Hamra Associates Limited

Cana Gardens Residential Home

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 visit took place on 7 October 2016 and was unannounced. The service was last inspected in September 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Cana Gardens provides accommodation and care to people with a learning disability or autistic spectrum disorder. On the day of our inspection visit the service provided support to six people.

The service 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. We refer to the registered manager as the manager in the body of this report.

The provider had not notified us about all incidents at the home which they were required to by law.

Quality assurance systems were not always in place to assess and monitor the quality of the service and focus on improvement. Although people felt safe using the service, there were inadequate processes and procedures in place to assess and monitor the risks associated with the environment, health and safety and infection control.

Staff understood how to protect people from the risk of abuse and keep people safe. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service. People's medicines were managed safely.

There were enough staff to deliver the care and support people required. People and their relatives told us staff were kind and knew how to support them.

Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required. People's care plans and individual risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff.

The managers and staff understood the principles of the Mental Capacity Act (MCA). Staff respected people's decisions and gained people's consent before they provided personal care.

Everyone felt the managers and staff were approachable. People's relatives told us they knew how to

complain. The provider displayed information about making a complaint at the home following our inspection visit.

We found there was a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 and a breach of the (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The risks relating to people's environment and infection control procedures were not being managed adequately to keep people safe. People felt safe with staff, and staff understood their responsibility to keep people safe and to report any suspected abuse. However, the provider had not notified us of an allegation of abuse, as required by law. There were enough staff to provide the support people required. People received their medicines as prescribed, and there was a thorough staff recruitment process to ensure staff were of a suitable character to work with people in the home.

Is the service effective?

Good

The service was effective.

The managers understood the principles of the Mental Capacity Act 2005, so that people's rights were always protected. Staff respected decisions people made about their care. People who required support with their nutritional needs received support to prepare food and drink that met those needs. People were supported to see healthcare professionals when required. Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively, except in the area of infection control.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent staff that understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in decisions about their

care. People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs, and were kept up to date about changes in people's care. People's relatives were happy with the care their relation received, and knew who to raise a complaint with if there were any concerns.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The provider did not always notify us of incidents which occurred at the home. The provider's quality assurance procedures did not always identify required improvements so that people received safe care in a risk free environment. People's relatives said they were satisfied with the service and were able to speak to a manager if they needed to. Staff told us they received regular support and advice from managers to do their work consistently.

Cana Gardens Residential Home

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.

The inspection visit took place on 7 October 2016 and was unannounced. This service was inspected by one inspector.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a 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. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

During our inspection visit we spoke with the registered manager, the deputy manager, the acting manager and two members of care staff. We spoke with four people who used the service. As some people at Cana Gardens had limited verbal communication skills, we observed people in the communal areas of the home. We also spoke with two people's relatives.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance checks.

After our inspection visit the provider told us about the actions they had taken immediately following our visit, which have been reflected in our report.

Requires Improvement

Is the service safe?

Our findings

We looked at the premises safety records and found that all essential checks to ensure people were protected from risks, were not up to date. For example, the manager was unable to locate an up to date Legionella certificate. The landlord gas safety certificate and electrical testing certificates were dated 2014 and required renewal. Following our inspection visit the provider confirmed all such checks would be carried out before the end of October 2016.

During our inspection visit we found areas of the home which required maintenance. These had not been identified through regular checks of the premises. For example, there was visible damp in the downstairs bathroom which required investigation. We noted a number of carpets were worn, and some had rucks which were a trip hazard. Following our inspection visit the provider was able to produce an improvement plan to address the damp in the bathroom and the replacement of carpets. The provider confirmed they had set up a maintenance book for future use by staff and the acting manager.

We saw people were placed at potential risk of harm because cleaning products were not stored securely. Some cleaning products were marked with the manufacturers' guidance, stating they should be stored securely as they may be harmful to people if ingested. The items were stored in areas accessible to people at the home, they were on a shelf in the laundry area, under the kitchen sink and bathroom sink. We shared our observations with the manager who said they would remove the items and place them in a safe storage area immediately. They later confirm this had been done.

