

Prideaux Lodge Care Ltd

Prideaux Lodge

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

We inspected Prideaux Lodge on the 14 and 15 October 2015 it was an unannounced inspection which meant the provider and staff did not know we were coming. Prideaux Lodge provides accommodation and care for up to 16 older people, respite care is also offered, although at the time of our inspection there was no one on residing at the home on respite. On the day of our inspection 12 older people were living at the home aged between 69 and 99. People had various long term health care needs; this included some people living with dementia. Other conditions impacted on people's mobility which may mean people are at risk from falls.

Although a registered manager was not in post the service had an acting manager who was in the process of undertaking registration at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of our inspection the provider had been operating the service for 12 months and this was the provider's first inspection. Throughout our inspection, people spoke positively about Prideaux Lodge. Comments included, "Really lovely place to live, like a hotel" and, "I'm happy living here." However, we identified a number of areas that required improvement.

The provider had not ensured some environmental risks related to emergency evacuation had been fully considered. This included fire exit doors which had coded locked bolts on.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider had not ensured that proper authorisation procedures had been followed in regard to restricting some people's liberty.

Although staff we observed and spoke to were knowledgeable about their roles most staff had not completed their mandatory training. This meant the provider could not be assured all staff was up-to-date with their knowledge.

Care staff led most activities within the service. The provider had employed a part time activities co-ordinator, we saw that during the times they worked the activity sessions attracted more people and care staff were better placed to support people who required support assistance.

Although it was evident the new acting manager had made improvements in systems and processes in many aspects of the service there remained areas where the service was not consistently well led. The audit process was established but not routinely being undertaken in most areas. DoLS applications had not been undertaken in a timely manner. Staff supervisions were behind the schedule the acting manager had planned.

There were enough staff to look after people. We saw people were responded to and supported effectively by staff. Recruitment procedures were in place to ensure staff employed were of good character.

Meal times were enjoyed by people. One person said, "Always plenty of good food on offer."

People had access to appropriate healthcare professional and staff told us how they would contact the GP if they had concerns about people's health

People were looked after by staff who knew them well. Staff were kind, caring and treated people with respect and protected their dignity and promoted their independence.

Care plans were reviewed and updated regularly and people told us they felt involved in their care.

Staff told us they felt well supported by the acting manager and provider.

People told us they would be confident to raise any concerns or complaints with the staff, management or provider. .

We found breaches in Regulations. You can see what action we told the provider to take at the back of the full version of this 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?

Not all aspects of the service were safe.

Some emergency evacuation features in relation to the premises were not safe.

There were sufficient staff on duty to safely meet the needs of people.

Staff were able to identify the correct procedures for raising safeguarding concerns.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home.

Requires Improvement



Is the service effective?

Not all aspects of the service were effective.

Some people's liberties were being deprived without proper authorisation.

Staff spoken to were clear on their roles and responsibilities however most staff had not completed their mandatory training.

People could see, when needed, health and social care professionals.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis.

Requires Improvement



Is the service caring?

The service was caring.

Staff knew people well and treated them with kindness and patience. We observed many positive interactions between people and staff.

Care records were maintained safely and people's information kept confidential.

Visitors were welcomed by staff and spoke positively of the quality of care delivered.

Good



Is the service responsive?

Not all aspects of the service were responsive.

Although people were supported to take part in a range of recreational activities these were more effective when the home's part-time activities co-ordinator was present.

People and or their families were involved in care design.

The service had a complaints procedure and people told us they would be confident their concerns would be dealt with.

Requires Improvement



Summary of findings

Is the service well-led?

Not all aspects of the service were well led.

Although there were some systems in place to assess the quality of the service provided these were not always effective.

Quality assurance with family, staff and other stakeholders had been either ineffective or not undertaken.

The acting manager had created an open, relaxed atmosphere in the home where staff felt supported.

Requires Improvement



Prideaux Lodge

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 on 14 and 15 October 2015. It was undertaken by two Inspectors.

