other people. For example, one person was prescribed codeine and they could take one or two tablets. However, there was no information to help staff understand why the person required the medicine or decide when they should have one or two tablets. One person was prescribed warfarin but there was no clear information about administration on the MAR. There had been changes in the prescriber's instruction. Staff could not initially locate the up to date information but eventually this was found in the person's file. One person's records contained conflicting information. The person's care records stated a cream should be applied twice daily whereas their MAR stated 'apply twice a day when required'.

We found that people using the service were not safe because they were not protected against the risks associated with use and management of medicines. This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us they had their medication administrated by a member of staff and they received their medication when the needed it. People said they had no concerns in asking for medications for headaches and they said there would be no problem getting these if appropriate. One person said, "They give me the tablets. I know what they are meant to be so they don't have to explain to me what they are." Another person told us, "If I get anything new they tell me about them."

Staff recruitment practices at the home did not protect people from staff being employed who were unsuitable to work with vulnerable people. We looked at recruitment records for three members of staff and found that inadequate checks had been completed. For example, one staff file had gaps in their employment history that had not been explored and the last employer was not asked for a reference. Another staff file did not have any copy of references that may have been requested. Another staff file did not contain an application form or any evidence of induction.

We were told by the registered manager staff completed an induction programme which included information about the company and principles of care. We looked at three staff files and were able to see information relating to the completion of an induction in two of the files. However, we were concerned the induction provided would not equip staff with the knowledge and skills needed because staff completed several areas of induction in one day. We saw in one member of staff's file a tour of the home, the fire system, food hygiene, handover, case notes, policies and procedures, health and safety information and confidentiality had all been completed on one day.

The company's recruitment policy stated 'our application form is comprehensive and seeks to obtain not only personal details from the applicant but also specific experience. Two references in writing are always applied for

Requires Improvement

Is the service safe?

and the accuracy of any documentation checked to protect our resident's safety and welfare. Any gaps in employment records are explored, pre-employment health questionnaires need to be completed. New staff employed following a satisfactory CRB (Criminal Records Bureau) check, 13 week probationary basis, a written contract of employment will be given to the member of staff during the first eight weeks of employment'. We concluded the recruitment policy was not being adhered to. This is a breach of Regulation 21 (requirements relating to workers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

We received a mixed response when we spoke with people about the level of staff available and the response time if they required assistance . One person told us, "There always seems to be enough people around." Another person said, "They sometimes have shortages of staff, it depends on the day." One person said, "If I need someone they don't keep me waiting long." Another person said, "It depends who is on duty. Sometimes I can press my bell and they come pretty quickly, other times no one comes."

During our inspection staff were visible and regularly checked to make sure people were safe. Even though staff were sometimes busy people did not have to wait long if they wanted assistance from a member of staff. The registered manager and staff we spoke with were confident there was adequate staffing to meet people's needs. We looked at staffing rotas and found the staffing levels provided during the inspection had been maintained. We concluded there was sufficient staff to keep people safe.

People were provided with appropriate equipment to help reduce the risk of harm. This included pressure relieving equipment and sensor equipment to help prevent falls. We observed one person being assisted by three members of staff to transfer from their seat to a wheelchair using a hoist. The person made it clear this was not something they enjoyed. However, staff remained focused on moving them safely and offered verbal and physical reassurance. The staff ensured the person's dignity was preserved by making sure there was a blanket over their lap and legs whilst they were being lifted. The provider told us the person did not like the process but it had been assessed as the safest and most appropriate means of assisting them to transfer.

The service had a number of systems in place to manage risk. We looked at a range of assessments which showed that risks to people were identified and managed. Each person's care file contained a range of assessments such as falls, pressure care and nutrition.

We saw fire alarm tests were completed on a weekly basis and the last fire drill was completed in July 2014. Under current fire safety legislation it is the responsibility of the provider to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be in the premises and how that plan will be implemented. The home had a fire risk assessment for each person's bedroom but there were no personal emergency evacuation plans; these identify how to support people to move in the event of an emergency. The registered manager and registered provider said they would ensure people had individual emergency evacuation plans.

People we spoke with said they felt safe in the home. One person said, "I have had falls and there is always someone here, not like when I was at home." Another person said, "No one is going to get in here, why wouldn't I feel safe."

We looked at the resident survey for December 2014 and saw the responses to the questions about if they felt safe were positive. For example, "I like it here, I feel safe", "To be honest yes I feel safe" and "I'm safe enough in here."

Staff we spoke with told us people were safe. They said systems were in place to protect people from bullying, harassment, avoidable harm and potential abuse. Staff said they had undertaken adult safeguarding training and could describe the types of abuse people may experience in residential care settings. The staff we spoke with understood how to report a concern about abuse and were confident the registered manager would treat any concerns seriously.

