Mr & Mrs T Leek

Fernbank House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 4 January 2018 and was unannounced. When we last inspected Fernbank in October 2015 we rated it as good, with requires improvement in safe. This was because we had issued a requirement in relation to ensuring recruitment was robust and checks were completed before new staff began working.

Fernbank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide care and support without nursing for up to 11 older people. Accommodation is provided over three floors with a stair lift access to those bedrooms on the first and second floor. At the time of this inspection there were 10 people living at Fernbank.

The service is required to have a registered manager. The provider is the registered manager of this service. 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 recruitment practices had not improved. Recruitment files did not demonstrate that full checks had been completed on new staff to ensure they were suitable to work with vulnerable people. We also found that risks in relation to fire had not been fully assessed and reviewed. People did not have their own personal emergency evacuation plan (PEEPS). The fire risk assessment for the service had not been reviewed for several years and some of the weekly and monthly checks of fire safety lighting and equipment had not always been documented. We therefore made a referral to the Devon and Somerset fire and rescue service to provide input to the service. We were informed the trainee manager had recently taken over some aspects of auditing and this included fire safety checks. They had started a new audit and the previous two weeks prior to the inspection taking place; there had been the correct fire safety checks. They also said they were going to be completing PEEPS. Since the inspection the provider has assured us all matters identified have been addressed.

We found for one newer person to the service, the service had failed to complete any risk assessments in relation to keeping them safe and well. The person had been admitted due to falls, but this had not been risk assessed. The staff were knowledgeable about the persons need and risks associated with them, but the lack of documentation placed them at potential risk.

There were some systems and audits in place to review the quality of care provided, but these had failed to pick up on the issues we have identified in this inspection report. Some checks were being completed but not documented. For example checking hot water for risk of scalds.

People's rights were protected because the service understood and applied the Mental Capacity Act 2005. They assessed people's capacity to make decisions. Where people lacked capacity, Applications to Deprivation of Liberty Safeguarding teams had been made.

Care and support was well planned in conjunction with the individual and their family. People said they received kind, compassionate and timely care and support. Staff understood people's needs, wishes and preferred routines. This helped them to deliver care which was personalised.

Staff understood how to keep people protected and who to report any concerns to. Medicines were being safely managed for people.

Staff were able to deliver effective care and support because they had the right training, support and skills to meet people's needs. There were sufficient staff available each shift to ensure needs were met in a timely way.

The home was clean, homely and infection control processes ensured people were kept well.

People had a good variety and choice of meals to ensure their health and well-being was maintained. People's healthcare needs were closely monitored and where needed the service worked in partnership with other healthcare professionals to achieve and maintain good health outcomes for people.

People said they enjoyed living at Fernbank. Comments included "I'm very happy here" and "Everybody's really kind – no exceptions. I am in good hands."

We found three breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this 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?

Requires Improvement

The service was not always safe

Risks had not always been clearly documented for staff to understand how best to keep people safe.

Some audits and fire safety plans had not been updated.

Recruitment procedures were not robust enough to ensure appropriate staff were recruited to work with vulnerable people.

There were sufficient staff available for the number and needs of people.
Staff knew about their responsibilities to safeguard people and to report
suspected abuse.

People received their medicines on time and in a safe way.

Is the service effective?

Good

The service was effective.

Healthcare needs were being well planned for.

People were cared for by staff who had regular training and received support with practice through supervision and appraisals.

People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to help sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

People received care from staff who developed positive, caring and compassionate relationships with them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

Is the service responsive?

Good

The service was responsive.

Care and support was well planned and staff knew people's needs, wishes and personal preferences.

Activities were not planned but were tailored to individuals' needs and wishes.

People or their relatives concerns and complaints were dealt with and they had confidence in the provider and staff to resolve any issues.

End of life care was planned in conjunction with people, their family and other healthcare professionals

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems and audits had not identified gaps in risk assessments for an individual and for the environment.