We saw that fire and emergency plans were not in place to adequately instruct staff on what they should do in an emergency. As the home occasionally used temporary staff, it was important for emergency plans to be on display and quickly accessible. For example, people who lived at the home did not have had an up to date personal emergency evacuation plan (PEEP) to instruct staff and the fire service about how they should be supported when evacuating the building. This was important as some people displayed challenging behaviours and anxieties which may require staff intervention. In addition, some fire doors were being propped open with door wedges, which created a further risk to people. The provider confirmed following our inspection visit that all wedges had been removed from fire doors. Individual PEEPs had been prepared for everyone at the home, which were accessible in an emergency.

The provider had not ensured people were protected against the risk of infection and cross contamination. For example, toilet rolls were placed on the back of toilet cisterns and were not protected from cross contamination. Several areas of the home were not clean including toilet areas, sinks and showers. We observed some curtains, light switches, carpets and floors around the home required cleaning. There were cobwebs in communal areas of the home including the kitchen and bathrooms. People's personal cloths which they used to clean themselves were dirty.

Care staff were responsible for cleaning the home. However, they had not received specific training in infection control procedures to instruct them how to minimise the risks of infection. In addition information to assist staff in good hygiene techniques were not on display, for example, hand washing techniques at the

designated hand washing sink in the kitchen. Cleaning rotas were not in place, where staff were instructed to clean certain areas of the home each day, or each month for deep cleaning purposes. There was no infection control audit in place to identify infection control issues and risks. We brought these issues to the attention of the manager during our inspection visit. Following our inspection visit they informed us staff had been brought into the home to conduct a 'deep clean'. They also confirmed a new cleaning rota had been established at the home and staff training had been arranged by the end of October 2016 for infection control. Other areas for improvement had been addressed including the installation of paper towels, hand washing techniques, and the removal of toilet rolls from the toilet cistern.

The kitchen surfaces, where people prepared food and drinks were dirty. We observed paint was visibly chipped on the kitchen cupboards, which could contaminate food items. Chipped crockery was in use. The oven was dirty and in need of repair. In addition, kitchen tiling behind the cooker was very dirty. Following our inspection visit the provider confirmed they had cleaned the kitchen area including appliances and had replaced all chipped crockery. They also confirmed the kitchen cabinets and surfaces were due to be replaced early 2017.

We saw food management systems were not in place to ensure food was 'in date', and was eaten within the recommended time after it was opened. Food was stored where it was accessible to everyone at the home. We saw a number of food items in storage that did not have opened and expiry dates recorded on their packaging; staff were unable to tell us when food had been opened. As people helped themselves to food, this meant people were at risk of eating food which was out of date.

There were no colour coding systems in operation in the kitchen area to prevent the cross contamination of raw meat, poultry, vegetables and cooked foods, for example the use of different coloured chopping boards. The lack of appropriate management of these issues increased the risk of food being contaminated, or people being food poisoned. Following our inspection visit the provider confirmed that food management systems within the home had been updated, and staff were now following a colour coded system to maintain food hygiene. In addition, a food management system had been introduced to label items when opened, and dispose of items outside their 'use by' dates.

We found this was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance

We found the provider had not notified us of a recent safeguarding concern, an allegation of abuse and a police investigation. We therefore could not be sure people were protected against the risk of abuse, or that allegations of abuse were being fully investigated by the provider. Following our inspection visit the provider completed a required notification of this incident.

However, people were supported by staff who understood their needs and knew how to protect them from the risk of abuse. There were posters on display giving staff advice on how to raise any concerns if they suspected abuse. Staff attended safeguarding training as part of their induction, which included information about how to raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us this training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns. One staff member said, "I'm confident that any concerns would be looked into. I believe people are safe."

We observed how people interacted with staff and each other at Cana Gardens, as some people were unable to communicate with us verbally about their experience of living at the home. When we asked people if they felt safe with staff they indicated to us with hand gestures or nods that they did. People did not hesitate to

ask for assistance from staff when they wanted support, which indicated they felt safe around staff members. One relative told us, "[Name] is very happy at Cana Gardens, we have no concerns."

