Pilgrim Homes

Pilgrim Homes - Shottermill House

Inspection report

Liphook Road
Haslemere
Surrey
GU27 1NX

Tel: 03003031475
Website: www.pilgrimsfriend.org.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 13 May 2016 and was unannounced.

Pilgrim Homes - Shottermill House is a residential care home that can accommodate up to 31 people. The service provides care and support to older people who have a Christian belief. At the time of the inspection there were 30 people living at the service.

On the day of the inspection there was a registered manager in post. 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.

Risk assessments for people were not always detailed or informative and did not always have measures in place to reduce the risk of harm. Accidents and incidents were not always recorded in detail and trends were not always analysed.

People's human rights were not protected because the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoLS) had not been followed. Evidence of mental capacity assessments specific to particular decisions that needed to be made were lacking.

Systems were not in place to monitor and improve the quality of the service that people received. This included audits, surveys and meetings with people and staff. The provider had on occasions failed to inform the commission of important events such as people falling and injuring themselves.

Staff had not always received all the appropriate training for their role. We have made recommendations around this. However, their competencies were regularly assessed through supervisions.

People did not always have the choice of nutritious food that they should expect. We have made recommendations around this.

People had access to a range of health care professionals, such as the GP, dietician and chiropodist.

There were times when staff were not as kind as they could have been. However people and relatives told us that staff were caring and felt involved in the planning of their care.

We saw that care plans had detail around people's backgrounds and personal history. Staff knew and understood what was important to the person.

Care plans for people were not always reviewed or reflective of people's up to date needs. There was a risk that staff did not have the most appropriate information to enable them to respond to people effectively.

People, relatives and staff told us that there needed to be more activities both inside and outside of the service.

People's needs were met because there were enough staff at the service. We saw that people were supported in a timely way with their care needs.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work. People's medicines were administered and stored safely.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People and relatives said if they needed to make a complaint they would know how to. There was a complaints procedure in place for people to access if they needed to.

People, relatives and staff said that the service was well managed.

Staff said that they felt supported. One member of staff said that that they felt supported by the registered manager who they could go to them if needed.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (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 always not safe.

Risks were not always assessed and managed well. There was not always guidance to staff to reduce risks to people.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were being managed appropriately and people were receiving the medicines when they should. Medicines were stored and disposed of safely.

Staff understood and recognised what abuse was and knew how to report it if this was required.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have a good understanding of the Mental Capacity Act 2005 and people's capacity assessments were not always completed appropriately.

Staff did not always have the most up to date training. However supervisions for staff were taking place.

People were not always provided with nutritious food and drink however people said the food was good.

Peoples' weight and nutrition were monitored. People had access to healthcare services specific to their particular need to maintain good health.

Is the service caring?

Requires Improvement

The service was not always caring.

At times people were not treated with kindness or with dignity. People had their privacy protected.

People were consulted about their care and the daily life in the service.

Relatives told us that staff were caring and respectful to their family members.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not always detailed and did not always reflect people's needs. Staff we spoke with knew the needs of people they were supporting.

There were not enough activities and events taking place for people to enjoy.

There was a complaints policy and people understood what they needed to do if they were not happy about something.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were not effective procedures in place to monitor the quality of the service. Where issues were identified these were not always addressed.

The commission had not always been notified about important events that affected people's safety.

People said that they liked how the service was managed.

Staff said that they felt supported and listened to in the service. Staff understood the values of the service but did not always apply them in practice.

Pilgrim Homes - Shottermill House

Detailed findings

Background to this inspection

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

This inspection took place on 13 May 2016 and was unannounced. The inspection team consisted of two 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.

Prior to the inspection we reviewed all the information we had about the service.
This included information sent to us by the provider about the staff and the people who used the service. We reviewed the 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 looked at notifications that had been sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with the registered manager, six people that used the service, three relatives, one visitor and five members of staff. We looked at five care plans, three recruitment files for staff, medicine administration records, supervision records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed care being provided throughout the day including during a meal time.