People, relative and staff had confidence in the management approach which they said was open and inclusive.

Fernbank House

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 4 January 2018 and was unannounced. The inspection team included an adult social care inspector and an expert by experience. An expert by experience is someone who has had direct experience or their relative had used registered services such as care homes.

We spent time observing how care and support was being delivered and talking with people and staff. We met with most of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the home. We spoke with eight people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with three relatives who were visiting the service.

We spoke with two care staff, the registered manager and the cook.

We reviewed four people's care plans and daily records, medication administration records, three staff recruitment files as well as audits and records in relation to staff training and support, maintenance of the building and safety records.

We looked at all the information available to us prior to the inspection visit. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Following the inspection we asked for feedback from three health care professionals to gain their views about the service. We received feedback from two.

Requires Improvement

Is the service safe?

Our findings

When we inspected this service in October 2015 we found recruitment was not robust. Two out of three recruitment files showed new workers had been employed before all their checks were back to ensure they were suitable to work with vulnerable people. There were no risk assessments in place to show why new staff had been able to start without full checks being in place so any risks had not been considered. We issued a requirement and asked the provider to send us an action plan. We did not receive an action plan.

At this inspection we found each of the three recruitment files we checked had information missing. Two only had one reference and one of these was not their most recent employer. One had a police check (DBS) dated three weeks after their start date. The registered manager said this had been because they had a week's induction and then several shifts where they shadowed more experienced staff. There was no risk assessment to show how potential risks of full checks not being completed had been mitigated. The registered manager said she was certain each staff member employed had two references but said her filing had not been robust so she was unable to find this documentation.

This is a repeated breach of regulation19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection the provider has said that where references were not in recruitment files they have requested these to be re-sent.

People did not have individual personal emergency evacuation plans in place. It was unclear what support each person would require in the event of a fire. We also found some of the fire safety checks had not been recorded, such as checking of emergency lighting. The registered manager said she had recently delegated these tasks to the trainee manager who had purchased a new fire auditing book. The checks had been completed for the two weeks prior to us inspecting the service. The home's fire risk assessment had not been updated for several years. We have referred the service to Devon and Somerset fire and rescue service for support and advice.

The registered manager was unsure when the last gas safety certificate was issued or when they had last had their electrical wiring tested. She agreed to check this and get in relevant contractors to check these areas. Since the inspection the provider has sent further information to show that they now have an electrical safety certificate and are still seeking a contractor to test their gas supply.

One person's support and care plan had no risk assessments in relation to how staff should safely provide care and support to them. The person was known to have been at risk of falls, but there was no documentation to show how this had been assessed and any identified risks mitigated. The registered manager said this had been an oversight because they had taken the person for respite and had not expected them to stay for long. She accepted that even for short breaks, risks needed to be assessed and documented. Staff did understand the risks associated with this person and what they needed to do to mitigate risk of falls.

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

Equipment requiring electrical input had been tested on an annual basis. Also equipment for hoisting and moving people safely had been tested annually.

People had been assessed for most risks and risk assessments helped to inform staff what to do to minimise any identified risks. For example, where someone had been assessed as being at risk of pressure damage, their risk assessment included ensuring the right equipment was in place and staff completed regular checks to help the person reposition.

People said they felt safe and well cared for. Comments included "I feel very safe here – absolutely no problems" and "I feel very safe here. I usually do my own personal care but they will help if I need it, but I don't." One relative said "We really feel she's very safe and they're very approachable here."

People's medicines were safely managed. We checked the systems in place for managing medicines, and watched how they were administered to people. No-one looked after their own medicines at the time of this inspection; staff said that people would be able to do this if it had been assessed as safe for them to do so. We watched some medicines being given to people at lunchtime. They were given using a safe method and we saw that people were asked about some medicines which had been prescribed to be given 'when required' such as pain relief. There were also written protocols in place to guide staff as to when it would be appropriate to give these 'when required' medicines. Staff who gave medicines had received training and checks to make sure they gave medicines safely. However there were no records of these checks being recorded.