During the inspection we spoke with eight people who lived at the service. We spoke with three visitors, six staff, and the acting manager and the provider.

We spent time sitting observing people in areas throughout the home and were able to see the interaction between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who were unable to talk to us.

We reviewed a variety of documents which included five care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home. This is when we looked

at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We reviewed the records of the home. These included policies and procedures, audits, along with information in regards to the upkeep of the premises. We looked at three recruitment files and records of staff training and supervision. We read medicine records and looked at complaint records, accidents and incidents and quality assurance records.

We reviewed the information we held about the service. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals including a social worker and community practice nurse. We requested information from a local GP practice and spoke to a visiting health care professional during our inspection. We spoke with a representative from the Local Authority's contracts and monitoring team. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

We looked at all areas of the home; we found aspects of the premise were not safe. On entering the home via the front door there was another inner door that had a coded lock; this lock was not overridden when the fire alarm was activated. This meant if a rapid evacuation was required the staff, people or visitors would be required to enter the code before an exit was possible. The acting manager told us they would investigate an 'override' system for this door. Following a recent electrical fault two ground floor fire exits had been fitted with coded sliding bolts to secure them. The acting manager told us this had been installed as a short term preventative measure. However the electrical fault had been fixed but the bolts had not been removed and were in a locked position. This meant people would be unable to exit if they did not have the code for these doors. During our inspection the bolts were slid to the unlocked position so fast exit was possible. The acting manager told us the bolts would be removed from the ground floor fire exits the day after our inspection.

The door which led from the home's reception into the main lounge had a chain which connected it to a fire release door guard. Throughout our inspection this chain was seen to be catching on the carpet under the door. This prevented the mechanism releasing. We saw this repair was identified within the maintenance log but no target completion date was identified. The acting manager stated they would clarify with the home's maintenance staff when this would be corrected.

The most recent electrical testing of portable equipment (PAT) certificate expired in June 2015. The acting manager had not scheduled for equipment to be re-tested and could not easily identify what equipment had been tested when the last certificate was issued. Although there was evidence the provider had recently purchased multiple new electrical items, which would not require testing, the acting manager was not able to clearly distinguish between what equipment required testing and when this would be next undertaken. The provider told us they would arrange for all portable equipment to be tested so as they could, "start with a clean sheet." The areas identified in relation to the premises require improvement.

The senior carer who had responsibility for medicines described the significant improvements with medicines administration which had taken place since the new acting

manager had begun. They said, "Things are so much better, so much more organised." However during our inspection staff were unable to locate the home's medicine returns book. This document is used as an administrative tool to keep track on what medicines are no longer required and have been returned to the pharmacy. Following our inspection the acting manager confirmed the medicine return book had been located. The acting manager told us they were awaiting the delivery of a thermometer so the ambient temperature within the newly created medicine cupboard could be monitored. We observed the lunch time medicines being administered. The member of care staff who administered medicines was seen to check and double check at each step of the administration process. Care staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. We looked at a sample of MAR charts and found them competently completed. Medicines were ordered correctly and in a timely manner that ensured medicines were given as prescribed.

Risk assessment within people's individual care plans identified a range of health and support care needs had been considered such as mobility, nutrition and people's skin condition. These had been reviewed monthly provided staff with clear guidelines in how to support people safely with all aspects of their daily routines.

The acting manager had implemented clear systems for the recording of accidents and incidents within the home. On the day of our inspection we saw a member of care staff completing a form for an incident which had occurred earlier in the day. The staff member said, "The form is detailed and we pass them to the manager to look at once completed."

Care staff were able to identify their responsibilities to keep people safe from harm or abuse. They had a clear understanding of the different types of abuse. Care staff told us they had confidence senior staff would take appropriate action if they raised concerns about abuse. One member of care staff told us, "I know my manager would take anything I told them seriously when it comes to protecting residents." Care staff told us if they were not satisfied with the response from their manager they would raise it with the provider. One staff member identified they

Is the service safe?

would refer issues on to the local authority; another said they would contact the CQC. The manager was aware of their responsibilities to report any concerns if a person may be at risk of abuse, to the local authority.

