Masterpalm Properties Limited

Springfields

Inspection report

Springfield House
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Greater Manchester
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Date of inspection visit:
19 December 2017
20 December 2017

Date of publication:
15 February 2018

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

Springfields is a care home that provides 24-hour residential care for up to 24 people. At the time of our inspection there were 20 people living at the home. It is a detached building providing accommodation over three floors and is situated in the Waterhead area of Oldham. It is surrounded by a large garden.

This was an unannounced inspection which took place on 19 and 20 December 2017. We last inspected the service in October 2016. At that inspection we found breaches of three of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines management, infection control, procedures for consent, and quality assurance.

Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

At this inspection, although we found some improvements had been made, we identified a continued breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

We have made two recommendations. These are to replace the carpet in one of the lounges and to review the protocols for 'when required' medicines.

We also found that the service was not displaying the quality rating awarded at the previous inspection. It is a legal requirement that ratings are displayed legibly and conspicuously 21 calendar days from the date the inspection report is published on the Care Quality Commission (CQC) website. Despite explaining this to the provider, they failed to make the necessary arrangements. We will deal with this matter outside of the inspection process.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people living at the home.

All maintenance checks on services and equipment were up-to-date, apart from the calibration of the weighing scales. Although the home was clean there was a strong, unpleasant odour coming from one of the lounge carpets. Procedures were in place to prevent and control the spread of infection.

Medicines were stored safely. However, we found there was not always sufficient detail to guide staff contained in the 'as required' medicines protocols.

New staff received an induction. All staff received regular training and supervision. This ensured they had the skills to carry out their roles.

Staff encouraged people to make choices where they were able. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

We received a mixed response when we asked people about the quality of food. However, we found there was a choice of food on offer. Where people were found to be at risk of malnutrition they had been referred to a dietician for specialist help. People had good access to other health professionals when needed.

People were complimentary about the caring nature of the staff and our observations during the inspection confirmed this. Care plans, which were reviewed regularly, were detailed and reflected the needs of each individual.

There were a range of policies available for staff to refer to for guidance on best practice. Systems were in place to monitor the quality of the service and drive improvement, although these had not identified the issues we found during this inspection.

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.

Arrangements were in place to safeguard people from harm. Staff had been trained in safeguarding and were aware of their responsibility to report any possible abuse.

The environment was clean and procedures were in place to prevent and control the spread of infection. However, there was a strong, unpleasant odour in one of the lounges.

The service had arrangements in place to manage medicines safely, although greater detail was needed in 'when required' medicines protocols.

Is the service effective?

Good

The service was effective.

Staff had received training and regular supervision.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were complimentary about the staff. We saw caring and kind interactions between staff and people who used the service.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and were reviewed regularly to ensure they reflected people's needs.

The service had a system in place for receiving, handling and responding to complaints. No recent complaints had been received.

Activities were available for people to participate in.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to monitor the quality of care and service provision at the home. However, they had not identified concerns we found during this inspection.

The rating from our previous inspection was not displayed conspicuously. This meant people could not easily see the rating of the home.

Springfields

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 was an unannounced inspection which took place on 19 and 20 December 2017. The first day of the inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service or caring for someone who uses this type of care service. On the second day one adult social care inspector returned to the service to complete the inspection process.

Before the inspection we reviewed information we held about the service. We looked at the Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

Prior to the inspection we contacted the local authority and Oldham Healthwatch for any feedback they had about the service. Oldham Healthwatch had not received any feedback about Springfields. Healthwatch is the national independent champion for consumers and users of health and social care in England. The local authority told us they did not have any concerns at present.

During our visit we spoke with the registered manager, the provider, three care assistants, a visiting healthcare professional, seven people who lived at the home and two relatives/friends. We looked around the home checking on the condition of the communal areas, toilets and bathrooms, kitchen and laundry. We also looked in several bedrooms after we had received permission to enter them. We spent time observing a lunchtime meal and the administration of medicines.

As part of the inspection we reviewed the care records of three people. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision

records, four staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe living at Springfields. One relative commented, "I've no concerns.'' The service had a safeguarding policy to guide staff on best practice. All staff had received training in safeguarding and those we spoke with were able to tell us how they might recognise signs of abuse and who they would report any safeguarding concerns to. All safeguarding incidents were looked into by the registered manager and were reported to the local authority safeguarding team so that investigations could be carried out when needed.

