

D E & J Spanswick-Smith

Abbotsford - Pinner

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



Overall summary

This inspection took place on 19 October 2015 and was unannounced. Abbotsford – Pinner is a care home for older people providing accommodation and care for up to 24 people. At the time of our inspection, there were 19 people using the service.

The provider met all the standards we inspected against at our last inspection on 1 May 2014.

There was a registered manager in post at the time of our inspection. 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.

Positive caring relationships had developed between people who used the service and staff and during the inspection we observed people were treated with kindness and compassion. People who used the service told us they felt safe in the home and around staff. Relatives of people who used the service told us that they were confident that people were safe in the home and around staff. Systems and processes were in place to help protect people from the risk of harm.

There were enough staff to meet people’s individual care needs and this was confirmed by staff we spoke with. The majority of people who used the service told us that there were enough staff available. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks.

Summary of findings

People told us that they had been given their medicines as prescribed. There were arrangements for the recording of medicines received into the home and for their storage, administration and disposal. However, we noted that regular temperature checks had not been carried out to ensure that medicines were stored at the right temperature. We also found that regular medicine audits were not documented and therefore there was a lack of evidence to confirm that these took place. We found that there were some gaps in the medicines administration charts and no recent audit had taken place to identify these shortfalls.

Staff spoke positively about their experiences working at the home. They said they felt supported by management within the home and said that they worked well as a team. However we noted that there was a lack of evidence to confirm that staff had received regular supervision sessions consistently over the last year. We also noted that staff had not received an appraisal since our last inspection. We were provided with a training matrix detailing what training staff had received. Some staff had received training in areas such as safeguarding, infection control and medicine administration. However we noted that some of the training received was out of date and refresher training was required.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were also noted and staff we spoke with were aware of people's likes and dislikes. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people. People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly and were updated when people's needs changed.

The majority of staff we spoke with had a basic understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best

interests. During this inspection we found that where people were potentially being deprived of their liberties, the home had taken the necessary action to ensure that these were authorised appropriately.

The majority of people we spoke with were positive about the food in the home. Food looked appetising and was presented well and we noted that the food was freshly prepared. Staff were aware of special diets people required either as a result of a clinical need or a cultural preference.

People spoke positively about the atmosphere in the home and we observed that the home had a homely atmosphere. Bedrooms had been personalised with people's belongings to assist people to feel at home.

People we spoke with told us there were generally sufficient activities available for them to participate in. We noted that there was not a formal activities timetable and the manager explained that this was because activities depended on what people wanted to do daily. We spoke with the activities coordinator and she explained that she organised activities that people were interested in. She told us that people enjoyed card games, quizzes and karaoke.

We noted that a formal satisfaction survey had not been carried out in 2015 and discussed this with the manager. She explained that questionnaires had been given to people in respect of the food and we saw evidence of this. Satisfaction surveys had not been carried out in respect of the overall care received. She confirmed that a survey would be carried out by the end of 2015.

We found the home had a management structure in place with a team of care staff, the deputy manager and the manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the manager.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred quarterly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns

Summary of findings

they had at these meetings. Staff also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily at an informal catch up meeting.

The home had a quality assurance policy. However we noted that the policy was not comprehensive and did not provide detailed information on the systems in place for the provider to obtain feedback about the care provided at the home.

We noted that there was a lack documented evidence to confirm that regular audits were carried out by the provider. There was a lack of documented evidence to

confirm that regular health and safety checks in respect of the premises, housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals were carried out. We spoke with the manager about this and she confirmed that such checks were carried out but these were informal and had not been recorded.

We found a breach 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of the service was not safe. We saw that arrangements were in place in relation to the recording and administration of medicines. However, temperatures were not recorded consistently and there were a lack of comprehensive medicines audits.

People told us that they felt safe in the home and around care staff. Relatives we spoke with were confident that people in the home were safe.

Risks to people were identified and managed so that people were safe. Staff were aware of different types of abuse and what steps they would take to protect people.

Appropriate systems were in place to manage emergencies.

Requires improvement



Is the service effective?

