The Hollies

The Hollies

Inspection report

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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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 October 2015. The inspection was unannounced.

The Hollies is registered to provide accommodation to a maximum of four people with learning disabilities. The Hollies is run like a family home where the registered manager, who was the provider, lived at the home. There were four people staying at the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us they felt safe with staff, and staff treated them well. However, the manager had not ensured staff were trained to recognise signs of abuse, and how to safeguard people from potential abuse. There was not a recognised procedure within the home on how safeguarding concerns should be reported to the local authority, if there were concerns about peoples' safely.

Management and staff did not understand the principles of the Mental Capacity Act 2005 (MCA), and did not support people in line with these principles.

There were enough staff at The Hollies to support people with care tasks, and provide people with support to go out. However, staff had not received sufficient training to assess and manage the risks associated with people's care and in the safe management of medicines.

The risks associated with people's care were not always assessed, monitored and managed, so that risks to people were minimised. The manager did not maintain good infection control procedures to minimise the risk of infection to people at the home.

Medicines were not always stored safely. Medicine records were not always kept up to date, and procedures had not been developed for people to receive 'homely medicines' safely. Medicines audits were not performed to make sure the right amount of medicines were in stock. However, people received their prescribed medicines as intended.

Care records were not always up to date, and therefore did not provide staff with up to date information about how people should be cared for and supported consistently. However, staff at the home knew people well and could describe the support people needed.

People were supported to attend health care appointments with health care professionals when they

needed to, and received healthcare that supported them to maintain their wellbeing. However, people's health records were not always updated following visits to health care professionals, to ensure staff were aware of changes and people received the care they needed.

People and their relatives thought staff were kind and responsive to people's needs. People were supported to go on holiday and to go out in their local community when they wished. Activities, interests and hobbies were arranged according to people's individual preferences, needs and abilities. People who lived at The Hollies were encouraged to maintain links with friends and family who visited them at the home when invited.

People had privacy when they wanted it. Staff at The Hollies supported people to make everyday decisions for themselves, and to maintain their independence.

Staff, people and their relatives felt the manager was approachable. People told us they knew how to make a complaint if they needed to. However, no-one had made a complaint regarding the service.

People were not supported to develop the service they received by providing feedback about how the home was run. The manager did not gather feedback from people or their relatives through meetings or quality assurance questionnaires. However, the manager worked alongside people at the home, and gathered verbal feedback from people during their day to day activities.

The manager had not established procedures to check the quality of care people received, and identify where areas needed to be improved.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People felt safe with staff. People received support from staff who knew them well, however, risks to people's health and wellbeing were not fully identified and managed to ensure people received care and support safely. People were not protected from the risk of abuse as the manager had not trained staff in how to identify and investigate the signs of abuse. Medicines were not always managed and stored safely. People were not protected from the risk of unsafe premises. Infection control procedures required improvement to ensure people were protected from the risk of infection.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The rights of people who were unable to make important decisions about their health or wellbeing were not always protected, as staff did not understand issues around people's mental capacity and how to support people in line with the principles laid down in the Mental Capacity Act (MCA). Procedures required improvement to ensure people had access to food that was within its expiry date. People were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People felt supported by staff who they considered kind and caring. People were able to make choices about how to spend their time, and these were respected by staff. People were encouraged to maintain their independence, and they had privacy when they wanted it.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in decisions about their care and how they wanted to be supported. Care records were not always up to date, and did not describe people's current care and support needs. However, staff knew people well and could describe people's current needs. People were given support to access interests and hobbies that met their preference.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The manager was approachable, people who used the services, their relatives and staff felt able to speak with the manager at any time. The manager did not ensure people's records reflected their current health and support needs. The manager did not assess and mitigate the risks to people's health and wellbeing. Procedures were not in place to monitor and improve the quality of the service provided.

The Hollies

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 28 October 2015 and was unannounced. We inspected this service with two inspectors.

We observed the care and support provided in communal areas to people who lived at The Hollies. We spoke with four people, three relatives of people who used the service and one advocate. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

We visited the service and looked at the records of three people who used the service.

We spoke with the manager, and one member of care staff.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service who supported people at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Requires Improvement

Is the service safe?

Our findings

We found the manager did not always protect people against the risk of abuse. This was because the manager had not trained staff on how to safeguard people from abuse, or recognise the signs of abuse. In addition, the manager did not have up to date safeguarding procedures in place to inform staff on how safeguarding issues could be identified and reported to the local authority and CQC. We asked the manager about safeguarding procedures and found they were unsure of how safeguarding concerns should be investigated, or reported. The manager did not keep records of any incidents at the home. However, the manager stated that there had been no safeguarding concerns at the home.