We looked at how the service carried out its recruitment process by reviewing four staff personnel files. They contained relevant documentation, including application forms, photographic confirmation of identification and Disclosure and Barring Service (DBS) criminal record checks. These help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. We checked that references had been obtained to show people were of good character. One file we checked contained only one reference, and a second file did not contain any references at all. We brought this matter to the attention of the registered manager, who obtained references for these people during the course of our inspection.

We looked round all areas of the home to check on the maintenance and cleanliness of the building, equipment and furnishings. We found the environment was clean. However, there was a strong and unpleasant odour coming from one of the lounges, which permeated to other downstairs rooms. The provider told us the odour was coming from the lounge carpet. They had tried to eliminate the odour through carrying out a deep clean of the carpet, but this had not been successful. They therefore planned to replace the carpet. We were told there was an on-going programme to replace all the carpets within the home with non-slip flooring, however, no date had been set for this to take place.

We recommend that the provider take immediate steps to replace the lounge carpet as a priority to eliminate the unpleasant odour from the home.

Although some areas of the home were in need of redecoration, as the paintwork was chipped, we saw that one of the lounges had recently been refurbished to a high standard. We noticed that a sofa in one of the lounges had a hole in it. Although this was unlikely to cause injury, it was unsightly. We saw that the sofa was later covered with a blanket.

We looked at what systems were in place to prevent and control the spread of infection. At our last inspection in October 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as infection control procedures were not being followed. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. Toilets and bathrooms had adequate supplies of liquid soap and paper towels. The downstairs bathroom did not contain a pedal bin to enable soiled items to be disposed of without people contaminating their hands. The registered manager provided a pedal bin during the course of our inspection. We found that one toilet did not have a poster showing the correct handwashing procedure. We

asked the registered manager for this to be provided. There was an adequate supply of personal protective equipment such as disposable aprons and gloves and we observed staff using these when necessary, such as while serving food and handling medicines. Hand sanitizer was provided for staff and visitors to use.

The kitchen had achieved a rating of five stars at the last food standards agency inspection in November 2017. This meant food ordering, storage and preparation were classed as 'very good'. We inspected the kitchen and found it to be clean and tidy and the cleaning schedules and records of fridge and freezer temperatures were up-to-date.

There were systems in place to protect staff and people who used the service from the risk of fire. A fire risk assessment had been carried out in October 2017. Firefighting equipment, such as extinguishers and the alarm system were regularly checked and the fire exits were all clear at the time of our inspection. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency. However, these were not dated, which meant it was difficult to see when they had been reviewed to ensure they were up-to-date. This was highlighted to the registered manager for action.

Steps had been taken to minimise risks to people from the environment. For example, radiators were covered, which minimised the risk people could burn themselves if they touched or fell against them. When we toured the building we noticed that aerosol air fresheners were left out on shelves in the downstairs corridors and a bottle of shampoo was left out in the bathroom. These could cause damage to health if used incorrectly and should be locked away. We asked for them to be removed and stored securely.

All servicing of equipment, such as of the gas boiler, passenger lift, portable appliance testing (PAT) and hoist were up-to-date. However, calibration of the weighing scales was out of date. This meant we could not be sure they gave an accurate reading. The registered manager told us they would arrange for the scales to be calibrated. Although we did not find any window restrictors to be in a poor condition, we noted that the service did not regularly check them to ensure they were in working order and suitable to prevent people from falling or climbing from the windows. The registered manager told us they would arrange for regular checks to be carried out in future.

Although there were people living at Springfields who needed the assistance of a hoist to move them from one position to another, we were unable to observe staff carrying out this procedure during our inspection to ensure it was done safely. However, we did observe two members of staff helping a person to stand with the use of a handling belt. This procedure was carried out safely. A handling belt is used to help people who are able to support their own weight. People who are moved using a wheelchair should have their feet supported by foot rests to ensure good posture and to minimise the risk that their feet or legs might become trapped or damaged. We saw that where people were moved using a wheelchair their feet were raised on the wheelchair foot plates.

The care records we reviewed showed that risks to people's health, such as from falls and risk of pressure sores had been assessed. These were reviewed regularly to ensure they remained relevant. Accidents and incidents were recorded and reviewed to make sure risks to people were minimised. The service had a programme to help minimise falls. This included a six-monthly check on people's footwear to ensure it fitted correctly and exercise sessions designed to increase upper and lower body strength. The service used a 'falls safety cross' to monitor falls. This is a tool that is used to record the number of falls. Information about the prevalence of falls and how to avoid them was displayed on the corridor wall. The literature was aimed at staff, but was also helpful for relatives visiting the home.