People told us there were sufficient staff available to assist them. One said, "I stay in my room a fair bit but I see they are about all the time." During our inspection staffing levels matched what was planned on the staff rota. There were two care staff on duty between 8am and 8pm. During the night there were two care staff on the premises. The acting manager predominately worked office hours in an administrative function and was based in the office, however staff told us they were visible throughout the day. One person told us, "The manager spends time sitting and chatting with me." Staff told us they felt there were adequate numbers of staff to keep people safe. Call bells

were seen answered promptly and people were supported safely by care staff whilst moving around the home. The staffing levels at this time were sufficient to keep people safe.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and all staff had a Disclosure and Barring Service check (DBS) in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The acting manager told us new staff were prevented from working until their DBS check was in place. At the time of our inspection two new staff were awaiting a start date whilst their DBS applications were being processed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 sets out how to support people who do not have capacity to make a specific decision. Although the acting manager was aware of their responsibility with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) these had not been consistently adhered to. Three people's care plans identified they could show confusion regarding where they lived and may attempt to leave the home unaccompanied and place themselves at risk. On the day of our inspection one person was showing anxiety and wanting to 'go home.' One staff member said, "They have previously damaged the kitchen door trying to get out." To mitigate these risks a coded lock had been installed on the main exit, however appropriate DoLS applications to the authorising body had not been completed in a timely manner. We saw evidence the acting manager was completing these applications at the time of our inspection. The acting manager acknowledged that this task should have been completed at an early point. Within one person's medication care notes it stated they had PRN (as required) medication prescribed if they became anxious. However this person lacked capacity regarding their medication and there was no clear directive or rationale documented identifying when staff should administer. The acting manager told us they would liaise with this person's GP to seek clarification and guidance for staff.

The provider's shortfalls with regards to MCA and DoLS are a breach in the Health and Social Care Act 2008 Regulation 11 (Regulated Activities) Regulations 2014.

However staff demonstrated general awareness of the MCA and DoLS. Policies and procedures were available and these provided staff with guidance regarding their roles and responsibilities under the legislation. We observed care staff respected people's rights to make decisions. We saw people being asked for their consent routinely through the inspection. One person said, "I'm not as sharp as I was but they (the staff) explain things clearly in a way I understand, choice is important to me."

The majority of training that staff accessed was undertaken via an external training provider. Staff completed work books and then undertook a knowledge test prior to a certificate being issued. The acting manager categorised training as mandatory and additional. Although the acting

manager's records identified work books had been distributed to all care staff, the majority had not been completed and returned. For example only four out of nine care staff had completed their training for health and safety. Only two out of 12 staff had returned their infection control work books. However through our observations and discussions with the staff on duty we saw they were confident in their roles and responsibilities. One member of care staff said, "I have done lots of training over the years but the training is a good refresher." However as some staff had not completed training in key areas the provider could not be assured all staff had a sound knowledge. The acting manager stated this was a current priority. This is an area that requires improvement.

The acting manager had a planned supervision rota. All staff had received at least one supervision since the acting manager had begun in April 2015. Supervisions were either 'face to face' in the office or via a practical observation. These were planned for two monthly intervals however the acting manager told us they had fallen behind with their staff supervision. One staff member said, "I have been observed during a meal service but not had a written supervision yet." However all staff spoken to told us they felt well supported by the acting manager. One told us, "It's been great having our new manager come here; they are really knowledgeable and willing to share this."