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff who worked at the home were of suitable character. Staff told us and records confirmed Disclosure and Barring Service (DBS) checks and references were in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they were barred from working with people who use health and social care services.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed that identified any potential risks to providing their care and support. Risk assessments were up to date, were reviewed monthly and included instructions for staff on how risks to people could be minimised or managed. For example, one person who was at risk of falling had a risk assessment in place for managing their mobility. Care records instructed staff on how the person should move around safely, including the equipment they should use. The risk assessments detailed when staff should accompany the person to minimise the risk of them falling. We observed staff followed the instructions when assisting the person during our inspection visit, which minimised the risk of harm to them.

People's relatives told us there were enough staff to meet people's needs safely. Staff also told us there were enough staff members on each shift to ensure people's safety. One staff member commented, "There are always a minimum of two members of staff to support six people. This includes two staff being here at night. I think this is enough to ensure people are safe. No-one requires two members of staff to assist them with their mobility, one is sufficient. In addition, the manager always makes sure there is one female, and one male member of staff to assist people according to their preferences, as we have male and female residents."

The manager confirmed there were at least two members of staff on duty at all times. They added there were often three members of staff, the manager, or deputy manager also on shift at the home. The manager explained the levels of staff were based on the needs of the people at Cana Gardens. For example, one person required one-to-one support from a member of staff all of the time, when they were out of their room. This was to ensure the safety of themselves and other people at the home. On the day of our inspection visit there were two members of care staff on duty, the acting manager and the deputy manager, who came later into the home to meet us. We observed there were enough staff at the home to care for people safely. The manager explained they had enough permanent staff to cover all the shifts at the home each week. When there were staff absences, temporary members of staff were used from a local agency.

People's medicines were managed safely and only administered by staff who were trained and continually assessed as competent to do so. Regularly prescribed medicines were delivered by the pharmacist in pre-prepared 'blister packs' where each dose of medicine was prepared and marked for the time it should be given. Medicines were prepared with an accompanying medicines administration record (MAR). Each person's MAR included the name of each medicine and the frequency and time of day it should be taken, which minimised the risks of errors. MARs were signed by staff, which confirmed people received their regular medicines as prescribed. Daily and monthly checks were in place to ensure medicines were managed safely and people received them as prescribed.

Some people required medicines to be administered on an 'as required' basis, for example for pain relief. There were detailed medicine plans for the administration of these types of medicines to make sure they

were given safely and consistently. For example, information was provided to staff about each person's needs and how staff should assess people's pain levels if they were unable to communicate verbally. This included descriptions of facial expressions or body language that could indicate pain.

Good

Is the service effective?

Our findings

Relatives told us staff had the right skills to meet their relation's needs. One relative said, "The staff are very good with [Name]. They know what to do."

Staff told us they were given induction and training to ensure they had the skills they needed to support people. Staff told us their induction included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. The induction training was based on the 'Skills for Care' standards. Skills for Care are an organisation that sets standards for the training of care staff in the UK. The 'Care Certificate' gained at the end of the induction programme provided staff with a recognised certificate for their skills. This demonstrated the provider was training staff to a recognised standard.

Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. Probationary periods were usually for a six month period, or were continued until staff were competent in their role. The deputy manager and acting manager worked alongside care staff at the home and made checks on staff's competency to ensure they continued to have the right skills and attitudes.

The manager told us they maintained a record of staff training and their performance, so they could identify when staff needed to refresh their skills. Care staff told us they received regular updates to their training to keep their skills up to date and provide effective care to people. One member of staff said, "We have specific training for people's health conditions, such as autism and managing anxiety and any associated behaviours." This was important as people had different support requirements according to their health.

The manager told us the provider invested in staff's personal development, and they were supported to achieve nationally recognised qualifications. This ensured staff kept up to date with best practice. One staff member confirmed this saying, "Everybody is offered support with gaining qualifications. I am doing a level five qualification at the moment."

