Ms Mary B Rushe

Rushes House Care 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 was carried out over two days on the, 14 and 17 May 2018. Our visit on the 14 May was unannounced. At the last inspection we rated the service as good.

Rushes House Care Home provides personal care and accommodation for up 17 older people in a domestic style property. Accommodation is provided over three floors with a lift servicing each area. A further additional floor was only accessible via staff. Single and double bedrooms are available. The home is non-smoking and is situated in the village of Marple, close to local shops, parks and the canal. At the time of our inspection 12 people were living at the service.

The registered provider had systems in place to monitor the quality of the service provided. Some areas needed improvements as some issues, such as out of date maintenance certificates, had not been identified within the service's own monitoring procedures. We found the system to provide good governance had not always identified where updates were needed to show appropriate quality assurance systems were in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) regulation 2014 Good Governance.

Out of date maintenance of main systems such as the electrical installation systems can put people at risk within the building and needed improvements in their management to make sure the building was safely maintained. We found the systems to monitor the safety and quality of the service required further development to ensure full compliance with the regulations.
This is a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment.

We saw there was a concerns and complaint policy accessible to each person on admission to the home. People living at the service and visiting relatives we spoke with told us they had no concerns or complaints.

We saw the food looked and smelt appetising and was mainly homemade and attractively presented. People told us they enjoyed the food.

From our observations of staff interactions and conversations with people living at the service, we saw staff had good relationships with the people they were caring for. The atmosphere was relaxed and people told us they felt comfortable. We observed staff being kind, patient and caring to people.

The registered provider reviewed staffing levels using a staffing calculator but there was no information to show other people were included in feedback about the staffing levels. We recommend the registered provider includes staff, people receiving support and relatives to obtain their feedback to help review assessments to provide suitable numbers of staff each day.

Procedures were in place to minimise the risk of harm to people using the service. Staff understood how to recognise and report abuse which helped make sure people were protected.

Staff were recruited following a safe process to make sure they were suitable to work with vulnerable people. The registered provider had not always stored interview notes taken during the recruitment and interview of staff. We recommend the registered provider takes appropriate guidance regarding employment law and reviews their process for storing records relevant to their recruitment of staff.

The building was clean and well maintained. We saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection for example disposable gloves and aprons.

The environment was comfortable and homely with domestic style décor in place. We discussed published guidance for adapting environments to meet the needs of people with dementia. We recommended the registered provider look at published guidance to consider further adapting the environment to meet people's dementia needs if applicable.

Staff understood the need to obtain verbal consent from people using the service before a care task was undertaken and staff were seen to obtain consent prior to providing care or support.

People had access to healthcare services for example from the district nurse, GP and visiting consultants. The registered provider had received positive comments from visiting professionals over the last few months.

Staff were receiving regular supervision sessions and appraisal. This meant that staff were being appropriately guided and supported to fulfil their job role effectively. Staff received regular training and support to ensure they had the necessary skills and updates to meet people's needs.

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
Improvements had been made to the storage and management of medicines.

Recruitment procedures were well managed to minimise the risk of unsuitable people being employed to work with vulnerable people.

Maintenance certificates had not always been updated and lacked organisation to show the service was safely maintained.

Is the service effective?

Good

The service was effective

People's needs were met by a suitably skilled staff team who knew them well and were able to support them to have a good quality of life.

Staff accessed appropriate professional healthcare support and guidance when required.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

Is the service caring?

Good

The service was caring.

We observed people being supported in a dignified manner and their privacy was respected. The atmosphere in the home was calm and relaxed.

Relatives tand people living at the service told us the staff were kind and caring. People looked content and well cared for and people we spoke with confirmed this.

Is the service responsive?

Good

The service was responsive.

People were encouraged to participate in developing and reviewing their support plans where possible. Some records were in need of review as they lacked staff signatures and date when they had been up dated.

Most people that accessed the local community were independent and were encouraged to go out on a regular basis to local facilities.

Staff knew people well. No complaints had been made in the last 12 months. The registered provider told us they would review the management of verbal comments and suggestions to show on going feedback from people living at The Rushes.

Is the service well-led?

Requires Improvement

The service was not always well led.

Healthcare professionals, staff and visitors we spoke with told us the management team were very approachable and supportive.

Robust systems needed improvements to fully monitor the quality of the service. The auditing systems did not identify the issues we found during our inspection regarding maintenance certificates, cleaning schedules and record keeping that needed further review.

Rushes House Care 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.

This inspection was carried out over two days on the 14 and 17 May 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector day one and day two, and an assistant inspector on day two of the inspection.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications. The provider also 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.

