

Mayfair Residential Home Limited

Mayfair Residential Home Limited

Inspection report

Marine Road East
Morecambe
Lancashire
LA4 5AR

Tel: 01524411836

Date of inspection visit:
24 July 2017
26 July 2017

Date of publication:
06 November 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection visit took place on 24 and 26 July 2017 and was unannounced on the first day.

At the last inspection on 05 May 2015 the service was meeting legal requirements of the regulations.

Mayfair Residential Care Home Limited is registered to provide accommodation for up to 45 older people who require 24-hour care. The home is situated on Morecambe promenade, close to local amenities and overlooks Morecambe Bay. The majority of bedrooms have en-suite facilities. There are several communal areas, including a large dining room, sun lounge and quiet lounge. The provider operates CCTV in communal areas of the home. At the time of our inspection 37 people lived at the home.

There was a registered manager in place. 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.

Staff had received training to administer medicines, however no checks on their competency had been undertaken. We observed staff left the medicines trolley unattended whilst administering people's medicines. The provider did not have formal systems to assess the competency of staff who administered medicines. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

We found the provider had not ensured valid consent was gained before care and support was provided to people. Assessments of people's capacity to make decisions had not been properly assessed. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Need for consent.

We found people's liberty was restricted because they lacked insight into keeping themselves safe outside of the home. However, the provider had not followed proper procedures in order to apply these restrictions in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safeguarding service users from abuse and improper treatment.

The provider's systems to assess, monitor and improve the quality of the service provided had not been effective in identifying and addressing the issues highlighted during our inspection. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

People told us they received personalised care that was responsive to their needs. However, we found

people's involvement in care planning was not always recorded. Although staff knew important details about people, these were not always recorded. We have made a recommendation about this.

The provider used external companies to carry out quality assurance on various aspects of the service provided. However, they had not identified the issues raised above. We have made a recommendation about this.

Relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. This helped to ensure only suitable candidates were employed to work with people who may be vulnerable. However, there were occasions where the registered manager was unable to obtain references, or convictions were recorded on DBS checks. There were no related risk assessments available for review. We have made a recommendation about this.

The home was well maintained and generally clean and tidy. However, we found some equipment had not been cleaned properly. We raised this with the registered manager who addressed this during our inspection.

The provider had an ongoing programme of refurbishment for the home to ensure the premises continued to meet the needs of people who lived at the home and it was a comfortable and safe place for people to live.

Policies and procedures were in place and staff had received training in order to safeguard people who may be vulnerable. We found the provider recorded and managed accidents and incidents appropriately.

We found staffing levels and skill mix were appropriate in order for people's needs to be met safely and in a timely manner.

People were supported by staff who had the right competencies, knowledge, qualifications and skills. Staff received regular supervision and were supported to undertake their role.

People's ongoing healthcare needs were monitored and met. Good communication protocols were in place between the service and healthcare professionals.

People who lived at the home, and relatives and friends who were visiting, were complimentary about the staff team and how caring the service was.

The home supported people who required care toward the end of their lives. People's end of life wishes had been recorded so staff were aware of these and could support the person appropriately.

The service provided a range of activities in order to promote people's social health. People could choose how they spent their time.

The provider had a complaints policy. People told us they were confident any complaints would be dealt with appropriately.

Staff had clear roles and responsibilities. Staff told us they were well supported by the management team.

You can see what action we have 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?

The service was not always safe.

The provider had not ensured medicines were managed in line with best practice guidance.

The service had procedures to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment practices were safe. However, we have made a recommendation about recording risk assessments where references could not be obtained or where convictions were recorded on DBS checks.

Assessments of risks were undertaken for people who lived at the home and staff. There were processes for recording accidents and incidents.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Valid consent was not always gained before people received care and support.

The registered manager had not ensured they followed the correct process with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

We observed staff did not always respect people's privacy and dignity.

Staff knew people well and were knowledgeable about how to meet their needs.

We observed staff showed patience and compassion to the people in their care.

Is the service responsive?

The service was not always responsive.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided. However, this was not always recorded.

People participated in a range of activities which kept them entertained.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Systems and procedures were in place to monitor and assess the quality of service people received. However, these had not identified the issues around medicines management, consent and restrictive practices, for example.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

We received positive feedback about the management of the service and how well supported staff were.

The provider had appropriate plans in case of an emergency.

Requires Improvement ●

Mayfair Residential Home Limited

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 26 July 2017 and was unannounced on the first day.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the home.