The service was not always effective. There was a lack of documentation to confirm that staff had received regular supervision sessions. Staff had not received an appraisal in the last year.

The training matrix documented what training staff had received. We noted that some staff had received training however there were gaps in some people's training and refresher training was required for a number of staff.

People were provided with choices of food and drink. People's nutrition was monitored.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Requires improvement



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

Wherever possible, people were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. Care preferences were noted in the care plans.

Good



Summary of findings

People who used the service told us that there were activities available to them and spoke positively about this. On the day of the inspection we saw people participated in activities which were organised by the activities coordinator.

A formal satisfaction survey had not been carried out in 2015 in respect of the overall care received. The manager confirmed that a survey would be carried out by the end of 2015.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was mostly well led. The home had a quality assurance policy. However we noted that the policy was not comprehensive.

There was a lack documented evidence to confirm that regular audits were carried out by the provider. We saw no documented evidence of recent health and safety checks in respect of the premises, housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals.

The home had a clear management structure in place with a team of care staff, the deputy manager and the manager. Staff told us that they felt supported by management within the home and felt able to have open and transparent discussions.

Requires improvement



Abbotsford – Pinner

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 19 October 2015 of Abbotsford – Pinner. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed nine care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with nine people who used the service and four relatives. We also spoke with the registered manager, deputy manager, two care staff and the activities coordinator. We also spoke with one care professional who had regular contact with the home.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and around staff. One person said, “I do feel safe here.” And another person told us, “I feel safe because I know people are here to help me.” Another person said, “Oh yes it is safe here. There is always someone around.” Relatives we spoke with told us they were confident that people were safe in the home. One relative said, “[My relative] is absolutely safe in the home.” Another relative told us, “[My relative] is totally safe.” The healthcare professional we spoke with was confident that people in the home were safe.

Staff were able to identify the different kinds of abuse that could occur in a home and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had occurred. They said that they would directly report their concerns to management. Staff were also aware that they could report their concerns to the local safeguarding team, police and the CQC. Safeguarding procedures were in place. However, we noted that the home’s safeguarding policy did not include the correct details for social services and raised this with the manager. The manager confirmed that the policy would be amended to ensure that details of social services were included.

The service had a whistleblowing policy and the majority of staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Individual risks to people had been identified and actions were in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow scoring tool and falls risk assessment. We also saw that risk assessments contained action for minimising potential risks such as falls and moving and handling. The assessments included details of significant hazards, the level of risk and details of further action required. Risk assessments were reviewed monthly and were updated when there was a change in a person’s condition.

On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks.

Staff we spoke with told us that there were generally enough staff and they were able to complete their tasks. The majority of people who used the service told us that there were enough staff on duty. The manager explained to us that they only used permanent staff and never used agency staff so that there was consistency of staff and people who used the service were familiar and comfortable around care staff. We also noted that the home had a low staff turnover rate with the majority of staff having worked at the home for a considerable amount of time. One relative told us, “Staff are long serving. They don’t come and go so they know people’s needs well.”

We looked at the home’s recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for six members of staff and found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. The fire plan was on display throughout the home clearly indicating fire exits and escape routes.

We activated the buzzer during the inspection. The buzzer was responded to within 1 minute. People told us that staff were available. One person said, “There is always someone on duty at night and they do check on me.” Another person said, “Staff are nice. They are there when I need them.”

We looked at the arrangements for ensuring that people received their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. The home had a medicines storage facility in place. The facility was kept locked and was secure and safe. At the time of our inspection, evidence of monitoring the room temperature where medicines were stored were not available. Following the inspection, the provider sent us a record of the temperature checks carried out. However we noted that there were significant gaps. We saw that temperature checks had only been recorded on 29 June 2015, 22 September 2015, 19 October 2015, 21 October 2015 and 22 October 2015. The manager informed us that they were

Is the service safe?

unable to locate the temperature check records. There was therefore no evidence to confirm that temperatures had been monitored. It was therefore not evident that regular temperature checks had been carried out consistently to ensure that medicines were stored at the right temperature and raised this with the manager. The manager confirmed that temperature checks would be carried out daily.