There were suitable arrangements for storing and recording medicines requiring extra security, and also for the return of unwanted medicines. Records were kept of all medicines received into the home and those that were sent for destruction, which meant that records could be audited to check medicines management in the home. Any medicine requiring refrigeration was kept in a locked box within the main fridge in the kitchen. However they have agreed to request a locked fridge from their pharmacy supplier. People said they received their medicines at the required time. One person said "It is really helpful to have staff make sure my tablets are given on time, sometimes I would get in a muddle at home."

Staff understood the types of abuse that could occur and how to report concerns. Staff had received training in understanding abuse which was updated annually. One staff member said "We have all recently had training in this, it was very good." The registered manager understood their responsibilities in working with the local safeguarding team when needed. There have been no safeguarding alerts made in the last 12 months.

There was sufficient staff rotated for the number and needs of people currently living at the service. This included 2 care staff per shift, a cook, cleaner and the registered manager visiting and assisting for several hours each weekday or as required. At night there was one waking night care staff plus one person sleeping in. Staff said this was sufficient for the number and needs of people. One staff member said "We work well as a team and with two staff on duty we can get people up and dressed in good time. In the afternoons we have more time to spend chatting and playing games with people." The provider information return (PIR) said that "Staff retention levels were high and minimum to nil agency use. Correct staffing levels maintained at all times to include an effective skill mix."

The home's communal areas were clean and free from odour. The service employed a cleaner who ensured

all parts of the home were kept clean and free from risk of cross infection . Staff had access to protective clothes and gloves and used them appropriately when needed. Staff confirmed they had received training in infection control and understood what additional measures may be needed should they have an infection control outbreak. The service had been awarded five stars, which is the highest rating from the Foods Standard Agency. The PIR highlighted that COSHH and RIDDOR procedures were in place, adequate and appropriate chemicals in place and laundry procedures to prevent cross infection. They cited an example of a person who was discharged from hospital with an infection into a shared room with no cross contamination.

The registered manager was aware of their duty to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. All accident and incident reports were shared with the registered manager. She signed these off once she had reviewed them and looked at whether there were any lessons to be learnt or risks which could be further mitigated. For example where someone has had falls, checking they had the right equipment, did their medicines need reviewing and would they benefit from a further assessment from another healthcare professional.

Good

Is the service effective?

Our findings

People said they received care and support which was effective and met their needs. Comments included "I'm lucky I'm looked after so well. I have my pet cat with me too so I have someone to cuddle and keep me warm. She stays in my room." And "They are very helpful here. I need to make phone calls because I'm worried about a friend who is ill and they don't mind and let me call when I want." Relatives said their family member's needs were being met effectively. One said "They are always looking out for mum and will phone if anything is needed." Another said "(Name of family member) has had urine and cough infections and they dealt with them very well."
People and relatives confirmed their needs had been assessed prior to them coming to the service. The registered manager said where possible either she or the assistant manager would always assess a potential new person to make sure they could meet their needs and achieve effective outcomes for them. For example the design of the building meant it was difficult for them to have a lift. Access to upstairs rooms was via stair lifts. New people needed to be assessed to ensure they were safe to use this equipment to be able to access upstairs rooms.

Signage had been used to help people find their way, although some people may benefit from more pictorial signage due to their dementia needs.
We recommend the service looks at best practice in having clear signage which is dementia friendly.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. One person had such safeguards in place. Most people had applications pending. Some staff were not aware who may be subject to such safeguards, but did understand the principles of why they were needed to protect people's rights. Staff confirmed they had received training in MCA and DoLS.

We observed staff offering people choices and gaining consent before care and support was delivered. For example, offering choice of drinks and asking people where they wanted to sit. One staff member described how they would always check with people about their choice of clothes and make sure they had their walking aid near them to promote independence.