We inspected the systems in place for the management of medicines. At our last inspection in October 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not being managed safely. At this inspection we found that improvements had been made the service was no longer in breach of this regulation. However, we have made a recommendation in relation to protocols for 'as required' medicines.

We observed a lunchtime medicines round and saw that this was carried out safely. We reviewed the Medicines Administration Records (MARs) which contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. Two MARs did not have a photograph of the person. MARs we reviewed had been completed correctly which indicated that people had received their medicines as prescribed. Four people were receiving their medicine covertly, that is hidden in food or drink. At our last inspection we found that where people were receiving covert medicines the correct procedure had not been followed to ensure this was being done in the person's best interests. At this inspection we found the correct procedure was being followed. Where people were having their medicines crushed guidance had been obtained from a pharmacist to ensure this was appropriate and would not alter the efficacy of the medicines.

Some people were prescribed medicines to be given "when required", such as pain-relieving medicines. When medicines are prescribed in this way documentation is required which describes how staff can recognise if this medicine is needed. Two people did not have documentation in place for their 'when required' medicines. Where this documentation was in place, it was not always detailed enough.

We recommend that the service review its 'as required' medicines protocols to ensure they provide sufficient information to guide staff.

We looked at staffing throughout the home. As well as the registered manager the service employed senior care assistants and care assistants, a cook, an activities coordinator and domestic staff. A person was also available to carry out maintenance and repair tasks, although this person was also responsible for maintenance at the provider's other homes.

Most people we spoke with felt there were enough staff to meet the needs of people living at the home. However, one person felt that there were times when the service was short-staffed. No agency staff were used, as regular staff picked up extra shifts to cover for gaps in the rota caused by unexpected absences. Some of the staff had been employed at the home for a considerable number of years. This meant that people were cared for by a consistent staff team who were familiar to their support needs. From our observations during the inspection we saw that requests for assistance were responded to promptly and that there were sufficient staff available to meet people's needs.

Good

Is the service effective?

Our findings

We looked at the training and supervision of staff. All new staff received an induction which covered a range of topics and gave them the basic knowledge required to commence working in a caring environment. A period of shadowing more experienced staff ensured new starters were competent before they were allowed to work unsupervised.

We looked at the training staff had received. All staff, including those who had worked at the home for a number of years had completed the 'Care Certificate' during the last 12 months. The 'Care Certificate' is an identified set of 15 standards that health and social care workers adhere to in their work and includes areas such as safeguarding adults and children, infection control, equality and diversity, fluids and nutrition and awareness of mental health and dementia. All staff had completed the training and the associated workbooks. This meant staff were trained to look after vulnerable people living in a care setting.

Staff received formal supervision two or three times a year and an annual appraisal. Supervision meetings provide staff with an opportunity to discuss their progress and any learning and development needs they may have. As well as her managerial role, the registered manager spent some time on a regular basis administering medicines and undertaking 'care' duties. This gave her the opportunity to observe her care team at work and provide informal supervision, advice and support.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA).The 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. At our last inspection in October 2016 we found that the service was not always working within the framework of the MCA and there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the service was no longer in breach of this regulation.

Records we reviewed show that where people were unable to make specific decisions or consent to treatment a 'best interest' meeting had been held. For example, we saw an instance where a best interest meeting had been held to discuss whether it was appropriate for a particular person to have an X-ray. Where people were receiving their medicines 'covertly' that is hidden or crushed in food or drink, a best interest meeting had been held to ensure this was the appropriate decision. Staff received training in the MCA as part of the Care Certificate. During our inspection we saw that staff sought peoples' consent before undertaking any care or support task and always explained to people who used the service what they were about to do.

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). At the time of our inspection there were nine people

living at the home with an authorised DoLS in place. The registered manager kept a record of the expiry dates for all authorised DoLS to ensure new applications were submitted in time.

From reviewing the care files we saw that people who used the service had access to healthcare professionals, for example, district nurses and dieticians. During our inspection we spoke with one visiting healthcare professional who described to us how the care team had worked closely with them to help manage a person's weight loss. This showed the service was effective in managing people's health care and referred people to the appropriate health services when professional help was required. All the residents we spoke with confirmed their health and care needs were being met by the service.