The last inspection took place on the 25 February 2014 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People felt safe living at the home. One person said "There is always someone (staff) around" whilst another person said "I haven't had a fall since I came in (to the service) No-one can come in or out without ringing the buzzer, I'd say that made it secure. There is usually someone around if you need help. " One relative told us "I'm reassured that (their family member) is checked twice during the night." They said that this gave them peace of mind that their family member was safe.

However despite these comments risks to people's personal safety had not always been assessed and plans were not always in place to minimise these risks. One person had been diagnosed with a mental health condition however there was no risk assessment for staff on how to manage their particular behaviour or steps to reduce the anxiety to the person. Risk assessments were not always dated and it was unclear when the risks were last assessed. Where it was identified for staff that the risk needed to be reviewed this had not always been undertaken. One person was at high risk of malnutrition, the care plan stated that this needed to be reviewed on the 20 December 2015 however this had not been undertaken. One person was diabetic; there was no risk assessment in their care plan around how to manage the risk of them becoming unwell.

People's safety could not be assured because not all identified risks of harm were appropriately managed. Where risks assessments were in place for people staff were not always following guidance in relation to the risk. One person needed to have their legs elevated to reduce the risk of swelling however on the day of the inspection this was not being done and we noted that the person's legs were swollen. One member of staff told us that the person's legs should have been elevated. Another person was at risk of falls, the guidance in the care plan stated that a falls mat should be put in place but this was not happening. Accidents and incidents were not always recorded in detail or with details of what action had taken place to reduce the risks of these occurring. For example we saw that for falls people should be reminded to use the call bell but there was no additional plan to help reduce the risk of them falling.

Staff understood their responsibilities for reporting accidents, incidents or concerns however they were not always putting into practice steps to avoid incidents and accidents. One member of staff told us "(If an incident occurred) I would complete an incident form and discuss this with staff at the handover." They told us that they would ensure that the environment was safe for people and that any potential trip hazards were moved to a safe place for example wheelchairs and people's frames.

People were not always protected from the risk of harm. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were kept safe from the risk of emergencies in the home. In the event of an emergency, such as fire or a flood there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans. Staff knew what to do to help people evacuate from the service safely.

People were protected against the risks of potential abuse. Staff had knowledge of safeguarding adult's

procedures and what to do if they suspected any type of abuse. One member of staff told us "If I have any concerns I would report this immediately to the senior." They told us that if they saw something happen they would make sure that the person was made safe. Another member of staff said that they would report any concerns to their senior or the manager. There was a safeguarding policy in place that people and staff had access to and a flow chart in the treatment room with guidance for staff. We confirmed from the training records that all staff had received training in safeguarding people.

People were supported by sufficient staff deployed to meet their individual needs. One relative said, "There are a few more staff in here, you can always find someone if needed" whilst another told us that they had never seen staff "Stretched." Throughout the inspection we observed that staff responded to call bells quickly and no one was left waiting for long periods of time for support. Staff told us that five carers and one senior carer were required during the morning and three carers and one senior were required in the afternoon. They said that two carers were required at night. We saw from the staff rota that over a four week period there were always the correct numbers of carers on duty. The registered manager told us that any gaps would be filled with agency staff. One member of staff told us "It's good to have five (carers) in the morning, I do feel there are enough staff, I feel there is time to interact with people."

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character which included records of any cautions or conviction, references, evidence of the person's identity and full employment history. Staff confirmed to us that before they started work they had to provide references and have relevant checks undertaken.

People's medicines were administered and stored safely. The medicine trolleys were locked and only appropriate staff had the key to the trolleys. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. There were photos of people in the front of each chart to identity who the medicine had been prescribed to. Medicines to be used "As required", had guidance relating to their administration. The saw that staff's medicine competencies were checked each year and this was confirmed with the training records. People understood the medicines that had been prescribed to them and the reasons for this. One person managed their own medicine in relation to their medical condition with the support from staff.