We found this was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who lived at the service told us that they felt safe. One person said "I came here so that I can be safe and I feel safe." They added, "My relatives like me being here because they know I'm safe." Relatives told us their loved ones were safe at The Hollies. One relative said, "[Name] loves it there. They are absolutely happy and I know they are safe."

We saw people were relaxed with staff and the atmosphere in the home was calm. One person said, "It's friendly here, the staff are easy to talk to." Another person said, "It's home." We found the Hollies was run like a family home. The manager was the provider, and there were two members of staff at the home in addition to the manager. The manager was supported by one other member of care staff and a part time cleaner. Both the manager and the member of care staff lived at the home with the people they supported. The manager and care staff member provided support to people 24 hours a day, 7 days per week.

People, relatives and staff told us, there were enough staff available to meet people's needs safely. One person said, "Yes, I feel there are enough staff available to help me. There is always someone about." Another person told us, "There are enough staff to support me when I want to go out." The manager and the member of care staff told us there were enough staff available at the home to meet people's needs as well as support people with activities within and outside the home.

Staff did not have all the training they needed to care for people effectively and safely. We found the manager and the member of care staff had not received training recently in key areas such as medicines management, infection control procedures and safeguarding people. The manager told us, "Staff have not been on training for a number of years." Because the manager and staff had not received training in key areas, the manager had not identified and mitigated some risks to people's health and wellbeing, and had not equipped staff to take effective actions to minimise those risks. For example, risks had not been identified regarding the prevention, control and spread of infection. Risks had not been identified regarding the safe storage of medicines.

We found infection control systems at the home needed to improve. There was no infection control policy for staff to follow so they had access to guidance on recommended infection control procedures. Staff were

not provided with equipment to assist them in preventing the spread of infection. For example, there was no antibacterial hand-wash or gels to assist people with cleaning their hands. We asked the manager whether they had gloves or aprons available for staff to use during personal care routines. The manager told us, "There are a small amount of gloves and aprons available, but we don't use them." This practice increased the risk of cross contamination of infectious disease.

We asked the manager how they ensured the home was kept clean. The manager told us they did not have a set cleaning schedule but said, "We have a cleaner who comes one day a week for a few hours, the cleaner is good and is training to be a nurse, so we feel they have the right skills for the role." A lack of a daily cleaning schedule for the days that the cleaner was not present at the home, monitored by the manager, meant that cleaning of the home could be inconsistent. We visited the home on a day when the cleaner had not been there, and saw the home required additional cleaning.

We saw there were a number of animals and pets that lived at The Hollies. The horses, chickens and peacocks were kept outside in a yard and paddock area adjacent to the home. Cats and dogs were able to roam freely inside the home. We saw some animals climbed onto furniture and surfaces around the home, including the kitchen and lounge areas, and could transfer dirt or hair onto surfaces people used. We saw one person who lived at the service preparing a snack and drink in the kitchen. We were concerned that surfaces such as tables and food preparation areas were not wiped down and cleaned, before they were used by the person. Some of the floors, for example, in the lounge and kitchen, were visibly dirty with paw prints, animal hair, and food debris. We observed one person walking around the home with bare feet.

There were cobwebs in communal areas of the home, including people's bedrooms. We observed some windows, light switches and furniture around the home required cleaning. People and their relatives told us that they thought standards of cleanliness could be improved. Comments included, "I would say it's not 100% clean, but [Name] has never been ill." "Regarding being clean, well that's a matter of opinion. I think it leaves a lot to be desired but [Name] is very happy there and they are not bothered about the cleanliness. I would say it's very homely." "People visiting will go in and think it's not up to big corporation standards, but it's definitely homely and people there are happy."

Risk assessments and management plans were not always completed or up to date with regard to the individual care and support of people at the home. The manager had completed some risk assessments which identified risks to people's health and wellbeing. Where risks had been identified some plans had been devised to protect people from harm. However, some people did not have risk assessments and management plans in place to assist staff in managing behaviours that placed them at risk. There was insufficient action taken by staff to manage those risks.