Since the last inspection we had been liaising with the local authority and we considered this information as part of the planning process for this inspection. A safeguarding investigation by the local authority provided information and updates to improvements needed by the registered provider in managing various aspects of the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in communal areas, bathrooms, the kitchen, the laundry, medication area and a sample of all other rooms such as bedrooms.

During the two days of inspection, we reviewed a variety of documents such as, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included

four care files of people living at the service, a sample of medicine administration records and four staff personnel files to check for information to demonstrate safe recruitment practices were taking place. We also looked at supervision and appraisal records, training records and records relating to the management of the home such as safety checks and quality assurance systems.

We spoke with three people living at The Rushes, five relatives, the registered provider/manager, an administrator, one care staff member, one domestic and the cook.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe at Rushes House Care Home and they liked their surroundings and felt it was always kept clean and well maintained. Relatives told us,
"Yes I do, I feel the care (my relative) receives is safe", "Yes (my relative) is safer than when they were at home" and "I think (my relative) would prefer to be at home alone but they don't remember how difficult things were for them at home, they are better where they are now, they were having falls at home a lot, (my relative) hasn't fallen at all in the home" and "I feel lucky we found the place, we really like it here, its personal and staff know residents really well, its bright and sunny and it never smells."

Staff told us, "We always make sure people feel safe."

We saw that health and safety checks were reviewed by the registered provider. We noted there had been an audit on the baths and toilets in January 2018. However, there was no reference to a loose bath panel in one area and scrapes sustained to the enamel in the bathrooms which made it difficult to reduce cross infection risks. The registered provider acted on this by day two of the inspection to carry out repairs of all scrapes in communal baths. Following the inspection the provider advised that the bath panel was repaired 15 May.The registered provider had a detailed emergency contingency plan dated 2014. This plan would benefit from regular reviews to make sure it was current and met all needs within the service.

We saw evidence of most updates to maintenance checks for the building such as portable appliance testing in August 2018 and gas safety checks in February 2018. However, we noted that the electrical installation certificate had been last checked in 2008 and a minor maintenance certificate had been issued in 2010 to show some required repairs had taken place. The certificate was supposed to be renewed every five years. During the inspection the registered provider/manager took immediate action to book a contractor to carry out this required maintenance check. Out of date checks to main systems can put people at potential risk in the building. All required maintenance checks should be kept up to date to make sure there is evidence that the building is always safely maintained. Following the inspection the provider has advised that the electrical installation certificate had been obtained and the installation certificate was satisfactory.

This is a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

A fire risk assessment had been undertaken and a fire evacuation plan was in place. However, it was not signed or dated and it wasn't clear when it had been carried out. On day two of the inspection the registered provider produced an up to date fire risk assessment that was dated and signed and showed up to date evidence that the fire safety procedures had been reviewed. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. During the inspection staff arranged to update the review date of each assessment. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation. These checks helped to make sure that any environmental risks to people were minimised and the environment was well managed to ensure it was safe for everyone.

We looked around the kitchen and the food storage area. We saw the kitchen was clean and there were large varied supplies of food. We found that safety checks had been regularly undertaken, including the recording temperatures of food, fridges, and freezers and maintaining cleaning schedules. The kitchen area had received five stars when last inspected by the environmental health services. This was the highest award and showed good management of the kitchen facilities.

During day one of the inspection we noted the area where medicines and records were stored, were disorganised and in need of cleaning and tidying to help provide a more organised system for managing medications systems. On day two of the inspection the registered provider/manager had taken appropriate actions to improve this area; it was much more organised and tidy. We looked at a sample of medications, records and recent medication audits carried out by the registered provider. These checks made sure that people received their medication safely and as prescribed by their GP. The registered provider discussed a previous medication error and described all actions taken to improve their management of medications. We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people to ensure they received the correct medication as prescribed by their GP. Staff we spoke with told us they received regular training to help them to safely support people with medicines. The training records we looked at supported this. However one staff record covering their medication competencies had not been filled in and would benefit from improved record keeping to show they had been fully assessed and approved as competent in the administration of medications.
One relative told us, "I have never had any issues with medications, (our relative) always seems well looked after."

We found appropriate checks had been carried out to show that staff were recruited as per the regulations and staff were assessed as suitable for their posts. The Rushes House Care Home had a written procedure for the safe recruitment of staff. This included seeking references and obtaining Disclosure and Barring Service (DBS). The DBS carried out checks and identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people. The registered provider had not always stored interview notes taken during the recruitment and interview of staff. We recommend the registered provider takes appropriate guidance regarding employment law and reviews their process for storing records relevant to their recruitment of staff.