Requires Improvement

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they had the skills required to meet their needs. Comments included, "Most of them are quite skilled", "They (staff) look after you properly" and, "X looks to be well looked after." Despite people's positive views about how staff cared for them we found improvements were needed to increase the effectiveness of the care people received.

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's rights were not always protected because the staff had not always acted in accordance with the MCA. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training. One member of staff said, "You need to decide whether someone can make a decision, there needs to be an assessment to see if they have capacity." Although staff had knowledge of MCA they were not always putting this into practice. We were told that some people at the service lacked capacity however there were not always MCA assessments in place to show this. One member of staff told us, "The MCAs (assessments) are in their care plans but some may be missing." They said they were working to get these completed. None of the five care plans we reviewed had MCA assessments or best interest decisions. There was a risk that decisions were being made by people who did not have the capacity to consent.

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 are called the Deprivation of Liberty Safeguards (DoLS).We found that DoLs applications had not always been submitted to the local authority were there was a risk that people's liberties may have been restricted for example in relation to the front doors being locked. Where DoLs had been submitted there was no evidence that MCA assessments had been undertaken first.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff completed training which included safeguarding, fire safety and moving & handling. However, the registered manager provided us with the matrix of training for staff which showed gaps in other necessary training. For example,11 staff had not had training in food hygiene and we saw staff did not always use gloves to move food from one person's plate. The registered manager told us that all staff should wear gloves when handling food. Seven staff had not had infection control training for more than two years despite this being required yearly according to the registered manager.

We recommend that staff are provided and updated with the necessary training to meet the needs of people at the service and to comply with your own policy regarding when training is required.

Staff told us they had the training and skills they needed to meet people's needs, however we found this was not the case for all staff employed. One member of staff said "I had two weeks shadowing which I thought was enough, it was a good induction, they (staff) showed me all of the policies and procedures, I've had quite a bit of training and the training is good, it has met my needs." Another member of staff said, "(The training is) really useful so I know what I am doing."

People were supported by staff that had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "One to one meetings are useful; it's a chance to have a one to one discussion about anything you want including any training needs." Staff said they felt supported by the registered manager and felt supported by other staff. One member of staff said, "We are recognised at our one to ones and we (staff) work well as a team."

There were mixed responses from people about the food at the service. Comments included "The food is quite good-school type food", "Food takes too long but when it comes it's OK", "Food is lovely and staff will help me eat. We have cake and tea in the afternoons and biscuits with coffee after service" and "There are no snacks and no fruit snacks during the day." One relative told us "X is not keen on the food they could do with more variety. We bring fruit in for X; they do have freshly made cakes with their coffee in the afternoon."

People were being provided with drinks in the morning and the afternoon and with their meals but we did not see any fruit or snacks being offered to people in the morning. People were asked to select what they wanted to eat the day before from a selection of two main meals but this wasn't extended to people who had soft or pureed diets. On the day of the inspection people who required a soft diet were the meal option from the day before which meant that they had been offered the same meal for two days in a row. The chef told us that they were looking to review the menus after feedback from people who lived there. People's dietary needs and preferences were documented and known by the chef and staff, however, staff were not always following guidance in relation to people nutritional needs. There was a record that two people who were at risk of malnutrition should be offered snacks between meals, we saw that cake was offered to people in the afternoon but no other snacks were offered.

We recommend that a variety of nutritious and appetising food be available to people at all times and that people are always given a choice around their meals.

The chef kept a record of people's needs, likes and dislikes. This included whether people were diabetic, had any allergies and whether they were on a soft diet or whether people required a fortified (extra calorie) diet. People's needs and preferences were also clearly recorded in their care plans. People were weighed regularly and if necessary had their food and fluid intake recorded by staff. We saw that this reflected what people had eaten and drunk on the day. People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing.