Staff told us they had regular meetings with their manager to make sure they understood their role and to discuss any issues or concerns they had. Meetings were held every few months, and staff had an annual appraisal to review their performance, discuss their objectives and any personal development requirements. A staff member commented, "We could ask if we needed any extra training, and it would be arranged. The acting manager is a qualified trainer, so we can have training on site if we need to."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care staff told us they had received training in the MCA and DoLS and could explain the principles associated with the Act. Care staff followed the code of conduct of the Act by asking people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support.

Most of the people at Cana Gardens lacked the capacity to make all of their own decisions. However, there had been no written assessments by the provider to determine which decisions people could make for themselves, and which decisions needed to be made by staff in their 'best interests'. In addition, records did not show where people had consented to any aspects of their care, for example, living at Cana Gardens. We asked the manager to review the paperwork they held on people's records, so that it was clear which decisions people could make for themselves, and which decisions needed to be made in their 'best interests'. The provider confirmed following our inspection visit that paperwork was being updated regarding mental capacity, and people's consent to their care was now in place.

The acting manager had reviewed each person's care needs to assess whether people were being deprived of their liberties. No one had an authorised DoLS at the time of our inspection visit. However, the acting manager had applied to the supervisory body for the authority to deprive one person of their liberty, because their care plans included restrictions to their liberty, rights and choices. For example, the person was unable to go out unescorted by a member of staff. They had completed the application following an assessment of the person's capacity by an authorised professional. The manager told us they were intending to make a further four applications for people who lived at Cana Gardens, following this process, by the end of October 2016.

It was clear from our observations that people enjoyed the food on offer at Cana Gardens. People ate their meals with pleasure. People's care records documented their food likes and dislikes to assist staff where people were not able to communicate verbally. For example, we observed a lunchtime meal. Three people were eating together at the table in the kitchen. One person ate salad, another had fish, and a third person ate pizza. The information in care records showed one person preferred fish. A member of staff told us, "We do have a roughly planned menu, and shop according to this. However, people actually just choose each day what they would like and we prepare it for them." We saw food and drinks were available throughout the day to encourage people to eat and drink as much as they liked.

Staff knew people's dietary needs and ensured they were offered meals which met these. For example, one person did not eat beef due to their religious preference; another person was on a gluten free diet. Information about people's dietary needs was kept up to date and was in the kitchen for staff to refer to.

The provider worked in partnership with other health and social care professionals to support people's needs. The manager confirmed people regularly visited their doctor, dentist, or other health professionals when needed. Care records included a section to record when people were seen or attended visits with healthcare professionals and any advice given was recorded for staff to follow. Records confirmed people had seen health professionals when a need had been identified, such as speech and language therapists. One person had recently had a change recorded in their behaviour, which may have been due to a change in their daily routine. Staff had referred the person to see a psychologist. Care records were updated with the advice of health professionals and people received the care they needed.

Good

Is the service caring?

Our findings

People's relatives told us staff had a caring attitude, one relative said, "Staff look after my relation very well."

Staff told us they enjoyed their role, as they worked in a friendly and caring environment. The people we met and observed in the communal areas of Cana Gardens during our inspection visit smiled and interacted with staff and each other, showing they liked living at the home.

People were cared for by a consistent team of staff, who they knew well and which helped them feel secure. We saw staff treated people with respect and dignity, using their preferred name when they addressed them. The majority of staff had worked at the home for some time and had a good understanding of people's care and support needs. A member of staff told us, "We all know people really well."

Staff assisted people to maintain their independence. They told us they did this by only offering them support with tasks they could not do themselves. People's care records showed which tasks people could do for themselves, and which tasks they required support with. For example, one person required their food to be cut up, but were able to eat without assistance. Another person enjoyed helping prepare their meals, so staff encouraged them to assist in the kitchen. This encouraged people to maintain their independent living skills.