Requires Improvement

Is the service effective?

Our findings

People we spoke with said staff were 'lovely', 'very nice' and 'very good'. One person said, "Most are very good, some are better than others."

Staff said they felt well supported and were able to ask for advice from the registered manager or raise concerns at any time. We looked at three staff files to assess how staff were supported to fulfil their roles and responsibilities. We were able to see evidence that two of the three staff had received supervision in September 2014. The registered manager told us staff had not received an annual appraisal in 2014 but these were planned for January 2015. The company's staff appraisal policy stated 'we expect our staff to participate in an annual appraisal session'.

We saw medication competency checks were carried out by the registered manager and included assessing responses to questions and comments; feedback was then given to the member of staff. A staff training audit was carried out in October 2014 and identified the training that had been carried out in the past four months. The audit showed staff had completed safeguarding, moving and handling, medication and infection control training.

Staff we spoke with said they had completed e-learning training and the mandatory areas they had to cover were up to date. We saw from the training records staff had completed a range of training, however, we were concerned that the training provided may not equip staff with the knowledge and skills because staff completed several training sessions in one day. For example, one member of staff's training records showed they had completed medication, fire safety, health and safety and first aid on the same day. This meant staff may not have spent sufficient time to fully understand how to deliver care safely and to an appropriate standard. The registered manager said they identified that the training programme needed developing so they were planning on building on the e-learning training already provided.

We recommend that the service considers the workforce development body 'Skills for Care' guidance for developing the skills, knowledge and leadership of the workforce.

The registered manager told us they were in the process of reviewing people's capacity assessments and determining whether any Deprivation of Liberty Safeguards (DoLS) applications needed to be made. When we arrived at the home an independent consultant was present and advised they would be supporting the management team to develop this area of care.

Training records showed staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with could tell us how they supported people to make decisions and understood that people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff said they were not sure about their responsibilities under the MCA but would always check with a more senior member of staff. We saw that people's capacity to make decisions about different aspects of their care and treatment had been assessed and recorded in their individual care plan. The registered manager said they were continuing to work with all staff to everyone understood their roles and responsibilities in relation to the MCA.

During this inspection we observed people were regularly offered drinks and jugs of juice were available in the lounge. People told us they were able to request drinks at any time and were confident these would be provided. We saw on two occasions staff gave one person a cup of tea in their room. The person said, "Did you see me have to pull the cord and ask? No. I don't need to, even though I like to stay in my room they don't forget me."

People told us a choice of meals was offered and people were mainly positive about the food provided. One person said, "They come round the day before and tell us what's on and we choose." Another person told us, "We choose the day before." Whilst this would allow the kitchen staff longer to plan and prepare meals many of the people told us they could not remember what they had ordered. Staff we spoke with said if people didn't appear to be happy with their choice they would be given an alternative.

We observed lunchtime meal in the lounge. People were brought to the tables at 11:30am with other people that were able to transfer by themselves beginning to join them. Lunch commenced at 12:15pm, meaning that some people had been seated for 45 minutes. One person told me, "It's always the same; we sit and wait until the food comes. I like things chop-chop, so it's a bit irritating." On the day of the inspection people were going to the theatre for a matinee performance so staff said they were trying to make sure people were ready in time.

Requires Improvement

Is the service effective?

We saw the lunchtime meal was not rushed. People who had chosen quiche and chips or pizza and chips were asked if they would like the vegetable choices with their meal. The majority of people had shepherd's pie but were not asked if they wanted the vegetables or whether they wanted gravy. This meant that the people may have been served food they did not want or like, and had no choice as to where or how much gravy was added to the meal. We observed two people being assisted to eat their meal. In both cases staff were patient and focused on the person they were helping. People were asked before being offered more food, and the staff used encouraging terms such as, "Is that nice?" "It looks nice!" and "Well done, you're doing really well."

We looked at the resident survey for December 2014 and saw the responses to the questions about the food were positive. For example, "I quite like the food", "The meals are nice enough" and "You only have to ask and you can have something."

People were very positive about accessing health professionals from outside the home. They said it was really easy to see a doctor or dentist. We looked at people's care plans and these contained information about visits from healthcare professionals, for example GPs, district nurses and chiropody.

We saw feedback sheets for November 2014 from health professionals which asked about the care of people, greetings from staff, the environment and cleanliness. The results showed the majority of scoring was excellent, very good or good.

Requires Improvement

Is the service caring?