We viewed a sample of medicines administration records (MARs) for people who used the service. We noted that there were some gaps in the records we looked at and spoke with the deputy manager and manager about this. They acknowledged these gaps and confirmed that the persons concerned had received their medicines but staff had failed to complete the MAR chart appropriately.

The deputy manager confirmed that weekly medicine audits were carried out but we saw no evidence of these being documented. We saw evidence that the last documented internal medicine audit had been carried out in November 2014. We noted that an external audit had

been carried out in July 2015 but noted that this audit was not comprehensive. Following the inspection the manager sent us evidence that the service had carried out an audit after our inspection.

The premises was well-maintained and clean. People who used the service and relatives told us that the home was always clean. One relative said, "The home is always clean." The home had an Infection control policy and measures were in place for infection control. We visited the laundry room and discussed the laundering of soiled linen with staff. They were aware that soiled and infected linen needed to be washed at a high temperature.

We recommend that regular temperature checks are carried out to ensure that medicines are stored at the right temperature and that there is evidence of medicine audits in accordance with medicines good practice and regulations.

Is the service effective?

Our findings

People spoke positively when asked what they thought of the home and staff. One person said, "If I have to be in any care home, this is the best place to be. I have confidence in the home. It is marvellous." Another person said, "It's very nice here." Another person told us, "I'm happy here generally." Feedback from relatives was positive. One relative said, "I am absolutely delighted with the home. It is excellent. I am very positive about the home." Another relative told us, "The home is fantastic. I am very happy with the care. [My relative] is really looked after well. Staff are patient and very helpful."

We were provided with a training matrix which detailed what training staff had undertaken. Some staff had received training in safeguarding, moving and handling, food hygiene and medicines management. However we saw that training for a significant number of staff was out of date and refresher training was required. For example we noted that all staff required a refresher medicines management training. A significant number of staff required refresher training in infection control and first aid training. We spoke with the manager about gaps in staff training and she confirmed that staff were currently updating their training.

We saw evidence that some supervision sessions had taken place recently for staff. However, there was no evidence to confirm that these sessions had taken place consistently over the last year. For example we saw evidence that for one member of staff, it was documented that they had received supervision on 29 November 2012 and then on 19 March 2015. There was no evidence to confirm that supervision sessions had taken place in between this period. We spoke with the manager about this. She acknowledged that staff had not received regular supervision sessions but explained that she had regular informal meetings with staff which were not documented. The manager confirmed that in future staff would receive at least six supervision sessions per year and that these would be documented. All staff we spoke with told us that they had meetings with management and felt able to speak with management openly.

We did not see evidence that staff had received an annual appraisal about their individual performance since the last inspection. There was therefore no evidence that staff had

received an appraisal in the last year and had not had an opportunity to review their personal development and progress. The manager explained that appraisals would be carried out by the end of 2015.

We did not see evidence that all staff were supported to fulfil their roles and responsibilities through regular documented supervisions and appraisals. Records also indicated that there were significant gaps in staff training.

The above is a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us that they felt supported by their colleagues and management. One member of staff told us, "I feel supported by management. It is a good team here. We work well together." Another member of staff said, "I feel supported by staff and management. I can ask them any questions. No problems at all."

Information about people's capacity to make specific decisions was recorded in their care plans. Care plans contained information about people's mental state and cognition. MCA is legislation to protect people who are unable to make decisions about their lives, including decisions about their care and treatment. The manager demonstrated a good understanding of the MCA and DoLS and issues relating to consent. Staff had basic knowledge of the MCA. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). These safeguards ensured that an individual being

deprived of their liberty through not being allowed to leave the home, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. Where applications had been made, we saw evidence that approval had been given.

The arrangements for the provision of meals were satisfactory. The majority of people we spoke with spoke positively about the food at the home. One person said, "Marvellous food here. If you don't like something, they find something else to please you." Another person said, "The

Is the service effective?

food is quite good here. I am satisfied. There are always alternatives. Another person told us, “The food is fine. No complaints. There are alternatives and I feel able to ask for other food.” However, one person said, “It’s ok. I would like more variety of vegetables.”