We spent time in communal areas of the home so we could observe how staff interacted with people. We also observed how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this home including 14 people who lived at the home and four people who were visiting relatives and friends. We spoke with 13 staff members during the inspection

including the registered manager, care manager and human resources and training manager.

We looked at care records relating to six people who lived at the home and reviewed four staff files. We reviewed records relating to medicine administration, staff training and support, as well as those related to the management and safety of the home. We also walked around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

Everyone we spoke with who lived at the home told us they felt safe when supported with their care. Comments received included, "Yes, I feel safe." And "Of course I feel safe." Another person commented, "I feel safe living here." Visiting relatives and friends told us they were sure their loved ones were safe living at Mayfair Residential Home Limited.

We looked at how medicines were prepared and administered. People we spoke with and visiting relatives did not raise any concerns about how medicines were administered.

We observed one staff member administering medicines during the lunch time round. People were sensitively helped as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and, where required, prompts were given. However, we saw the medicines trolley was left unlocked whilst attending to each person. This meant people's medicines could be accessed freely by anyone during this time.

Although staff had received training, the provider had not undertaken any checks or observations on staff who administered medicines, in order to ensure they were competent to do so. This meant the provider could not be certain staff administered medicines safely.

The registered manager confirmed checks were undertaken on medicines administration records, however no formal audits were in place to monitor medicines procedures. This meant systems were not in place to check people had received their medicines as prescribed.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not ensured medicines were managed properly and safely.

Following our inspection, we received confirmation from the registered manager they had requested a full audit from their supplying pharmacy to ensure processes were safe, had implemented an internal medicines audit and had begun to undertake competency checks on staff who administered medicines.

We looked at recruitment procedures the service had in place. We looked at recruitment records of four staff. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

However, for two other staff, we found the required information was incomplete. The registered manager explained they sometimes had difficulty in obtaining references for prospective employees and made a

judgement as to whether to employ them if a reference could not be obtained. We saw one member of staff had convictions disclosed on their DBS check. The registered manager had explored this with the staff member during interview. However, no records of risk assessments or decision making were available for us to review at the time of our inspection. We discussed this with the registered manager who confirmed during our feedback session they had updated their recruitment policy to include recording of risk assessments.

We recommend the provider reviews their recruitment policy and procedures to ensure they are in line with best practice guidance and legal requirements.

Staff spoken with had received moving and handling training and they felt competent when using moving and handling equipment. We saw people with mobility problems were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

However, we witnessed staff helped people to and from the passenger lift using wheelchairs without footplates fitted. This posed a risk to the person being transferred because their feet could get caught on the floor. We raised this with the registered manager who immediately took action to address this concern.

We looked around the home to check whether it was clean, tidy and maintained. We observed staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff carrying out their duties. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed. However, these had not been audited to ensure hygiene standards at the home were maintained. We found some equipment in the home, bath seats and commode chairs were not clean. We raised this with the registered manager. They confirmed during our feedback session they had reviewed processes around cleaning and would ensure checks were undertaken on cleaning schedules to ensure high standards were maintained.

Care plans we reviewed had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. However, we saw two people had been identified as having complex needs which required additional support. When we spoke with staff, they knew about the behaviour and strategies they used to help manage the risks. However, this information was not recorded on risk assessments or care plans in order to guide staff. We raised this with the registered manager who confirmed they would review this immediately following our inspection, to ensure guidance was available for staff.

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we would receive information about the service when we should do.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The management team used information from accidents and incidents to identify trends and themes on an ongoing basis in order to take action to prevent future occurrences.

We found window openings were not restricted to ensure the safety of people who lived at the home. However, the registered manager confirmed risk assessments had been completed which showed the level of risk was low. They confirmed this would be kept under constant review as people's needs changed, with restrictors being fitted if necessary. We checked water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people could summon help when they needed to.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

We looked at the staff rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed.

Is the service effective?

Our findings

People received effective care because they were supported by a trained staff team who had a good understanding of the needs of people who lived at the home. Comments we received from people included, "Staff know my needs including the domestics, they need to know how my oxygen works and how to check it, they will turn it onto the right setting for me." And, "Yes, I am confident staff know how to support me."

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 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.