We found environmental risk assessments had not been completed to identify and mitigate the risks to people who lived at the home. For example, we saw cleaning products on a shelf in the laundry area. The door to the room was open and could be accessed by people who live at the home. We shared our observations with the manager who said they would remove the items and place them in a safe storage area. None of the windows in the home had window restrictors fitted. The windows were large, and could be opened by people who used the service. This posed a risk to people, as they may fall from an open window.

People and staff told us that smoking was allowed by staff and people who lived at the home in some communal areas of the home, such as the kitchen, although not everyone at the home smoked. This meant that people who did not smoke were exposed to secondary tobacco smoke. This placed people at risk of harm. There is a legal requirement to protect people and staff from other people's cigarette smoke, the legislation introduced on the 1st July 2007, now makes it illegal to smoke in all public enclosed or

substantially enclosed area and workplaces. The manager told us the home did not have a smoking policy. This demonstrated the manager had failed to keep up to date with the relevant changes to legislation in this regard. No-one had been consulted about the smoking at the home, and some people were unable to tell us how smoking at the home might affect them. The risks associated with smoking inside the home had not been risk assessed.

People told us they liked living at the home, including spending time in the outside space and their bedrooms. One person told us, "I love my room, it's big and bright and I can keep my birds with me." Care records showed that some people had been involved in choosing bedroom décor and personalising their rooms. We saw most people's rooms were in good decorative order.

All general repairs and checks were undertaken by a staff member who was also a care worker. A log of on-going maintenance and improvement works was not available for us to review. We looked at the maintenance records which were available and found that all essential checks to ensure people were protected from risks, such as the transfer of infection or scalding, were not up to date. For example, water temperature checks were not being undertaken. In addition, the manager did not have up to date certificates to show premises and equipment were being properly maintained. The manager was unable to locate an up to date Legionella certificate. The landlord gas safety certificate was dated 2013. The manager told us a more recent check had been completed, but the paper work had been mislaid.

We observed some general repairs and maintenance was taking place at the home. For example, we saw the home had two emergency exits on the ground floor. One exit, the front door, was locked with a large sliding bolt. We observed people and staff had difficulty opening the rear door to the home. Staff told us this had been identified and all door handles were being replaced to make them easier to open.

The manager explained the home was going through some refurbishment. Redecoration of some parts of the home was taking place at the time of our inspection and we found that the carpets in the hall, one stairway, and the landings had been removed and were due to be replaced. We noted that there were a number of potential trip hazards. For example, there was one carpet on a staircase leading to people's bedrooms which had rips and tears; threshold strips in some areas, where carpets had been removed, were prominent. Items that had been removed from the walls for the decorating to take place were stacked against the landing wall. The manager informed us, "As soon as the decorating is finished new carpets will be ordered and laid for the hall, stairs and landing areas." There was no risk assessment in place to mitigate the risks to people with regard to the on-going redecoration and refurbishment of the home. The manager did not explain how they would minimise the risks to people until the decorating had been completed. The decorator told us, "The decorating will be finished on the hall, stairs and landings within the next few days."

The stairwell leading to some people's bedrooms was dark as there was no working light bulb, which could cause people to trip as floors in this area were uneven. The manager told us, "The bulb must have gone because it's on all the time". The manager agreed priority needed to be given to replacing the bulb.

Staff did not receive regular training to support them in administering medicines safely. We saw that medicines were not always stored safely. When we arrived at the service we saw prescribed medication belonging to the manager had been left on the kitchen table, making it accessible to people who used the service. We found one person sitting at the table when we arrived at the service near the medicines. Because people at the home had learning disabilities, and had not received up to date assessments about whether they might consume unattended medicines, we deemed the practice of leaving medicines unattended at the home to be a risk to people there.

The manager kept a record of the medicines each person was prescribed, and when medicines had been given. The manager told us, "I usually give people their medicines." Medicines were administered to people in accordance with their prescriptions. People told us they received their medicines safely. However, the manager did not keep a record of how much medicine was available for each person.