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to staff on identifying and responding to the signs and allegations of abuse. A recent safeguarding investigation by the local authority substantiated parts of their investigation and recommended improvements needed to be made with the support of people at the service. The local authority shared their findings with CQC and their local contracting and monitoring team who regularly visited the service to offer additional support in measuring improvements within the service.

Staff we spoke with told us they knew how to keep people safe and they had received regular training in the safeguarding of vulnerable adults. Training records were not always kept up to date for when staff had carried out training for safeguarding vulnerable adults. We saw there was a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

An accident and incident policy were in place. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary.

Risk screening tools had been developed to reflect any identified risks and these were recorded in people's support plans. The risk screening tools gave staff instructions about what action to take in order to minimise risks for e.g. for falls.

The registered provider carried out regular assessments of the dependency needs of each person living at the service. During day one of the inspection we noted in the daytime they had just one care assistant and the registered provider to help support 12 people living at the service from 8am to 8pm. We noted the registered provider used a staffing calculator to show how the staffing hours were calculated to meet the assessed dependencies of people living at the service. The calculator showed the service had appropriate numbers of staff at the service. We recommend the registered provider also includes feedback from staff and people receiving support and relatives to help in their review and assessment of staffing levels. This will help them to demonstrate how staffing levels were assessed and reviewed to meet peoples changing dependencies. The registered provider described various difficulties they had encountered in recruiting suitable staff and advised they were in the process of recruiting more staff.

Staff told us they always had access to personal protective equipment (PPE) such as disposable aprons to help reduce the risk of cross infection when delivering care to people. Some areas of the home were untidy including the staff area which also included the small domestic kitchen on the ground floor next to the staff room. Day two of the inspection, the environment was noted to be much improved and a lot more organised. The registered provider had also purchased a new domestic fridge and small boxes to store any medications. The last infection control audit carried out by the local infection control team was very positive and recorded 100% scores for most areas of the environment.

During the inspection we saw evidence of an on-going maintenance to show the upkeep of the home for the people living there. Carpets in the hallways were noted to be good quality with thick tread carpets in place. Peoples bedrooms were well maintained. The environment was clean and homely. We discussed various guidance that could help the service develop their facilities to meet the needs of people with specific needs such as dementia. We recommended the registered provider look at published guidance to consider further adapting the environment to meet people's dementia needs if applicable.

Good

Is the service effective?

Our findings

When we spoke with people who lived at the service they were complementary about the staff and their ability to provide them with care and support.

During this inspection, we observed staff obtaining verbal consent from people. We observed staff asking if people would like a drink, or help with assistance to go to their room, or the dining area. We noted that some people could display behaviour that challenged and staff knew these people well. We observed staff engaging positively with people to manage those behaviours sensitively. Staff used distraction techniques to reduce the impact of these behaviours on themselves and other people.

Lunchtime was a sociable and relaxed occasion with staff engaging well with people and offering support if required. The food looked and smelt appetising. Everybody looked like they were enjoying their meal. Some people told us there was plenty of food and drink available and that it was all homemade. Comments shared included, "It's fabulous the chips are amazing" and "The food is lovely."

Family visitors were offered drinks when they were visiting. Relatives offered further positive comments about the meals stating, "(Our relative) loves the food, they talk about the food", "They talk a lot about the home-made soup and they always have pudding", "(Our relative) doesn't say much but she always seems to talk about the food" and "(My relative)says how much they like the food."

We met the cook who had a good understanding of people's personal preferences, including their dietary likes and dislikes and any special diets such as allergies and diabetic diets. The chef told us,
"I know the residents likes quite well as it's a small home, we do a roast dinner on a Saturday, people prefer chicken, we have tried other meats but they are not liked it as much. We try to do fish twice a week also. I make fresh soup each day and that has fresh veg in, I try to put veg with the main meal if possible and there is fresh fruit if they want it. Because I'm here so much and the home is small I know people's preferences."

Care records included information about each person's nutritional needs. This meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met. Relatives told us, "I think the staff seem knowledgeable", "They are very good, I couldn't ask for anything better for (my relative). The level of care in my view is exceptional" and "We are very happy."

Staff felt they were receiving appropriate support, training and guidance to enable them to fulfil their role effectively. We were shown a sample of supervision and appraisals for staff. Staff told us they felt they received good support and had received supervision where they could discuss anything with senior staff. We noted just one of the supervisions had not been dated but the registered provider advised this would be reviewed.