People told us they liked the food at the home. One person told us, "I look forward to my meals, top notch" another said, "Always a good breakfast, have what I want." We observed the lunch time meal service on both days of our inspection. Most people ate in the main dining room. The menu identified that there were two choices available for the lunch time meal. People who ate in the dining room mainly ate independently. People were chatting to each other during the meal. Food was well presented and appeared appetising, people ate well. People were offered breakfast, lunch, afternoon tea and a supper. People were regularly offered drinks; there was fresh fruit available in the dining room and people helped themselves throughout the day. People were able to have their meals when and where they chose. We saw one person had enjoyed a late breakfast and was not ready for their lunch, the cook ensured a lunch time meal was put aside for them. People's preferences and dietary requirements were seen to be accommodated and clearly documented in care plans.

Is the service effective?

People were supported to access healthcare services and maintain good health. Care records showed external healthcare professionals were involved in supporting people to maintain their health. This included GP, speech and language therapists, district nurses and chiropodist. One person told us, “My doctor is excellent; I can see them when I need.” We spoke to a visiting healthcare professional, they told us, “I’ve visited a few times and found things very positive, the staff are switched on to

residents.” On the days of our inspection we saw staff liaising by phone with various health care professionals to arrange appointments and seek advice. One visitor said, “I am impressed how they (the staff) pick up on when our friend is not quite themselves.” We observed the staff handover between shifts. Staff were provided with a clear overview of how people had spent their time, their mood and any specific health concerns. For example identifying a new small skin pressure damage area on one person.

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had been developed with the staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.

The atmosphere within the home was calm and relaxed for people. We observed people seated in the communal lounge, drinks to hand and happily chatting with one another. People were seen moving freely around the home and enjoyed spending time in their rooms and the communal areas. People told us they were please the garden was now accessible. One person said, "Before it got colder we sat out on the decking, it was lovely." Another person told us, "I'm very happy here, the environment and staff are spot on."

Throughout our inspection we saw staff interacting with people in a caring, kind and professional manner. Staff were observed chatting and laughing with people and providing assistance when needed. Staff spoke fondly about the people they supported and demonstrated a commitment to providing high quality care and support. One staff member told us, "It's important to me that residents are as happy as possible, they come first." It was evident staff had spent time building a strong rapport with people. Staff could tell us about individuals' backgrounds, their personalities and their likes and dislikes. One person had a strong interest in art and different staff were seen to engage them in conversation on this topic. One staff member said, "It's often the small things that make a difference, it could be easy to whizz by if you are busy." Many of the people at Prideaux Lodge had chosen to use variations of their formal names and staff were seen to be familiar with these. These choices were clearly documented within their care records.

Maintaining independence was promoted within the home and staff understood the principles of supporting people to be as independent as possible. One staff member told us, "I wouldn't support to the point where I take away people's skills and independence." Another staff member told us, "I

encourage and prompt, like washing their face and dressing." People told us that they were encouraged to do things for themselves. One person told us, "I am slow now but I like to move around by myself without help, I can do things for myself most of the time and they (the staff) know this."

People were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. Women were seen wearing jewellery and people's hair was neatly done. One person told us, "I look forward to seeing our hairdresser once a week." People's choices were respected and evident within care planning, for example we saw people had requested they receive personal care from female staff member. A staff member said, "This is important to them and will always be respected."

Care records were stored securely on either the home's computer system or within paper records. There were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality. One told us, "I am always discreet and sensitive; knowing residents well helps ensure you don't cause upset." Staff supported people in doing what they wished, such as sitting in the lounges or going to their room. There was a friendly, relaxed environment, where people were happy and engaged in their own individual interests, as well as feeling supported when needed.

Visitors were welcomed throughout our inspection. Relatives told us they could visit at any time and they were always made to feel welcome. The acting manager told us, "There are no restrictions on when visitors pop in". A visitor said, "I come in most days and always a lovely place to come, very caring staff." Another said, "I am always impressed with the home when I come, people are happy and engaged and well cared for."

Care plans had undergone a redesign when the new acting manager arrived in April 2015, they told us prior to their arrival care plans contained no information on people's end of life wishes. We saw the acting manager had begun to work with people to explore their choices and decisions.