The manager told us, and records confirmed some people were given regular doses of 'homely remedies' for pain relief and to relieve the symptoms of hay fever without a prescription. A 'homely remedy' is a medicine that is available over the counter in community pharmacies. We asked the manager about the procedures they had in place for administering these types of medicines. The manager told us they did not have a 'homely remedies' procedure. We were concerned that 'homely remedies' were being given to people who received other prescribed medicines, and a health professional had not accessed how these medicines may interact with each other.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the rights of people who were unable to make decisions about their health or wellbeing were not always protected. The manager told us that some people at the home lacked the capacity to make all of their own decisions. The manager and staff did not understand the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were unable to give examples of when they had applied these principles to protect people's rights. People's consent for their support was not recorded in their care records. Procedures were not in place to perform mental capacity assessments for people, to identify which decisions they could make for themselves, and which decisions needed to be made in their best interests. In one person's records we saw commissioners had identified that the mental capacity act should be used to support them with decision making. However, we could not see how this was being implemented as there were no records in place to document how decisions were being made for the person. We saw people were not always asked for their consent when personal care routines took place, for example, we saw one person shake their head and fold their arms when offered a shave. This non-verbal communication indicated the person might not want to shave that day. We saw a staff member shaved them.

Procedures were not in place for the manager to make applications for DoLS to the local authority. No-one had a DoLS in place at the time of our inspection, but we saw one person was supported in a way that might be considered as a restriction to their freedom, which required a DoLS application to be made to the appropriate authorities. We brought this to the attention of the manager during our inspection, who agreed they had not considered this. They told us they would obtain advice on what procedures should be followed to ensure that people were not unlawfully deprived of their liberties immediately following our inspection.

We found this was a breach of Regulation 11(1)(3) HSCA 2008 (Regulated Activities) Regulations 2014 Need for Consent

People told us they thought staff had the skills they needed to support them effectively. Relatives spoke positively about staff knowledge of their relative's needs. One relative said," I never thought anyone could look after [Name] like I did, but staff know how to work with [Name]."

There had not been any new staff at the home for several years, so induction procedures and recruitment

procedures for new staff joining the home had not been developed. The member of care staff told us they were supported by the manager each day, and had daily meetings with the manager to discuss things at the home, as they worked together. The manager observed the performance of the member of staff on a daily basis to ensure they delivered good quality care to people at the home.

People were offered nutritious meals that they enjoyed. People told us they enjoyed the food that was prepared for them. One person said, "The manager is the best cook ever. They make really tasty meals." One relative commented, "They have the best of everything, the best food. They can have whatever they want."

People told us they were involved in menu planning at the home, as they went shopping with the manager to purchase the food they enjoyed. One person told us, "We can have what we want." Another person who came down for breakfast late said, "I can have what I want to eat at whatever time I want it." The staff told us, "People are free to choose what they like to eat. They have access to the kitchen to prepare their meals and drinks. We also prepare meals or drinks for people who are not able to do this for themselves." We saw people helping themselves to drinks throughout the day, and other people being supported to prepare drinks. One person confirmed, "I can help myself to things. The manager has told me, you don't have to ask, just help yourself."

Staff knew people's dietary requirements, and their likes and dislikes. Care staff explained how they encouraged people to make healthy choices and to vary their diet by buying a range of foods, for example, foods with low fat content. This supported people to maintain a nutritious and healthy diet. One staff member said, "People like different foods, and have different health conditions, which we need to be aware of when we are shopping."

We observed that food management systems were not in place to ensure food was stored at the correct temperatures, was 'in date', and was eaten within the recommended time after it was opened. Food was stored in cupboards and refrigerators in the kitchen area, which was accessible to everyone at the home. A member of staff told us they frequently performed a check on the temperature of the food refrigerator to check it was of a low enough temperature to maintain the freshness of the food. However, they were not able to show us the temperature gauge they used to check the refrigerator temperature.

We saw a number of food items in storage which had passed their expiry date. Other food items did not have opened and expiry dates recorded on their packaging, and staff were unable to tell us when food had been opened. As people helped themselves to food, this meant people were at risk of eating food which was out of date. The manager explained that the home was operated like a family home, and therefore they did not have procedures in place to record when food was opened, or check whether it had exceeded its expiry date.

People and their relatives told us they were supported to see health care professionals when required. One relative told us, "The manager is very good at making sure [Name] goes to their appointments with the doctor." Another relative described being invited by the manager to an appointment with their relative and the doctor, when their loved one moved into The Hollies to ensure the person's needs were fully understood. This showed the manager worked in partnership with other professionals for the benefit of the people they supported.

Good

Is the service caring?

Our findings

All of the people we spoke with, and their relatives, told us staff treated them with kindness and staff had a caring attitude. One person told us, "The staff are lovely, especially the manager. They take good care of me." A relative commented, "Without a doubt. Staff are extremely caring."

We observed staff had a rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff and with each other. One person told us, "I like it here because there are lots of animals and the staff are nice to me." A relative told us, "It's a happy place. Sometimes when you go they can't hear you knocking the door because everyone is singing and laughing."