A training programme was in place supported by face to face training which was monitored by the registered provider. Staff told us they felt well supported with training and received any Staff told us they had covered training for, first aid, fire safety, medication, moving and handling, dementia and they were due

to complete training for safeguarding, Mental Capacity Act (MCA), Deprivation of liberty (DOLs). An induction protocol and check list were in place which identified the essential skills needed for new employees. Training records had not always been kept up to date. The registered provider was aware that training records needed updating to reflect the training provided.

We looked at a sample of support files in which we saw evidence of the use of DoLS. These records were stored in the care file to recognise each person's views and rights. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

We checked whether The Rushes was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had recently made applications to the local authority to deprive people of their liberty with explanations why this was needed for each person's best interest. The registered provider is aware they are required to notify the Care Quality Commission (CQC) once the authorisations have been granted. The registered manager did not have an overall check list but they advised they would develop one to assist them with reminder to seek DoLS renewals in advance of the expiry date.

Care records we looked at showed that the service involved other healthcare professionals to meet the needs of people who used the service such as visiting district nurses, the GP and the practice nurse. Care records we reviewed recorded people's weight and reflected the care and support being provided to people. This information helped to show how people's needs were assessed.

Good

Is the service caring?

Our findings

People living at the service told us they were happy and felt well cared for. One person said, "I like it here, I am very comfortable." Relatives were positive and told us, "Yes (our relative is happy), they would say not probably", "(My relative) says how kind the staff are" and "(Our relative) is treated well with their privacy and dignity in that way."

Staff gave examples of how they respected people's values and told us, "With toileting we ask if they want us to be there or if they want the door shut, the same with bathing." Staff told us they tried to accommodate everyone's faith who wished to continue to keep in contact with their local facility. Staff told us that one person goes out to church and "We have visitors from the church too who bring readings in to people living here."

We carried out a short observational framework inspection (SOFI). During our SOFI we saw that people sat in the communal lounge/dining area were relaxed, with staff engaging and interacting well with people. People living at the service, told us the staff were very caring. We observed staff welcoming visitors and offering drinks during their visit. Visitors told us they were always made to feel welcome, whenever they visited. They were positive about the care being delivered.

We observed staff interactions with people and we saw staff were good at respecting people's privacy and dignity and the visiting relatives we spoke with confirmed this. For example, we saw that if personal care was needed, staff protected people's privacy by closing doors when providing support. We observed people chatting to staff and it was apparent from their smiles they were comfortable and happy with the staff supporting them. We saw that people were all well-groomed and appropriately dressed.

Discussions with staff showed they had a good understanding of the individual needs of each person living at the service. They were able to demonstrate how they supported and cared for people in a dignified way, respected their privacy when providing and supporting them with personal care tasks.

Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual. People living at the service told us,
"I am very happy here" and "We go for a drink of tea and coffee once a week, we go to the village green or round the block, we go to Marple memorial for senior citizens and we go to church once a month."

Relatives told us,
"They have offered (our relative) large print books, they like classic FM on their radio – they listen to it in their room and the staff will take food to (our relatives) room if they want it."

Good

Is the service responsive?

Our findings

The visitors and people we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff to discuss anything. People told us, "I have no complaints."

Relatives told us they had no complaints and hadn't raised any to date, some people shared their comments, "No I haven't had to raise a complaint", "I would speak to Mary if needed" and "I had an issue where another resident upset (my relative) and Mary rang me later to talk me through what she had done about it."

During the inspection we reviewed the policy in relation to complaints, which was included in the 'resident information pack' and was displayed in the main reception area. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the provider.

Information was recorded about people's individual likes and dislikes in their support files. The document gave information on people's lives such as what their hobbies and interest were, their adult life and work life. This personalised information helped staff to provide care and support to people based on their personal preferences. This helped staff to get to know people and engage with people in meaningful conversations.

Relatives were happy with the support provided and told us they were not always aware of any activities arranged but they didn't feel this was an issue for their relative. They shared their comments stating, "No they don't offer any activities but it doesn't affect our opinion of the place as we look after that side of things with mum anyway", "They have offered (our relative) large print books, they like classic FM on their radio – they listens to it in their room and the staff will take food to (our relatives) room if they want it" , "There has been a marked improvement physically and mentally, (our relative) is more interested in things to do with the family etc." and " I think all I can say is we appreciate the flexibility they provide."

During our discussions with the registered provider and staff we found they were aware of people's individual needs and preferences around their daily lives and the importance of this. They described the care and support provided. Staff told us, "We treat people in line with their personal preferences and wishes."