People's care records showed that relevant health and social care professionals were involved with people's care. One person said "They have a chiropodist who comes in" whilst another told us "I see the doctor regularly." On the day of the inspection we saw that one health care professional visited a person in the service.

Requires Improvement

Is the service caring?

Our findings

There were mixed responses from people about how they felt about the staff at the service. Comments included "They (staff) sort of do their best, they are pretty busy so no time to talk", "They are ok, they will do what is necessary but rarely have time to talk", "They (staff) are caring and respectful, always greeted with a smile- well most of the time" and "I'm very fond of the staff, they are patient." Comments from relatives included "They seem to me to be very attentive and caring" and "(Staff) care for them (people) as individuals, young carers are chirpy."

There were times during the inspection when staff were not as kind as they could have been. One person asked three times for a drink at lunch time. Staff responded, "Yes, you can have one when I bring them round" and, "Yes, okay" the person waited for about 10 minutes before they were given a drink. Some staff offered people a choice of drink; others didn't and just poured out a drink. One person said, "I wanted water" after they were given juice. The staff member acknowledged this, but did not get water for the person. Another person had found a bag in the dining room and asked staff whose it was. Staff told them it was a staff member's bag; the person asked the member of staff if they could get the staff member. When the member of staff came back to the person they told them that the staff member wasn't there and laughed. The person became quite upset and angry with them for laughing. Staff didn't apologise and distracted the person instead.

We recommend that the provider ensures that staff treat people with dignity and respect at all times.

We saw and heard examples of staff being caring towards people. One person was having their personal care in the bathroom and staff were heard to be chatting and laughing with the person who was clearly comfortable in the member of staff's presence. We heard another staff member say to one person in their room "Good morning, are you alright there, are you ok?" We heard another staff member ask a person "Would you like to come downstairs for devotion (religious service), let's go and find out who is taking it." Before lunch we heard a staff member sit near to two people and talk to them about lunch. Staff always acknowledged people as they walked past them. One person was upset whilst sitting at the dining table. A staff member pulled up a chair and sat beside them comforting them. Staff told us that they enjoyed working at the service. One said "I like working here, it has a really nice atmosphere, the residents are at the heart of what we do." Although this member of staff and others we saw who were offering people compassionate care were showing dignity and respect, as we describe above, this was not always the case.

People's privacy was respected by staff. One person told us, "They (staff) respect my privacy. They knock before coming in unless the door is open. They still knock but just come in" whilst another told us, "I'm always treated with dignity and privacy is respected." We saw staff knocked on people's doors and spoke with people in a dignified and respectful way. One person was asked discreetly by a member of staff if they needed to use the bathroom and we saw staff asked people if they wanted to wear clothing protectors (before meals were eaten) before they were placed on them. One member of staff, when asked about how they would treat people with dignity and respect said, "You speak with people in private and behind closed doors; I always make sure I don't talk about residents in front of other residents." They told us that they

would read care plans to see what people preferred to be called and would also ask them.

Staff knew, understood and responded to each person's spiritual needs in a caring and compassionate way. Staff at the service understood people's beliefs and respected this. People were given opportunities to participate in 'devotions' (religious service) and communions. For those people who chose to stay in their rooms the 'devotions' were played through a speaker into their rooms if they wanted. We saw this happening on the day.

People's records included information about their personal circumstances and how they wished to be supported. People and relatives told us that they felt involved in their planning of care. Care plans had detail around people's background and their likes and dislikes. For example one person liked to read gardening magazines and had specified what toiletries they wanted to use and we saw that these were provided. One member of staff said, "I read care plans to find out about people, you get to know their history." They told us about people's routines and how people liked to have their care. One relative told us that they were asked for their input on their family members care. We saw them being shown a revised care plan to read through on the day of the inspection.

Staff told us that people were encouraged to be as independent as possible and that people were given choices. One member of staff said, "I will ask them (people) what they want. What clothes they want to wear and what they are comfortable doing." People were being offered choices throughout the day. For example, one staff member asked a person, "Would you like to stay in your wheelchair?" when they brought them into the lounge. Staff then asked where this person would like to sit.