Staff told us they thought people received good quality care at the home. One member of staff told us, "The care of the residents is our priority. We treat them like they are our family. We make time every day to sit with people and do things together." This demonstrated staff were person centred in their approach to providing care rather than being task focussed.

We saw people at the home made their own choices, and their preferences were respected by staff. When we arrived at the home at 9.30am one person was up having their breakfast, and another person was still in their bedroom. People told us they decided when they got up in the morning, and when they went to bed. Another person said, "I can go out if I want to. There are no strict rules." People were able to make everyday decisions about what they wore. We saw one person wanted to change their clothes more than once during our inspection. The person was supported each time by a member of staff to change into something they preferred to wear.

We observed staff treated people as though they were members of a family. They spoke openly about people's medical and care needs with each other, and visitors to the home. We were concerned that this impacted on people's privacy. However, people told us they were happy at the home and they had privacy when they needed it. People had their own bedrooms which they could spend time in if they wished. One person told us, "I can spend time in my room, or the lounge and dining room. I can choose to be on my own if I want."

People chose how to decorate their bedrooms, so that it suited their individual tastes. We saw one person had a preference for animal prints, and had recently decorated their bedroom in animal print wallpaper. People were able to keep pets in their bedroom. One person had parrots in their bedroom in cages. They said, "I can keep my birds in my room. I like that."

People and their relatives were involved in care planning, and made decisions about how they were cared for and supported. Most people had a relative they could ask for support from, however, where people did not, the manager provided access to advocacy services. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances, which helps people maintain their independence. We spoke with an

advocate who supported one person at the home. They said, "This environment is just right for some people. It's very relaxed and there are lots of animals which is good for them."

People told us staff supported them to maintain their independence and develop independent living skills. One staff member said, "We make sure people are encouraged to do what they can themselves, we encourage positive risk taking, to expand people's life skills." People told us they helped out with chores around the home including cooking, caring for the animals and gardening. All the relatives we spoke with said they felt the animals helped create a homely environment and their loved ones enjoyed being involved in the animal's care. One relative said, "[Name] has a better life here. There a lots of people for them to see and lots of animals to keep them occupied."

Good

Is the service responsive?

Our findings

People and their relatives told us they felt staff at The Hollies responded to people's needs and treated people with respect. One relative said, "I told them [Name] liked fruit bread and they went straight out and bought some."

People and their relatives were involved in planning and making decisions about their care and support. One relative told us that prior to their relation living at the home, they had been involved in discussions with the manager about the person's needs. Another relative said, "The manager rings me and asks me what I think."

People told us care was delivered in a person centred way, putting the person at the heart of how care and support was delivered by staff at the home. People said care was tailored to meet the needs of each person at the home. One relative told us, "It's like a proper home. The clients come first." Another relative said, "The manager makes sure people want for nothing."

One person told us they preferred to spend time with staff and the manager at the home more than anything else. We saw the manager and staff were there to support the person and spend time with them each day. Their relative said, "[Name] loves spending time with staff doing jobs, mending things and generally helping out."

An advocate told us, "The manager has worked well to support [Name] and their individual needs." They added, "[Name] has responded positively to the relaxed, informal environment provided by The Hollies. Spending time with the many animals living at the home has been beneficial. It's supported [Name] to build confidence."

On some people's care records their preferences were recorded about what they liked to do, and what they liked to eat. Staff knew people well, and could describe the different activities people enjoyed. The information staff gave us matched what people told us. People told us they arranged days out according to their individual likes and dislikes. One person said, "We go out to the local pub or restaurant to eat meals, it's really nice and I enjoy the food." Another person said, "We go out some days, we can choose when we want to go." A relative told us, "The manager is good at putting on parties and doing different things. They make a real effort."

People who lived at The Hollies were encouraged to maintain links with friends and family who visited them at the home when invited. People were supported to attend local community groups to build relationships with others and learn new skills. Three people regularly attended a local community group specifically for people with learning disabilities. They told us, "We attend a local group a few days a week, we take part learning new skills and other activities."

The manager arranged holidays and everyone who wanted to go on the holiday was included. People who did not wish to go were supported to remain at home.