They knew the needs of the people they supported well and showed good insight into the needs of people with mental health that they supported. People's needs had been assessed before they decided to move into the service.

Support plans included relevant information to identify the person's care and support needs and equipment needed to meet people's needs safely, mitigating any associated risks. We discussed records that needed more updates as they did not always reflect the verbal updates that staff described regarding the person-centred care they provided. The daily records were mainly focussing on personal care and meals provided to people. The records did not always describe the social support provided within the service. The registered

provider advised they would review the plans to show the person centre care provided.

Assessments showed people and their relatives had been included and involved in the assessment process wherever possible. Relative told us they were always kept informed about their relatives care and updates especially when any visiting clinicians had been. They shared various comments such as,

"Mary always refers (my relative) to the doctors when she has signs of any deterioration", "They are very quick with referrals and they keep me informed" and "Oh yes we are pleased about the staff being approachable, they keep us well informed" and "They all seem to know (my relative) quite well."

The registered provider had recently gathered feedback from visiting professionals who were very positive regarding the support provided by the staff. One visiting consultant stated,
"Staff were attentive, thoughtful and knew the residents experience in the home in detail. Staff were keen to promote independence for the resident whilst acknowledging challenges and keen to voice creative solutions."

Another visiting professional, an occupational therapist was positive in their experiences with the staff. They fedback,
"Support to a previous resident to gain weight and was very attentive to service users skin condition and supportive of an anxious service user."

We saw a 'Statement of Purpose' was available for people to access in the hallway/reception area. This pack included lots of useful information about the service including for example, key names and contact numbers, information regarding the facilities available including the complaints procedure. This meant that relevant information about the service was available for people to access and helpful for people to make informed choices.

Requires Improvement

Is the service well-led?

Our findings

The people who we spoke with knew who the registered provider/manager was and told us they thought she was very good; she was popular amongst a lot of people that lived at the service. Visiting relatives told us that staff shared information with them and they were aware of any developments that had taken place and were kept up to date. They offered positive feedback such as,
"Yes I do think the manager is approachable and I like that she is always here and always around" and "We avoid meal times but generally it's been good, they are accommodating." We observed throughout the inspection that the manager was visible and well known within the home. This was positively commented on by relatives.

The registered provider/manager and staff understood their role and responsibility to the people who used the service and demonstrated their commitment to the service by having clear values about the home. The staff told us there was a friendly, open culture within the service. They told us they felt well supported and knew who to go to with any concerns. They felt any concerns raised would be dealt with appropriately.

The registered provider explained that they had regular handover sessions daily so they did not have formal staff meetings due to the regular contact within a small, close team. However, day two of the inspection they had introduced a staff meeting book to help them record the regular discussions staff told us they had within the team. Staff told us that they were kept up to date about any developments and that they could raise anything with the registered provider.

We found there were systems in place for auditing areas of the service including, health and safety, risk assessments, infection control and medications. However, we noted a few areas were some records had not been completed, signed or appropriately recorded on and we have listed them within the report regarding for example, contractor maintenance checks, health and safety checks such as fire risk assessments, support plans and training records. The registered provider advised they would review their auditing systems to help all aspects of good record keeping.

The registered provider was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out. The latest returned surveys/feedback were very positive; however, the results had been developed into a graph and were not dated so it was difficult to ascertain the correct date to when the results referred to. The registered provider agreed to review their documentation to show updated records that they could share with people to show the feedback they had obtained.

The registered provider continued to develop their auditing systems. The registered provider fully engaged with anything necessary during the inspection to make the home safer and well managed. They advised they would review their recording systems to show improvements in the record keeping and to show how they managed action plans from any audit carried out and all issues reported within this inspection report and discussed during the visit.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) regulation 2014 Good Governance.

The registered provider shared with us copies of the services policies and procedures. We noted some of the polices were not dated or signed and some had review dates of 2014. Updated policies and procedures would help to make sure staff had access to the most updated guidance accessible. Following our inspection the provider advised that their Policies and procedures were reviewed annually. The emergency evacuation plan for the home was reviewed annually. They advised the home had recently subscribed to "blue stream" training programme to ensure a comprehensive system of staff training was in place.

We saw the last CQC inspection report and quality rating was accessible in the main reception area of the home, where people visiting the service could easily see it. The registered provider did not have a website.

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 The electrical installation certificate for maintenance was out of date. Lack of maintenance can put people at risk within the building and needed improvements in their management to make sure the building was safely maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The system to provide good governance had not always identified were updates were needed to show appropriate quality assurance systems were in place.