We saw that visitors were welcomed to the service during the inspection. One relative said, "We can come in anytime and are always greeted by staff." Another relative said that staff always welcomed them whenever they came.

Requires Improvement

Is the service responsive?

Our findings

There were mixed responses from people around whether there was enough to do. Comments included, "There are some activities I enjoy and get involved with, today we have flower arranging", "There are a few activities, no outings which is a shame", "I like to sit in the lounge and watch what is going on. We sometimes do exercises which keeps us active, we don't go out. There is enough to do if you want to get involved", "There are not that many activities" and, "I like to spend time on my own so I do go back to my room often and watch the TV or read a magazine. We don't go out-would be nice though."

On the day of the inspection there was a religious service in the morning and flower arranging in the afternoon. The activity plan for the week centred mainly around prayer meetings and 'devotions'. There were occasions where entertainers and seasonal events occurred at the home including pet therapy but day to day activities were lacking. One member of staff said, "I think there could be more activities and more outings, for some people it would do them good."

Staff that were not always given the most appropriate information to enable them to respond to people effectively. Care plans lacked detail and didn't always provide guidance to staff on how to provide the most appropriate care. For example there were people at the service who had diabetes and there was no information for staff on the signs to look out for should the person become unwell. Another person had been diagnosed with a mental health condition and there was no guidance for staff on best to manage this person's mental health. Staff told us that they read people's care plans before they provided any care. However one member of senior staff told us that although care needs should have been reviewed monthly they were behind with this. The registered manager told us that they were in the process of moving from paper care plans to electronic which they said would make it easier to update the care plans.

Care plans that we looked at did not always reflect the most up to dates needs of the person. One care plan stated that the person was unable to weight bare however later in the care plan it stated that the person was able to walk with a frame. Another person was at risk of continuous 'soiling' however under their 'personal care' plan there was no mention that this was a concern. Relatives were not always given the most up to date information around any changes to their family member. For example, on the day of the inspection one relative had been asked to review their family members care plan. We heard them tell the senior member of staff that they had read that their family member had been diagnosed with a form of dementia and that they were not aware of this diagnosis. The relative told us "Communication is difficult; strictly speaking this should have been communicated to me (about their family member's diagnosis)." One member of staff told us that changes to people's needs was discussed at handover and communication between staff was, "Pretty good" but said that more staff meetings were needed.

Care and treatment was not always planned and updated with people's individual and most current needs. The care was not designed with regards to meaningful activity to meet people's needs or reflect their preferences. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's concerns and complaints were encouraged, investigated and responded to in good time. Comments from people included, "I feel free to talk to staff (about a complaint) but I haven't had the need to", "I have never had to make a complaint but I would do if necessary" and "I know how to make a complaint. I would hope it would be acted upon." Comments from relatives included, "I have no complaints and don't believe (their family member) has now she's settled", "I'm sure X would tell me if she had any problems. Her family would be the first ones to complain if there was a need" and "We have complained in the past over minor issues but all we've raised has been resolved."

Staff told us that they would support people to make a complaint. One member of staff said, "I am always willing to listen to someone first" they went on to say that if they could not help they would suggest the person spoke with the senior or the manager and the manager would have a meeting. The complaints procedure was displayed in the main hallway for everyone to see. There was a complaints folder with a copy of the complaint and how this was investigated and responded to. The last complaint was in April 2015.

Requires Improvement

Is the service well-led?

Our findings

We asked people about what they thought of the management of the service. Comments included, "It's just ok. I know the manager at a distance, haven't really talked to them", "I know the manager is male and I can talk to them" and "(The) manager is helpful if needed." One relative said "From what I've seen the home is well managed and they have good caring staff" whilst another said "I wouldn't hesitate to approach (the manager)." People's comments were mixed about how visable and approachable the registered manager was.