People's nutritional requirements were assessed on admission to the home and were reviewed regularly. People were weighed weekly. A malnutrition universal screening tool (MUST) score was also recorded. The MUST score helps staff identify if a person is malnourished, at risk of malnutrition or obese. Where people were identified as having a poor diet or fluid intake they were commenced on a fluid and/or nutrition chart to record how much they ate and drank so that their nutritional intake could be monitored. The cook told us that she had a weekly meeting with the registered manager to discuss people's weight and dietary requirements. This ensured any problems with nutrition were identified and responded too promptly. Food was fortified by using butter and full-fat milk and cream to help boost people's calorie intake and prevent malnutrition.

We received a mixed response when we asked people what they felt about the quality of the food. Some residents felt it was good, while others did not. Everyone said the food was hot and that they were offered a choice. We observed the cook speaking to people during the morning and asking them what food choices they would like. She explained to them what she was cooking. She told us she liked to offer the 'personal touch' and adjusted the meus when she found that certain meals were not popular. People's special dietary needs were catered for. The cook told us "I try to make the pureed food look appetising as some residents have problems with the food texture and appearance. This can lead to weight loss.'' We observed the lunchtime meal on the first day of our inspection. The food looked plentiful and second helpings were offered. One person who was not eating the food they had chosen was offered an alternative. Food was served in a variety of places; in the lounge, the dining room and in individual's rooms at the occupant's request. We saw that people were regularly offered drinks between meals.

During our inspection we looked around the home to see how it was decorated and furnished and to check if it had been suitably adapted for the people living there. Some people living at Springfields had a dementia and some measures had been taken to make the environment 'dementia-friendly'. These included the use of picture signage, photographs, memorabilia and a board displaying the date and weather. One area of the home was decorated in such a way as to represent a garden, with a garden trellis, ivy, butterflies and garden bench for people to sit on. However, on the first morning of our inspection the whole area was obscured by piles of clean laundry making it impossible for people to enjoy this space. The home had a large garden which contained lawned areas and shrubs. However this was only accessible through the kitchen and was difficult for people in wheelchairs to access.

Good

Is the service caring?

Our findings

All people who used the service, family and friends we interviewed told us that the staff were caring, compassionate and made them feel at home. One relative said "I rate them. They do look after her – I would recommend the home to others.'' Another relative told us, "They are always polite, always very caring.''. A third relative said "The girls give their all.''

It was apparent throughout the inspection that staff knew and addressed residents by their first names, they were courteous and kind. We observed a member of staff greet a person coming to the home for day care. The member of staff was unaware of the inspection at that point. The reception she gave was warm and generous. This appeared to make the situation a positive one for the individual and showed the relationship between the two was well established. During the inspection we saw that there was constant positive interaction between staff and people who used the service.

Staff had received training in dignity and privacy. Staff we spoke with all understood the importance of caring for people in a dignified way and were able to describe ways in which they would maintain a person's dignity and privacy while they were supporting them, for example, with personal care. People we spoke with told us they were treated in a respectful manner and we saw many caring and kind interactions between staff and people who used the service during the course of our inspection. One relative told us, "I love the respect staff have for the residents. If I had a chance to choose anywhere to live, it would be here."

Staff we spoke with talked positively about their roles and about the importance of trying to make the experience of living at the home a happy one for people. The registered manager told us,"We try to be as calm and relaxed as we can.'' One care assistant, when asked what they liked about their job told us, ''It's when you see them and you can put a smile on their face.'' They went on to tell us ''Sometimes you just need to hold their hand.''

People living at the home were helped to maintain contact with family and friends. Visiting was allowed at any time and during our inspection we saw relatives take people out for shopping and for lunch trips. Visitors were warmly welcomed and we saw that there were close relationships between relatives/visitors and staff. One person, whose relative had very recently passed away at the home told us, "I will come again the see them (staff). They were all friends.''

One person we spoke with told us about the positive reception they had received from staff when their relative had first arrived at Springfields, in what was a very stressful time for them. They told us they were put at ease, as all the staff had introduced themselves. They said, "I've never in my life had a reception like it. They made us feel so welcome – it made such a difference.''

As part of the assessment process people were asked if they had any religious or spiritual needs. One person living at the home received a regular visit from a local Anglican priest.

Good

Is the service responsive?

Our findings

People spoke positively about the care their relatives received at Springfields. One person told us about the gradual, natural decline in their relative's health during the time they had lived in the home. They told us that the home had accommodated this person's changing needs as they became frailer. This had meant they were able to remain living at Springfields and close to family members.