Relatives we spoke with were positive about the food provided at the home. One relative said, “The food is fresh there. Lots of choice.” Another relative said, “The food is good. They use fresh food. Meat from the local butchers.” Another relative said, “My relative is very happy with the food.”

We spoke with the manager about the food provided at the home and she explained that in recent months the home had focused on improving the variety of food and had done a great deal of positive work in respect of this. She explained that they had listened to people’s suggestions. For example, they provided a variety of vegetables following suggestions from people. We saw that there was a set weekly menu and people were able to choose what they wanted to eat. The manager explained that people discussed what they would like on the menu at resident’s meetings and there was a different food menu every week.

During the inspection we observed lunch and dinner and noted that there was a relaxed atmosphere. Some people sat on their own individual tables and others sat at tables together. People told us that they liked this arrangement. Staff spoke with people, interacted with them and assisted them when required. We observed staff asking people what they would like and offering them choices and alternatives.

At the time of our inspection, the kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date. Food that had been opened was appropriately labelled with the date they were opened so that staff were able to ensure food was suitable for consumption.

People’s weights were recorded regularly. This enabled the service to monitor people’s nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and social care professionals.

Is the service caring?

Our findings

People told us that they felt well cared for in the home. One person said, “Staff are very caring. No complaints.” Another person told us, “Staff are very helpful and pleasant.” Another person said, “Staff are wonderful. They cater to people’s individual needs. I have no regrets coming here. Staff go out of their way to please people.” All the people we spoke with were positive about the care and support they received at the home and no concerns were raised. Relatives of people who used the service told us that they were confident that people were well cared for. One relative said, “Care staff are lovely. Always, always pleasant. They are always keen to help. Staff never say no.” When speaking about the home, another relative told us, “It is exceedingly caring. People are well cared for. I have no complaints at all.” Another relative said, “Staff are so caring and affectionate. They treat people how they would treat their own family. They are so helpful.” One healthcare professional told us that she was confident that people were well cared for in the home.

Care staff we spoke with had a good understanding of the needs of people and their preferences. We noted that each care plan included a section titled “Wellbeing” which included details about people’s likes and dislikes. Care plans also included information about people’s interests and their background and used this information to ensure that equality and diversity was promoted and people’s individual needs met. We saw evidence that Kosher meals were provided for people if they wished. The manager explained that the service focused on how the service can help support people’s individual needs and then acted accordingly.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Care plans with the exception of one had

been signed by people or their representatives to show that they had agreed to the care they received. Relatives we spoke with told us that they were involved with their relative’s care and were kept informed of developments.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge and some people chose to spend time in their bedroom.

The manager explained to us that the ethos of the home was to encourage people to be independent and where possible, to do things themselves. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One member of staff said, “I speak to people constantly. I always ask people what they want. I give people privacy with personal care. I listen to what people say and try and help where needed.”

People spoke positively about their bedrooms. One person said, “My room is tidy. I have what I need.” All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People told us that they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, “Staff are very good. They are respectful and listen.” Another person told us, “Staff are so helpful even when people are difficult.” Another person said, “Staff are pretty good. They are polite and helpful.”

Records showed initial assessments of people’s needs were carried out with involvement from the person, and when applicable their relatives. People’s assessments included information about a range of each person’s needs including; health, social, care, mobility and communication needs. These needs were then incorporated in the person’s care plan and contained information that enabled staff to meet people’s needs. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. There were appropriate risk assessments and detailed guidance for staff so people could be supported appropriately.

Care plans were reviewed routinely monthly and were updated when people’s needs changed. Care staff told us that they reviewed people’s care plans on a regular basis so that they were kept up to date with people’s changing needs and ensured that such information was communicated with staff.

People we spoke with told us there were generally sufficient activities available for them to participate in. We noted that there was not a formal activities timetable and the manager explained that this was because activities depended on what people wanted to do daily. We spoke with the activities coordinator and she explained that she organised activities that people were interested in. She told us that people enjoyed card games and quizzes so this was often available to people. There was also karaoke available which people spoke positively about. We also noted that some people did not want to take part in group activities. As a result, the activities coordinator visited those people in their rooms and spent time talking with them or doing activities they wished. On the day of our inspection we saw people watch a musical show on television in the morning and in the afternoon play card games and take part in a quiz. People who used the service told us that they looked forward to these activities and spoke positively of the activities coordinator.