We asked people who lived at the home if they were supported to make choices about their care. People told us they could make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at care records to see if people who had mental capacity had consented to their care. We found some people had signed care plans to give consent to the care they received. However, others had not, or other persons had signed consent forms on their behalf without any recorded explanation. This meant the provider had not ensured they had valid consent from the person before care and support was delivered.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Assessments of people's capacity to make decisions had not been undertaken. When we looked at people's care records, we saw consent had been given by other people on their behalf. However, there was no record of any best interests decision making process, in line with the MCA code of practice. For example, at night, staff used sensor mats in some people's rooms, in order to alert them if people had got out of bed. This was in order to reduce the risk of people experiencing falls. There was no record to show the decision to use sensor mats had been assessed as being in the person's best interests and was the least restrictive measure.

We spoke with staff to assess their knowledge of the MCA. When asked, staff were unable to demonstrate an awareness of the MCA code of practice. They confirmed they had not received training about how to support people to make decisions and act in their best interests. This meant people may not have been afforded the protection of the MCA where they lacked capacity to make decisions themselves. The provider confirmed staff had not all received training on the MCA or DoLS.

This showed the provider was not meeting legal requirements in relation to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured care was provided only with the consent of people who used the service. Where people lacked capacity to consent, the provider had not acted in accordance with the Mental Capacity Act 2005.

Following our inspection, we received confirmation from the registered manager that they were carrying out assessments of people's capacity and best interests discussions, as appropriate.

We spoke with staff and the registered manager, they confirmed there were several people who they would prevent from leaving the premises without supervision. This was because they lacked insight into keeping themselves safe. The manager confirmed no applications had been made under DoLS for these restrictions. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because people's liberty was being restricted without lawful authorisation.

We discussed this with the registered manager who confirmed they would review their policy and procedure regarding DoLS and restrictive practices, and would apply for authorisations as appropriate.

Our observations confirmed the atmosphere was relaxed and people had unrestricted movement around the home and could go to their rooms if that was their choice.

We spoke with 13 staff members, looked at individual training records and the services training matrix. Recently appointed staff had been enrolled on the Care Certificate which is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Existing staff had achieved or were working towards national care qualifications. Records seen confirmed training provided by the service covered a range subjects including safeguarding, moving and handling, privacy & dignity, infection prevention, working in a person-centred way and first aid. This helped to ensure people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received regular supervision and an annual appraisal of their work. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager and care manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. We saw a visiting healthcare professional was made welcome and assisted by staff during their visit. They told us communication between them and staff was good.

People we spoke with were complimentary about the food provided to them. Comments we received included, "The chicken pie was good", "You get well fed here", "I haven't complained about the food" and, "There is quite a good choice of food." During our mealtime observations, we saw people were provided with different portion sizes, dependant on their preferences, and could choose alternatives if they did not want what was on the menu. We saw from minutes of meetings people had been consulted with regard to what foods they would like to see on the menu. The minutes from the meetings and satisfaction survey

results we saw showed people were satisfied and gave positive feedback about the mealtime experience at Mayfair Residential Home.

We did however, receive comments from one person about the food being overcooked and another about the length of time people waited in the dining room before meals were served. We shared this with the registered manager who confirmed they would look into this and address any issues following our inspection.

The provider had an ongoing refurbishment and redecoration plan for the home. The environment was maintained to a good standard. During our inspection, work was being carried out to refurbish the dining room, including laying a new floor. It was evident the provider was investing in the premises. This showed the provider understood the importance of ensuring the premises were safe, maintained and provided a comfortable environment for people to live.

Is the service caring?

Our findings

People who lived at the home, and relatives and friends who visited, were complimentary about the staff team and how caring they were. Comments we received included, "The staff are very polite", "I am happy with my care", "I am happy the way I am being looked after" and, "I am looked after well." Relatives and visiting friends commented, "The care is wonderful, we have told them to contact us day or night if there are problems and they do", "We are quite happy with the care" and, "The staff are good and attentive".

However, when we asked people about whether staff respected their privacy and dignity, we received some negative comments. People told us when they were in their bedrooms, staff would knock on the door, but would not wait to be invited in. One person told us, "Staff knock on my door but do not wait for me to ask them in, sometimes I am washing myself at the sink. I don't have an en-suite. Cleaners come in or carers come in to take my breakfast tray downstairs." Whilst we were looking around the home during our inspection, we observed a senior member of staff walk in to someone's room without knocking or asking the person whether they could do so. This showed people's privacy and dignity was not always protected and respected.

We raised our concerns with the registered manager who took immediate action. They arranged a meeting and spoke with all staff to reiterate the importance of treating people with dignity and respect.