We looked at the care records of three people living at Springfields. A pre-admission assessment was carried out either at the person's home or in hospital by the registered manager and information gathered used to develop care plans and risk assessments. Care records contained detailed information to show how people were to be supported and cared for. Those we reviewed were 'person- centred' as they contained personal information such as details about people's likes and dislikes and other information that was particular to each individual. Care plans were reviewed monthly to ensure they were up-to-date. Our observations of care given during our inspection confirmed that it was tailored to the needs of individuals. People told us they were always kept informed if there were any changes to their relative's health, such as an infection or if they had fallen.

There was evidence that people's wishes for their end of life care had been considered and where appropriate a Do Not Attempt Resuscitation (DNAR) request was on file. Where people were receiving 'end of life' care, the care staff were supported by the district nursing service. Springfields had completed the 'Six Steps to Success – Northwest end of life care programme for care homes', which aims to provide staff with the knowledge to offer high quality end of life care. We spoke with relatives of a person who had recently died at the home. They were full of praise for the care their loved one had received and also for the support the family had been given during such a difficult time.

Handover meetings were held so that information about changes to people's health or care needs could be discussed. These meetings helped to ensure staff were kept informed about changes to people's health and well-being. All information discussed was recorded in a book so that it was available for future reference.

The home employed an activities coordinator who worked three days a week. However, they were not available to speak to us during this inspection. Although there was no specific plan, the service offered a variety of activities such as craft sessions, sing-a-longs and exercise sessions. On the first day of our inspection one of the care assistants helped people to make Christmas crackers.

The service had a complaints procedure which explained how to make a complaint and the timescale for receiving a reply. The service had not received any complaints during 2017. We asked people about their experiences of making a complaint and were told, "I've had nothing to complain about."

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager who was present on both days of our inspection. Staff spoke highly of the registered manager. One care assistant said ''She's the best manager I've ever had.'' Staff told us they felt supported in their roles and could raise any issues or concerns they had. The registered manager did not receive any formal supervision. However, she told us that she had regular contact with the provider, who visited frequently, and that she found them supportive.

At our last inspection in October 2016 we identified a breach of Regulation17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the quality assurance processes had not identified the issues found by the CQC during their inspection. At this inspection, although some improvements had been made, we identified a number of issues. These have been described in the relevant sections of this report and include the malodour in the home, lack of formal supervision of the registered manager, undated PEEPs, lack of references and uncalibrated weighing scales

These demonstrate a continued breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them.

At this inspection we found that the rating from our last inspection was not on display in the home. We brought this to the attention of the registered manager at the end of the first day of our inspection. We were informed that a copy of the inspection report was normally displayed in the entrance hall. However, there was no rating on display during the course of our two day inspection. We returned to the home five weeks later to see if this had been rectified. We found that although there was now a copy of our previous inspection report available in the entrance hall, the overall rating was not obviously displayed. We will deal with this matter outside of the inspection process.

The registered manager carried out a number of weekly and monthly audits and checks on all aspects of the running of the home such as; infection control, cleaning, pressure area care, medicines, care plans and risk assessments. The registered manager had recently introduced a daily shift evaluation sheet so that staff could comment on how the shift had worked and if there had been any problems or areas that could be improved. This showed the registered manager valued the opinions of the staff team. We saw evidence that staff meetings were held every few months.

During our inspection we raised the matter of the unpleasant smell in the home with the provider. They were aware of this issue and had identified that the carpet needed replacing. However, they had not taken steps to arrange for this to be carried out. We have made a recommendation that this be done immediately.

Feedback from people who used the service and their families was obtained through individual three-monthly meetings. These gave people the opportunity to review their care plans, comment on the care, and raise any concerns they might have. This showed the registered manager was pro-active in obtaining the opinion of people who used the service. One relative we spoke with told us that if they had comments to make about the service they felt management would listen and respond positively.

The service had a range of policies and procedures to guide staff on best practice. We saw that these had been reviewed in January 2017 to ensure they were up-to-date and relevant.

The registered manager was aware of their responsibilities and ensured statutory notifications were sent to the CQC when required. Statutory notifications are changes, events or incidents providers must tell the CQC about. This meant we were able to check that appropriate action had been taken by management to ensure people had been kept safe.

The service had a statement of purpose which had been reviewed and updated in October 2017. This document provided information about the home, including information about its facilities, philosophy of care and staffing. It provided people with the information needed to help people and their relatives make an informed decision about the suitability of the service.

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 17 HSCA RA Regulations 2014 Good governance Although there were quality assurance processes in place these had failed to identify the concerns we noted during out inspection.