Staff said they had good opportunities to develop their skills via training. The PIR showed that all care staff except one had completed a national care certificate to level 2. The remaining staff member was in the process of completing this. No new staff had come to this service without some relevant training and

experience in care. The registered manager was aware that staff who came new to care would need to complete the induction programme called the Care Certificate. This would help to ensure new staff understood the key elements of delivering safe, effective and compassionate care. Staff confirmed they were well supported to do their job. There were no records of one to one supervisions taking place, but staff said these did occur as well as annual appraisals where their skills and training needs were discussed. Since the inspection the provider has stated "clinical supervision has been booked in monthly with new documentation to evidence this." Training files showed staff did a variety of on line learning as well as some practical sessions. The service had been using the local nurse educator to provide some practical sessions on pressure care, infection control, diabetes, bowel care and sepsis.

People said their healthcare needs were being well managed. Comments included "I have a bad leg and the District Nurse comes in twice a week to see to it." "They have a chiropodist comes in regularly too. They will call your own doctor on demand if needed, but they are not always available of course." Relatives confirmed their family member's health was closely monitored and they were kept informed of any increased healthcare needs. The community nurse team visited some people to review their health. A nurse educator also visited the service on a regular basis to deliver training in various topics. They said "I have always found the staff to be attentive to the needs of the residents and they appear to be knowledgeable about the medical and social / recreational needs presented by each resident." Daily records showed staff observed people's health and where appropriate sought medical or other specialist healthcare professionals input. It also showed the staff team worked with other professionals. When a person was admitted to hospital for example, their summary care plan sheet was sent with them so staff were aware of people's needs and wishes.

People were supported to maintain a healthy balanced diet, taking into account their likes, dislikes and favourite foods. People spoke favourably about the food and menu choices. One person said "The food is really good I always like it. If I didn't I could always ask for something else – they will always help." Another said "There are some foods I can't eat and they always find me something else – they always remember." Staff said they talked to people about the menu choices each day and if they wished to have something different they could. Where people were at risk of poor nutritional intake, staff made sure they monitored their food and fluid intake.

Good

Is the service caring?

Our findings

People said staff were kind and caring towards them. For example one person said "Everybody's really kind – no exceptions. I am in good hands." Another person said "They are very helpful here. I need to make phone calls because I'm worried about a friend who is ill and they don't mind and let me call when I want." Similarly relatives said that staff showed a caring attitude and treated people with respect. One said "We have seen nothing but compassion and patience. All the staff are very good here."

People's dignity and privacy was respected. Staff were able to give examples of how they worked to ensure people's dignity was being upheld. They ensured people were assisted to change if they needed to. Staff offered support to people discreetly when they needed to use the bathroom. Our observations supported the fact that staff were conscious to ensure people's privacy, dignity and respect was maintained at all times.

Staff showed compassion and patience when working with people. One person was struggling with their short term memory and continued to ask the same questions throughout the day. Staff answered the person each time and reminded them of facts they may have forgotten.

Staff described people in a way which showed they respected them as individuals. They were able to also describe ways in which they worked with people to ensure their needs, wishes and privacy were respected. For example, always providing personal care in private and keeping people's body parts covered. Staff promoted people's choice in everyday decisions such as what they wished to wear, what drinks and snacks they would like. People mattered and it was clear positive relationships were developed between people and staff. Our observations of how staff interacted with people showed a great deal of compassion, warmth and a sense of fun and laughter. One person said "The staff are like friends to us, we have a good laugh."

Staff showed concern for people's well-being in a meaningful way. This was demonstrated in the way they talked about people and their detailed knowledge about people's needs, wishes and preferences. People were supported to maintain their independence and the registered manager said they had been successful in providing people with increased skills so they could return home. This was following a period of rehabilitation and recovery at the service following an illness or injury.