Staff knew people well and could describe what people liked to do, and what their health and support needs were. However, care records were not up to date and did not describe people's current care and support needs. For example, the information about how often one person went to the local community centre was not up to date. In another person's records we saw they were at potential risk of injury from using appliances that generated heat. During our inspection we saw gas lighters left in communal living areas where the person spent time. We shared our observations with staff who told us, the information probably related to when the person first came to the home and this is out of date. This change had not been made in the person's care records.

We saw information from health professionals had not been updated on people's care records, where their health and support needs had changed. We looked at peoples care records and saw they gave staff information about people's medicines. The records were not always up to date. For example, in one person's record we saw a list of the medicines they were prescribed. This was not the same as the medicines listed on their medicines administration record (MAR). The care records had not been updated to reflect their current medicines.

Although care records were not up to date, we saw staff knew people well, and knew how to support people with their everyday needs. The manager told us they would update care records following our inspection to ensure that any new staff, or temporary staff, had the information they needed.

People and their relatives told us they knew how to make a complaint if they needed to. People told us they felt confident about raising any concerns they had with the manager or the other staff member at the home. One relative told us "I know if I had a worry I could speak to the manager and they would listen. The manager is always helpful." However, the complaints policy was not on display at the home, and was not in an 'easy read' format to make it accessible to all the people at the home. We brought this to the attention of the manager during our inspection, who said they would put the complaint policy on display immediately. No one had made a complaint about the quality of the service.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the home. The manager was also the provider of the home. People told us they liked the manager, and the manager was approachable. One person said, "If I was worried I could talk to the manager, they are easy to talk to." Another person said, "The manager is just lovely."

People, their relatives and staff told us they could speak to the manager when they needed to because the manager worked alongside staff at the home. One relative told us, "The manager is very good. You don't have to make an appointment. You just turn up and walk in." They added, "This to me is the sign of a good home. There's nothing to hide."

The manager had sent notifications to us about important events and incidents that occurred at the home. However, we found the manager did not always protect people against the risk of abuse. This was because the manager had not trained staff on how to safeguard people from abuse, or recognise the signs of abuse. Procedures were not in place for staff and the manager to identify and report safeguarding concerns to us or the local authorities.

The manager did not understand their legal responsibilities under the Mental Capacity Act 2005, and procedures were not in place for staff to follow to ensure staff acted in accordance with the Act. We found the rights of people who were unable to make decisions about their health or wellbeing were not always protected. Procedures were not in place to ensure people were not unlawfully deprived of their liberty.

The manager was not maintaining a full and accurate record of people's care and support needs, and the care that was delivered.

The manager was not ensuring staff had the skills they needed to understand the risks relating to the delivery of care, and the management of the home. The manager was not always assessing, monitoring, and mitigating the risks relating to the health and safety of people at the home. For example, the manager had not identified the risks associated with the refurbishment of the home, and did not have a plan in place to mitigate the risks to people's safety during the refurbishment. The manager had not identified the risks associated with the lack of infection control procedures, and did not have a plan in place to reduce the risk of cross contamination of infection. The manager had not assessed the risk of people smoking in the home, and did not have a plan in place to mitigate the risks to people's health from the exposure of 'second hand' smoke. In addition the manager was not providing staff with the skills they needed to understand the risks relating to the administration and storage of medicines, to ensure the safety and well-being of people at the home.

The manager did not complete recorded checks to ensure staff at the home provided a good quality service. People and their relatives were not asked to give feedback about the quality of care, and how the home was run in meetings or in quality assurance questionnaires. However, the manager worked alongside people at the home, and gathered verbal feedback from people during their day to day activities.

The manager checked whether people received their medicines each day. However other audits, for example on the maintenance of the premises, and audits on infection control were not undertaken. A lack of auditing procedures meant the manager was not identifying areas where improvements needed to be made, and was not ensuring the service continuously improved. However, the manager had acted to make some improvements at the home, to enhance the quality of the premises. A plan was in place to re-decorate some areas within the home and to update some of the carpets and flooring within the home.

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

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 11 HSCA RA Regulations 2014 Need for consent (1,3) The provider did not ensure that care and treatment of service users was only provided with the consent of the relevant person. The provider did not ensure they were acting in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment (2)(3) Systems and processes were not established and operated effectively to prevent, and investigate immediately, abuse or allegations of abuse to service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (2a) The provider did not establish systems and processes to assess, monitor and improve the quality of the services provided. (2b) the provider did not establish systems and processes to assess, monitor and mitigate the risks relating to the health and safety of service users. (2c) the provider did not maintain an accurate, complete and contemporaneous record in respect of each service user.