Staff maintained people's privacy when supporting them with personal care. We observed staff offering people support in a discrete way. Staff knocked on people's doors before entering their room and waited to be invited in. One person had keys to their own room, and were able to lock their bedroom door when they wished. This meant they could spend time alone when they needed to.

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected.

The importance of people maintaining meaningful relationships with family and friends was recognised, and friends and family visited whenever they were invited. One relative said, "Yes I can visit whenever I have the time and am invited by [Name]." Another relative said, "I visit twice a week."

People were encouraged to make everyday choices about their environment. For example, people had decided how their personal space was decorated, furnished and arranged. Most people's rooms included photographs of family and friends, pictures on the walls, ornaments and furniture personal to them. One person wanted nothing in their room but their bed, and staff had respected their decision.

People and their relatives had been consulted about their religious and cultural backgrounds, for example, whether they attended religious services or had specific food preferences. Their wishes were respected and supported by staff. For example, one person was assisted to attend their local church, another person had specific food prepared according to their faith.

Where people had other specific needs regarding their cultural backgrounds, for example, language, staff were employed to meet those needs. For example, staff told us they had staff who could speak Gujarati, to assist one person who spoke the language.

Staff respected people's choices about how they wanted to spend their time at the home. We observed some people spent time in their room, one person spent time watching TV, other people wanted to spend time with staff helping prepare meals or engaging with staff in everyday activities such as tidying communal areas.

We asked staff how people who had limited verbal communication skills made their wishes known to staff. They told us some people had a list of recognised words they used, which had been prepared with their relatives. The list was readily accessible in the person's care records, and showed what certain gestures or words meant. One person had been assessed by a local speech and language specialist (SALT), to determine how they should be assisted to communicate their wishes. SALT had advised that the person use communication cards, showing pictures or objects, to assist them. However, we noted these were not in everyday use with the person. One member of staff said, "We don't need to use these as we know the person really well, and can interpret their gestures and speech really well." We observed staff knew what people wanted by their gestures. We saw the cards were available in the office for new staff to review if required.

Good

Is the service responsive?

Our findings

Staff responded well to all requests for assistance and support. Staff were patient with people and responded to requests calmly and promptly.

People's relatives and healthcare professionals were involved in their initial needs assessment to establish what their care and support needs were when they started living at the home, We could not see from care records how people had been involved in these discussions, however, family members told us they were involved with the person in planning and agreeing their care. The manager told us people's involvement in their care planning would be recorded in the future.

Care records provided staff with all the information they needed about the person's health, care needs, and about the person's individual preferences about how they wanted to receive their care and support. For example; likes, dislikes, religious preferences and information about people's life history. This was important as some people were unable to express themselves verbally to staff.

We saw staff followed the information they were provided in care records in regard to people's likes and dislikes. For example, one person enjoyed having their nails done, and we saw the person had their nails painted during our inspection visit. Another person expressed a preference to have more vegetarian dishes including curry, and we saw these were on the menu.

There were detailed instructions for staff about how to provide the care people required. For example this included when staff should support people with their mobility and the equipment people used to move around. People's support and care records were reviewed monthly to identify any changes that may be needed. Where changes had been identified, people's plans were updated so that staff continued to have the information they needed to support people responsively.

People were supported to go out of the home and take part in interests and hobbies they enjoyed. People pursued their personal interests each day. For example, one person liked to watch television, which they were doing when we arrived at the home. Another person liked to go out to the shops on their own; we saw they did this during the day of our inspection visit. Another person enjoyed colouring, which we saw them doing in the lounge. We saw other group activities were planned which included, swimming, walking, eating out, and attending church which we saw people took part in.

There was no list of planned activities on display in the communal area of the home or in people's room, to keep people informed of planned activities that people could look forward to. However, staff told us they discussed the planned activities with people at the home to get their views. The activities that people took part in were recorded so that staff could see what people enjoyed doing. The chart showed people went out as a group most days. Following our inspection visit the provider confirmed a list of planned activities and other information of interest to people at Cana Gardens had been displayed at the home.