People were supported to maintain relationships with family and friends. Visitors were made welcome and could visit at any time. One relative said "They always offer us a drink when we visit and make us feel welcome." The PIR showed other ways people had been supported to stay in touch. For example, one person's daughter stayed for two nights in an empty room so that they could be with their relative through a difficult health issue. They also highlighted "We took one gentleman to his wife's funeral who would not have been able to attend due to mobility issues. We have held several wakes at Fernbank so that all residents have been able to attend for friends that they have made there and have assisted with family difficulties in this area. Residents have been taken to visit relatives who are in hospital." This showed the service was willing to go the extra mile to ensure people visited and were visited by those who remained important to them.

People were afforded choice and respect in the way their care and support was delivered. This took into account people's diverse needs. If someone asked not to have their personal care delivered by a male, this was respected. Where people had particular religious beliefs, this had been documented and staff arranged for their church representatives to visit them at the service if possible.

People were assured that information about them was treated confidentially in a way that complies with the Data Protection Act. This was because their care plan information was kept in their individual rooms and any confidential information was kept locked away.

The service had received many thank you and compliment cards. Comments included "Thank you for all the care, love and attention you gave to (name of person) during his time with you" And "Thank you for all the excellent care and attention that (name of person) received."

Good

Is the service responsive?

Our findings

People and their relatives said staff were responsive and understanding of their needs. One person said "You only have to ask and staff will help you with anything." Another said "They always take my jewellery off at night, my big necklace – in case it hurts me in the night. They put it on the side then I can put it on in the morning." One relative said "We are involved in her care plan and if they need to they ask or suggest what we want them to do."

People received personalised care which was responsive to their individual needs. This was achieved by having care plans which included details of people's assessed needs and how they wished to be cared for. People's likes, dislikes and known routines are recorded. Staff had detailed knowledge of people's preferred routines. The staff team were small and they all took time to get to know people as individuals. One relative said this was the main reason they had chosen this home above others. They said "Being small, you can see people get that personal touch. Everyone gets on well, like a family being here." People's plans were kept in their room so they could access them to read and review whenever they wished. Where appropriate relatives had been asked to help review and amend plans where people's needs had increased. The PIR stated personalised care was centred on "intensive assessment and care planning with the resident, staff, next of kin, family members and friends which are reviewed on a monthly basis unless changes occur before this time. On one admission one person had had their cat for 12 years and could not face not having her so we made appropriate arrangements to allow the cat to come and live with her." The registered manager had said in the PIR they were looking at using technology to improve their care planning and would soon be moving to use electronic care plans and daily records.

Staff were confident they were responsive to people's needs and that they provided person centred care. One staff member said "Because we are a small home, we get to know people really well and we adapt how we work with them so they feel they are in control and getting the best care." People were well presented and appeared relaxed and happy in the company of each other and the staff group. No one raised any issues about their needs not being met in a timely way. Our observations showed staff were responsive to people's change in mood and the need for additional support at various times during the day.
Where people had particular needs such as hearing or sight loss, care plans clearly identified what staff should do to support the person. This may have included ensuring they had their hearing aids in and cleaned regularly. Where people had a sight impairment, staff were instructed to ensure their call bell was close by them. Call bells were available in each bedroom for individuals and then a call point was available in the lounge and dining area.
People's past hobbies and interests were recorded and some people had a document called This is me- produced by the Alzheimer's society to help people understand the needs and wishes of people with dementia. Staff said people were supported to continue with their interests and hobbies with support. For example one person had been a keen knitter so staff were helping them to follow a pattern. Another person enjoyed word puzzles. Staff said they did not have a fixed activities programme, but would spend time in the afternoons doing a variety of activities with people. This included card games, reading the newspaper and having a sing and dance. One relative said "They had a big Christmas party here with games, lovely food, sing-along carols – it was a lovely time." It was less clear what activities were available and planned for those

people who chose to or needed to remain in their room due to ill-health. One staff member said "We do half hourly checks and we do spend time with people chatting, which we do not always record."