People and staff understood the values of the service. These were listed on the notice board in reception and included, 'We are a family that reflects god's grace, demonstrate biblical integrity, treat people with respect in a professional manner.' One relative told us that their family member liked being at the service because it reflected their own values. One member of staff said, "We are serving people who have served god and the church, this is now our chance to serve them." Given that we have found areas for improvement and breaches of the regulations and that staff did not always treat people with respect we found these values were not consistently being used in practice by all the staff.

Although there were systems in place to monitor the quality of the service, these were not always effective in making improvements. The registered manager had undertaken a detailed audit of all areas in February 2016. Where a need had been identified for staff to spend more one to one 'quality' time with people there was no action plan to address this. The audit had identified that people had asked for more outings but we found that this was still not happening. The audits had not identified any concerns in people's care plans despite the audits of the plans being undertaken in January 2016, February 2016 and April 2016. There was no evidence of analysis accidents and incidents or what steps had been taken to identify any trends.

People, staff and relatives did not always have an opportunity to be involved in the running of the service. One person said, "Very occasionally there has been a residents meeting, but nothing changes." The last resident meeting was in March 2016 and people raised that they wanted more activities including music and movement and quizzes. There was no plan on how this was being addressed. Relatives told us that they did not get asked to attend meetings to discuss the service. One relative said, "I've not heard of any relatives meetings." Staff told us that there were not enough meetings. One said, "There could be more staff meetings, this has been an issue, you need them to have a longer discussion about issues and it would increase rapport with staff." We saw that the last team meeting was in December 2015. The registered manager told us that only two staff meetings took place a year.

Where feedback had been sought from people and staff these had not always been used to improve the quality of the service. Surveys had been completed by people in March 2016. In the main there was very positive feedback from people, however where things had been raised there was no evidence to show how this was being addressed. For example one person stated that they wanted more activities in the service and outside and this had not been undertaken.

Records that related to the care of people were not always up to date and accurate. Some people required

topical creams however the records for when these had been administered were not always completed by staff. For example one person required daily cream on their legs, there was a four day gap where the records to show that it had been administered had not been completed. We found that daily care notes were not detailed, were hard to read and were task orientated. The notes for one person stated that 'Urine offensive.' We asked a member of staff about this who told us that they had asked for the person's room to be deep cleaned due to the smell from their room. However this had not been recorded and the note that had been written could have meant that the person was unwell. They told us that this was not the case and they could see how the record could have been written differently.

As there were not appropriate systems in place to assess, monitor and improve the quality of the service, and the records were not always complete and accurate this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. We saw that the registered manager had not always informed us of events. We noted that on several occasions people had fallen and sustained injuries that we had not been made aware of. The registered manager told us that they had not realised that these events needed to be notified to us.

As not all important events had been notified to the CQC this is a breach of regulation 18 of the Care Quality Commission (Registrations) Regulation 2009.

Staff felt supported by the management team. One told us, "It feels like a well-managed home, (The registered manager) is great, approachable and listens. I feel valued; I am told I am doing a good job." Whilst another member of staff said, "So good here. (The registered manager) always listens, but sometimes he is busy so we have to make a meeting."

Some audits that took place had been used to improve the quality of the service for example cleanliness and medicines audits. We saw that the registered manager had undertaken a 'walkaround' the service. Any concerns picked up were fed back to staff including cobwebs found in the dining room. There were compliments from people and relatives which were displayed on the notice board for everyone to see.

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This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that all important events had been notified to the CQC.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that care and treatment was planned and updated with people's individual and most current needs. The care was not designed with regards to meaningful activity to meet people's needs or reflect their preferences. Regulation 9 (1) (a) (b) (c)

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 that people's consent had been gained and their capacity had been assessed. Regulation 11 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people were protected from the risk of harm because of the lack of risk assessments and understanding of risk by staff. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that there were effective systems to assess and quality assure the service regulation 17 (1) (2) (a) (b) (c) (e)