Although most people at the home went out as a group, the manager and relatives told us they could also

go out separately if they wished. The manager told us, "If people want to go out separately, we can always get more staff in to accommodate this." We asked relatives if people could go out when they wanted, they said they could. One relative commented, "[Name] goes out every day." The manager told us one person was accompanied by a staff member at all times, and always required two staff to support them when they went out. This meant extra staff needed to be brought in when the person wanted to go out. For this reason, most activities were pre-planned.

Staff told us they were also kept informed of any changes to people's care needs or health through a daily 'handover' meeting at the start of each shift. There was also a communication book that staff used to write down any relevant information for the next shift. One member of staff told us, "We all check the communication book when we come on shift."

We were unsure whether people knew how to make a complaint, as there was no complaint policy on display at the home, and people were unable to tell us this. However, relatives we spoke with told us they were happy with the care their relatives received, and knew who to contact if they wanted to raise any concerns. The acting manager told us no-one had made a complaint at the service. The manager told us people could raise any concerns at the 'residents' meeting, or their care reviews, and these would be followed up promptly. Following our inspection visit the provider confirmed the complaints policy would be put on display.

Requires Improvement

Is the service well-led?

Our findings

We reviewed the statutory notifications we had received prior to our inspection visit. A statutory notification is information about important events which the provider is required to send to us by law. We found the provider and manager had not notified us of all the important events that occurred at the home. For example, we had not been notified about an allegation of abuse and a police investigation. In addition, the manager did not make us aware of these concerns at our inspection visit.

We found this was a breach of Regulation 18 (Registration) Regulations 2009, Notification of incidents

There was an ineffective system of internal audits and checks completed to ensure the safety and quality of service was maintained. For example, the manager conducted spot checks on staff performance and care records. The manager checked whether people received their medicines each day. However other audits, for example on the maintenance of the premises, and audits on infection control were not undertaken by the acting manager, and the provider did not have a system in place to ensure these were undertaken. A lack of auditing procedures meant the manager was not identifying areas where improvements needed to be made, and was not ensuring the service continuously improved.

At our inspection visit we identified several areas where the service could be improved that had not been identified by the manager or acting manager. We brought these to the attention of the manager and acting manager who made some immediate changes following our visit. The areas we identified included risk assessment and management procedures to ensure people were protected against environmental risks. Other improvements were required in infection control procedures, maintenance of the premises and in food management procedures. Fire and emergency plans were not in place, to adequately instruct staff on what they should do in the event of an emergency.

We found this was a breach of Regulation 17 HSCA 2008 (Regulated Activities) 2014 Good Governance

People's relatives told us they were comfortable with staff at the service, and they found the managers approachable. There was a registered manager at the service at the time of our inspection visit, who was also the provider. The registered manager did not work at the service each day. The home was run on a daily basis by an acting manager and deputy manager. The acting manager spent two days a week at the home, the deputy manager spend several shifts per week at the home working alongside care staff. There were also senior members of care staff who supported staff and reported to the acting manager and deputy.

These management arrangements had been put in place for several months whilst the usual operational manager of the home was on extended leave. Staff were instructed to contact the deputy manager or acting manager with their concerns on a day to day basis.

Staff told us they received regular support and advice from the managers via the telephone and face to face meetings. Staff meetings were held regularly, and staff were asked to contribute to the meetings by bringing agenda items to the discussion. Staff received support and information from managers at all times as the

service operated an open door policy, and an out of office hours' advice and support telephone line. Staff told us these procedures supported staff in delivering consistent and safe care to people.

The provider's quality assurance system included asking people, visitors, relatives, and their own staff about their views of the service. A yearly quality assurance survey was undertaken asking people what they thought of their care, the environment and the staff. In addition, people were encouraged to share their opinions about the service through 'resident's' meetings. Any requests people had made to improve the service were followed up by the manager, for example, one person had asked for more vegetarian meals to be added to the menu which had been implemented.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not notified us, without delay, of an allegation of abuse in relation to a service user and an incident which was investigated by the police.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided or to monitor and mitigate the risks relating to the health, safety and welfare of service users.