The PIR stated "Religious needs met by at present liaising with one person's friend who takes her to church on Sunday's, a pork free diet for a Jewish person, and visiting clergy who attends those who wish to participate. We hold celebratory events at Christmas, Easter and birthdays if appropriate. We attend Musical memories (local dementia singing group) on a regular basis if any of the residents wish to go and they are all asked each time if they would like to go. When residents are in communal areas they are all asked if they want the TV or radio on and what they want to watch or listen to. They all have a TV and DVD player in their rooms. Activities are offered most afternoons for those who would like this, no programme in situ as their preferences each day varies according to frame of mind."

The service had a complaints process with written details of who people could make their concerns and complaints known to. The provider information return stated there had been no complaints in the last 12 months. People and relatives said they would feel confident to make their concerns or complaints known and that they would be dealt with appropriately.

Staff had received some training on end of life care and the ethos of the service was to enable people to remain in the home if this was their wish. Compliment cards showed families had been very appreciative of the service's ability to provide compassionate end of life care. The registered manager said she recognised how important it was for some families to be with their loved ones in their final days and she had facilitated this whenever possible. The staff worked with the community nurse team when needed to ensure end of life care was coordinated and that the right medicines were available to ensure people were as pain free as possible.

Requires Improvement

Is the service well-led?

Our findings

Although there were some audits and systems in place to check the quality of care and safety of premises, this had failed to pick up on some of the issues we had identified. The registered manager agreed for example, she should have identified that one person had no risk assessments in place. We also noted that some of the fire safety checks had not always been recorded and some documentation in fire safety risk assessment needed updating. Checks were completed on hot water outlets and window restrictors but these were not always recorded. The provider had failed to identify that recruitment practices were not robust and there was checks missing.

Following the last inspection, where we issued a requirement, the provider did not send in an action plan. She said she had emailed to say the issues would be addressed in respect of recruitment. She said she was certain all checks and references had been received but had not been filed. She agreed it would be useful to have a check list as part of her auditing system to ensure the right information and paperwork was available in the recruitment files.

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

The registered manager said she was addressing some of the issues we identified as she had delegated some for the auditing of fire safety to the assistant manager. He had purchased a new fire safety book and had completed the full checks in the two previous weeks leading up to the inspection. She also explained that they reviewed care plans monthly, which included risk assessments. Views of people and relatives were sought on a daily basis. The provider said they had planned into this year to have a more formal way of capturing their views with resident and relative meetings which she was planning to have on a regular basis.

People, staff and relatives all had confidence in the management approach. One relative said "It's very well led – we can't fault it. We looked at lots of homes, some dreadful, then found this: no smell, beautifully clean and friendly." People knew who the manager and senior members of staff were. They said they were friendly and listened to their views. Similarly, staff said the management approach was open and inclusive. They said their views and ideas were listened to and they felt valued for the role they played within the home. The provider information return stated that the registered manager's ethos was "If I do not know about difficulties or situations then I cannot deal with them or achieve resolution". She said this had worked to good effect because she had always achieved excellent staff retention and a good team with excellent morale.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of most accident and incidents. When she was unsure or needed advice she said she was always happy to call and ask for this. She admitted she had not realised she needed to submit a notification when a DoLS had been authorised, but following training, she had retrospectively sent a notification to CQC.

The service used training, staff appraisals and feedback from other agencies to question their practice and

help drive up improvement. For example, since using the nurse educator, staff had been more vigilant on specific health conditions and this has helped better partnership working with the community nurse team. For example making sure they referred in a timely way when they had a concern about someone risk of pressure damage.

The service, although small had maintained community links by assisting people to visit the local town and shops, attending the local dementia singing group and welcoming visiting church people as appropriate.

The provider had ensured their previous inspection report and rating was displayed in the main hallway of the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not fully protected because individual risks and environmental risks had not always been identified and documented.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits and quality assurance systems were not always documented and were not robust as they had failed to identify gaps in risks

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not fully protected because recruitment processes were not robust