All the people we spoke with were positive about the garden in the home. We noted that the garden was well looked after and people told us that they liked to go for walks in the garden. One person said, “The garden is lovely.” Another person said, “It’s a pleasant area. The garden is lovely.”

There was a system in place to obtain people’s views about the care provided at the home. There was a suggestions box so that people could leave their feedback and comments. Further, we saw evidence that there were resident’s meetings so that people could raise any queries and issues. People we spoke with confirmed that there were resident’s meetings and felt able to talk at these meetings. One person explained that there had been a lot of discussion at the last meeting about food choices. Another person told us, “We have resident’s meetings and I feel able to raise issues.”

We noted that a formal satisfaction survey had not been carried out in 2015 and discussed this with the manager. She explained that questionnaires had been given to people in respect of the food and we saw evidence of this. Satisfaction surveys had not been carried out in respect of the overall care received. She confirmed that a survey would be carried out by the end of 2015. The manager explained that people were encouraged to raise issues with management and staff whenever they wished to and not to wait for a satisfaction survey. One relative explained to us that she cannot recall completing a satisfaction survey but said that she often sees the manager in the home and the manager always has time to speak about her relative’s care. This relative preferred the personal touch rather than a questionnaire.

The home had a complaints policy in place and we saw that it was displayed throughout the home. There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home. We noted that the service had a system for recording complaints. The manager confirmed that the service had not received any formal complaints since the last inspection.

Is the service well-led?

Our findings

People who used the service generally spoke positively about management at the home. They told us they found management at the home approachable and felt comfortable raising queries with them. One person said, “The manager does a good job. I feel able to raise concerns if I need to.” Another person said, “The manager is quite nice.” People also spoke positively about the deputy manager and said that she was always available. One person said, “The deputy manager is really lovely. We have a joke.” Another person said, “[The deputy manager] is very helpful. She sorts things out.” However one person told us, “Management are not always available.”

Relatives spoke positively about management at the home. One relative said, “We see the manager. She is approachable. I feel completely comfortable raising issues.” Another relative explained to us how the manager had sat up with her relative the whole night when she was unwell and said, “[The manager] is really caring.” Another relative said, “[The manager] is very approachable, I can always reach her easily and she is responsive.” One healthcare professional told us that the manager listened to feedback and were helpful.

There was a management structure in place with a team of care staff, the deputy manager and the manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the manager. One member of staff said, “It’s a nice home and my colleagues are nice. The manager is supportive and looks after staff. She listens and always asks us what we think.”

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred quarterly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Staff also said they did not wait for

the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily at an informal catch up meeting. We noted that these meetings were not documented but on the day of our inspection observed such a meeting take place. Staff told us that they felt able to speak with management at any time.

The home had a quality assurance policy. However we noted that the policy was not comprehensive and did not provide detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. Further the policy did not include information on audits.

We noted that there was a lack documented evidence to confirm that regular audits were carried out by the provider. We saw evidence that an internal medicines audit had been carried out in November 2014 but noted that no further internal medicines audits had been carried out. Further, there was a lack of documented evidence to confirm that internal regular health and safety checks in respect of the premises, housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals were carried out. We spoke with the manager about this and she confirmed that such checks were carried out but these were informal and had not been recorded. Therefore it was not evident how the provider was monitoring its service in order to better demonstrate how the service was ensuring that people were protected against the risk of unsafe or inappropriate care.

Accidents and incidents were recorded and analysed to prevent them reoccurring.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

We recommend that the provider carries out regular and comprehensive audits and that these are documented so that it is evident how the provider is monitoring its service to demonstrate how the service is ensuring that people are protected against the risk of unsafe or inappropriate care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of evidence that staff were supported to fulfil their roles and responsibilities through regular supervisions and appraisals. We also noted that there were significant gaps in staff training.</p>