The staff we spoke with were knowledgeable about people's individual needs and how they should be met. Staff knew the people they were caring for well and had the knowledge and understanding of support people required.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge area. We observed staff members enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example, we saw people being given drinks on request and assisted to the toilet where needed. We witnessed lots of positive and caring interactions during our inspection.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

The home supported people who required care toward the end of their lives. People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards the end of their life. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Staff we spoke with told us they had received training from a local hospice which had equipped them with

skills and knowledge in order to better support people in their final days. We saw a number of compliment cards from people's relatives, thanking the provider and staff team for the care provided to their loved ones.

People we spoke with, and their relatives, confirmed visitors were welcomed to the home at any time. Relatives told us they were made to feel welcome by staff and were offered drinks and snacks during their visits.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed staff members undertaking their duties. We saw they could spend time with people making sure their care needs were met.

We looked at care records of six people to see if their needs had been assessed and consistently met. The care records contained assessments of each person's needs and written plans of care which identified how staff should support people to ensure their needs were met. Personal care tasks had been recorded along with fluid and nutritional intake, where required. People were having their weight monitored regularly. We saw the service had sought professional guidance where necessary. For example, referrals to GPs and dieticians, if people had experienced weight loss.

However, we found care plans did not always meet people's identified needs and did not reflect their personal likes, dislikes and preferences. For example, staff told us and daily records showed one person could be resistant to care. Staff we spoke with could give us information about the person and strategies they used to assist them, but these were not recorded. Another person experienced hearing voices which they found unsettling. Staff we spoke with were able to describe in detail how they supported the person, but again, this element of their care had not been planned and recorded.

In the care plans we reviewed, there was no evidence available to show people had been involved in reviewing their care. We discussed this with the registered manager and staff who could describe how they reviewed people's care with them, or where appropriate, someone who knew them well. This showed care had been reviewed and people were involved but it had not been recorded.

Information recorded in care plans is important in order to guide staff, particularly new staff, in how to ensure the care delivered to people meets their needs consistently.

We recommend the provider reviews their systems for assessing people's needs and planning care to ensure they are in accordance with best practice guidelines.

We looked at how activities were provided in order to offer stimulation for people and to promote social health. We saw the service provided a range of activities including bingo, dominoes, facial yoga, laughing yoga and pantomimes, which took place twice each year. In addition, the provider arranged for outside companies to bring in a variety of animals, massage sessions could be booked and hairdressers visited the home twice each week. There was also a computer games console which people enjoyed using to play ten pin bowling. Staff confirmed they tried to provide activities each day, but would also spend time with people on a one to one basis if they preferred. People we spoke with told us they could choose how they spent their time and whether to involve themselves in activities or not.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including had been provided should people wish to refer their concerns to those organisations. People we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with any member of staff, who they knew would listen to them.

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "They [management team] are very good, you can tell them anything. They don't judge, they're very compassionate." Another said, "They [management team] are really on the ball."

The registered manager had procedures to monitor the quality of the service provided. Regular audits had been completed by two external companies. These included monitoring the environment and equipment, maintenance of the building, and reviewing care plan records. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

However, the audits we reviewed had not identified the issues set out earlier in this report, in relation to consent, Deprivation of Liberty Safeguards and care planning, for example. This was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. This was because the provider's systems to assess, monitor and improve the quality of the service provided had not been effective in identifying and addressing the issues highlighted during our inspection. We discussed this with the registered manager. They told us they would review their quality assurance systems to ensure they continued to be fit for purpose.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager and care manager worked with them and showed leadership. Staff told us they felt the service was well-led and they got along well as a staff team and supported each other.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided. Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

We found the registered manager had sought views of people about the service provided using variety of methods. These included family surveys and comment cards. We saw the results of surveys which had been positive about the service.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and healthcare professionals.

The provider had a business continuity plan. A business continuity plan is a response planning document

and shows how the management team would return to 'business as usual' should an incident or accident take place. The home's liability insurance was valid and in date.

The registered manager understood their responsibilities and was proactive in introducing changes within the home. This included informing CQC of specific events the provider is required to notify us about and working with other agencies to maintain people's welfare.

The provider had ensured the rating from the previous inspection was on display in a prominent position at 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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured care was provided only with the consent of people who used the service. Where people lacked capacity to consent, the provider had not acted in accordance with the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured medicines were managed properly and safely.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured people's liberty was only restricted with lawful authorisation.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems to assess, monitor and improve the quality of the service provided had not been operated effectively.