Our findings

People we spoke with said they were happy with the staff and felt they were competent and caring. People said staff spoke with them in a pleasant way; people used the words nice and lovely to describe the staff. One person said, "I trust the staff." One person told us, "They are nice enough, no problem there, but they are just too busy to sit and chat. That doesn't happen." During the inspection we noted there was not much opportunity taken to engage in conversation with people but a group of people were going out to the theatre and additional time was taken to prepare for this. The premises were spacious and allowed people to spend time on their own if they wished. People said staff listened to them and acted on what they said. One person told us, "We can talk to the staff; they're easy to talk to."

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw good practice when using a hoist and staff knocking on doors before entering people's bedrooms. Staff assisted people with their meal and this was done discretely and gently and did not draw attention to the person.

Staff used people's names and spoke clearly when communicating with them. Staff demonstrated they knew people's likes and dislikes on a day to day basis and how to provide care and support to meet their personal care and physical needs. However, some staff did not know and understand people's history or their cultural and religious needs. For example, we asked about people's religious faith but staff were not always aware even though there was information in people's care plans that stated this was important to them. We asked people if staff took account of what was important to them. One person told us, "I'm not sure how well they know me, really." Another person said, "They talk to me but they don't know all about my life, they haven't time for that. They are always busy."

During the inspection we saw one person spent time walking around communal areas of the home and sometimes attempted to sit with others but this was not always well received. One person responded by saying "No, I don't want you sitting next to me." We also saw they attempted to take someone's drink. One person said, "You have to hide things on the floor." Staff were very patient and kept redirecting the person, however, we did not observe them attempting to engage them in any activity. Whilst discussing our findings we observed the person taking items from an unlocked cupboard in a corridor. This was in an area of the home where no staff were present.

At the last inspection we found staff had not considered the spiritual or religious aspects of care and there was little or no information about this in people's care plan. There was very little evidence to show how the home had supported people to fulfil their religious faiths. The menu did not include 'Halal' or 'Kosher' options. At this inspection we found people's care plans identified their cultural and spiritual needs when these were important to them but they were not always responded to. Some people told us their cultural needs were met whereas others felt they were not always recognised. One person said, "When I am well enough they will take me to the mosque, but I haven't been for a while." Another person said, "I am not ultra-orthodox, but I am Jewish. I don't get to go to the synagogue, but maybe that's my fault because I don't really push it. I don't think they know about Jewish holidays and celebrations." The registered manager said people were supported with their religious faiths and included monthly visits from a priest and the local church. They told us three people had recently celebrated Rosh Hashanah, a Jewish festival.

At this inspection some people told us they were not given food options to meet their cultural and religious preferences and needs. We looked at the menus which supported these views. One person told us, "I like chapatti and curry, but these are never on the menu. It is all very western." Another person said, "I understand they have to cater for everyone but I am Muslim and I'm not sure it is always halal. I often buy in takeaways." We spoke with staff and management about the food options, which included the cook. They were all confident that people were provided with meals of their choice but acknowledged that these were not included on the menu and the frequency and promotion of the options available could improve. The registered manager agreed to review the menu and ensure meals were provided to meet people's individual preferences and needs.

Staff we spoke with told us people were well cared for and said there were arrangements in place to make sure people received appropriate care. One member of staff said, "People are definitely well looked after." Another member of staff said, "It's a small home so everyone knows each

Requires Improvement

Is the service caring?

other well which is really nice." Staff talked to us about the importance of offering people choice and treating people with respect. They told us how they maintained people's privacy and dignity when assisting with intimate care.

Good

Is the service responsive?

Our findings

People we spoke with said the care they received was timely when needed and their care needs were attended to. Some people said there were variations in the time taken to answer call bells and in the abilities of the staff who attended. One person told us, "It's easy to find staff, day or night. They are always about." Another person said, "Sometimes they come quickly, sometimes not. It depends on what they are doing, and I understand that." One person told us, "It depends who comes. Sometimes they come and they say they don't know how to operate the stair lift, which I'm supposed to use to get up and downstairs. There's not much point in them coming if they can't help me with that." We did not observe anyone making requests for assistance which were not acknowledged and staff responded quickly to call bells at the time of our visit.

People we spoke with said they were all happy they could have a bath or shower whenever they wanted. One person told us, "I like to have a bath twice a week, on a Wednesday and Saturday. They come and help me, and they let me do the bits that I can do. They lift me in and out and they do it well." Another person told us, "I have a shower every day." However, one person said, "I usually get a shave most days. I can't use my electric shaver now because of my arthritis. I'd like to have had a shave today but there was no one to help me. I will have to wait until tomorrow."

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

At the last inspection we found people did not experience care and support that met their needs and protected their rights. At this inspection we found the service had made improvements and people's care and support needs were assessed and plans identified how care should be delivered. The care plans we reviewed contained information that was specific to the person and covered areas such as pressure care, eating, death and dying, likes and dislikes and personal care. We found good information was provided although we noted there were some gaps and daily records did not always reflect what was recorded in the care plan. One person's daily records indicated they often refused personal care but there was no reference to this in their care plan. This meant it was difficult to monitor the person's health and welfare. We spoke with the registered manager about the findings. They said they were continuing to work on the care planning process to ensure people's needs were being identified and met and would monitor these closely to ensure they were accurate and up to date.

The registered manager told us they had introduced a wider range of social activities. We saw the activities were displayed on the wall in the entrance to the home and staff were actively engaging with what was going on and involving people in the activity. The activity co-ordinator had a lively presence that lifted the mood considerably when they were interacting with people. On the day of our inspection some people went out to the playhouse to see White Christmas while other people stayed at the home and watched White Christmas on DVD. This meant that although not everyone went on the trip there was a shared experience that people could enjoy together and had the opportunity to discuss the play/film if the wished to. We saw religious festivals had been incorporated into the activities programme for example, a Carol Service had been held and Dreidel games and Hanukkah stories from the Jewish Festival of Lights were included.

People we spoke with said they had been offered the chance to go to the theatre. One person told us, "I didn't fancy going out in the winter, but they did ask me." Another person said, "It's the same story. If I had gone then I wouldn't have been able to smoke for too long, so I said no."

One person we spoke with told us, "We play bingo every Tuesday and we have had some people in who sang for us. That was good." One person said "I'm a bit bored, really. I love to read but my eyesight isn't so good. Large print books would be ok, but no one has suggested getting any for me." Several people told us they were going to a pub for Christmas lunch the day after our visit. People we spoke with said the home enabled them to maintain relationships with family and friends without restrictions.

People told us they knew who to speak with if they had any concerns. Whilst people were not able to tell us about a formal procedures or information relating to making a complaint they were confident they could raise any issue with staff, the manager or the providers as they were approachable and highly visible. People we spoke with said

Good

Is the service responsive?

they were confident they would be listened to, but no-one had wanted to make a formal complaint. People told us they were confident that they could discuss anything with those involved in providing their care.

The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We saw an audit of complaints had taken place in November 2014. The registered manager said this was to identify any trends and areas for improvement. This showed people's concerns were listened to, taken seriously and responded to promptly.

Good

Is the service well-led?

Our findings

At the time of our inspection the registered manager had been registered with the Care Quality Commission since the 28 November 2014 but had worked at Carr Croft Care Home since August 2014.

People we spoke told us there were regular residents meetings which they could attend. We saw a notice on the board in the entrance of the home which listed bi-monthly meetings to July 2015. We saw the minutes from the residents meetings that were held in November and December 2014 and discussions included care plan reviews, repairs and activities. One person told us, "There are meetings but I don't go to them because they are held in a room where I can't smoke. I would get annoyed so it's better I don't go. I think they are a good thing, though." Another person said, "We have meetings and I think that they listen to what we have to say." One person told us, "We have meetings quite often. I don't go; we have representatives who go for us." Another person told us, "Yes, we have meetings we can go to. Sometimes we say things and they act on them, sometimes not." However, people were not able tell us about anything which had changed as a result of something being raised at a meeting.

People we spoke with could not tell us about any surveys they had been asked to complete. However, we saw a resident survey had been conducted in December 2014 which included standards of personal care, activities, call bells, privacy and dignity and staff interaction. Only six surveys had been returned at the time of our inspection and the registered manager told us they were waiting for a few more to be returned before they carried out an analysis of the results.

People said they regularly saw the registered manager and owner and said they were able to approach them whenever they wanted. We saw the registered manager and owner in the communal area and they used people's names when interacting with them. The interactions were genuine and both the registered manager and owner demonstrated they knew the people. People were of the opinion the home was well run.

Staff spoke positively about the registered manager and they were happy working at the home. One member of staff said, "The manager is very good. Things are going really well." Another member of staff said, "She really wants things to be right." Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw a senior staff meeting was held in October 2014 and discussions included daily tasks, weight monitoring and communication book. We also saw full staff meetings were held in September and October 2014 and discussion held included time keeping, moving and handling and infection control.

We saw a staff survey had been conducted in December 2014 which included if staff felt supported and that training was available. Only five surveys had been returned at the time of our inspection and the registered manager told us they were waiting for a total of ten responses to be returned before they carried out an analysis of the results.

The provider had introduced a number of audits which included mattresses, care plans, environment dignity and entertainment. We saw these audits were completed and monthly basis at present but the registered manager told us they were going to introduce a programme of audits. The meant some audits may not be required to be completed on a monthly basis.

Any accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. We saw the accidents audit was carried out monthly and this included the date, time, location, circumstances, action taken and any patterns that may emerged.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered person did not operate effective recruitment procedures.