Is the service responsive?

Our findings

People were positive about the range of opportunities for social engagement and the activities offered at Prideaux Lodge. One person told us, “I get involved in most things going on.” There was an ‘activities planner’ on a notice board. This identified that activities were a mixture of in-house and visiting external providers such as musical entertainers. During our inspection care staff were seen to lead activities for the majority of the time. On the first day of our inspection seven people took part in a reminiscence quiz in the large lounge in the morning. This was popular and people were engaged and enjoyed the activity. The home employed an activities co-ordinator for six hours spread over two afternoons each week. The acting manager told us this had been a recent introduction in response to feedback from people and care staff. In the afternoon on the first day of our inspection, when the activities co-ordinator was not working, care staff were occupied with duties such as responding to call bells and preparing the afternoon supper and the activity was not as well planned or popular. However on the second day of our inspection, when the activities co-ordinator was working, the activities were seen to be very popular. A visitor commented, “A real positive buzz to the place.” One member of care staff said, “It makes such a difference when the activities staff are in during the afternoon as they can really focus on getting people involved.” Another member of care staff said, “It all works much better when activities are run by the co-ordinator.” We spoke to the acting manager regarding this and they told us they were monitoring how things were working. They said, “I can see that things flow more effectively when the activities co-ordinator is working.”

The acting manager had begun to build links with local community organisations. They said, “We recently accompanied residents to a ‘singing down memory lane’ event, which was very popular. People told us that they were visited at the home by local religious leaders on a routine basis. There were photographs displayed on a notice board of the home’s garden party held in the summer. One staff member said, “It was an excellent day, everyone was invited, it was great fun for residents.”

People told us they were involved in their care and felt staff were responsive to their needs. Care plans contained information and guidance that had been updated and reviewed regularly. Care plans covered all aspects of people’s lives, for example personal care, mobility, communication and rest and sleep. Care plans were personalised to the individual and information was readily available on how the individual preferred to be supported. It was evident people had been involved in developing their care plans. People told us staff had spent time talking to them about the care they needed, their choices, about how this was provided. This included morning, daytime and bedtime preferences. The home operated a ‘key worker’ system; the acting manager told us this was a new initiative. One member of care staff told us their responsibilities involved, “keeping a check on people’s toiletries and supplies and liaising with family if people require additional items such as clothing.”

Staff told us they encouraged people to be involved in all aspects of the home. We saw care plans identified which people enjoyed assisting with routine tasks. For example one person liked to help with washing up and folding laundry. One staff member said, “It’s a good way to have a chat whilst you are working together.” At one point during the inspection several residents said they were ‘getting chilly’, care staff were seen to respond quickly and ensured the heating was adjusted and extra clothing offered.

One person said, “I’m very happy living here, if I had a problem I would talk to the staff.” People told us if they had any concerns or complaints they would discuss them with the acting manager or other staff. The complaints log showed there had been one recent complaint, we saw attempts had been made to resolve the issues raised in a timely manner. When previous complaints had been raised we saw information about what actions had been taken to address and resolve them. The complaints policy was available within the reception area. There had been one residents meeting since the acting manager had been in post and another was advertised on the notice board for the end of October 2015. Minutes from the previous meeting demonstrated that people’s opinions had been sought on all aspects of the home from television to meals. One person said, “There’s not many of us living here, it’s straight forward getting your points across.”

Is the service well-led?

Our findings

People spoke positively of the home's management and commented they felt the home was well run. One person said, "Things run well here, no problems for me." Despite people's praise of management, we found examples during our inspection where the provider had not ensured the service was consistently well led. The acting manager had not made timely submissions for DoLS applications. Staff had been issued with their training booklets however the acting manager had not ensured these had been returned within appropriate time frame. The acting manager had created a timetable for staff supervisions but had not adhered to the target dates. The safety issues which related to emergency evacuation had not been identified and systems to ensuring electrical equipment had been tested had not been put in place.

When the acting manager had come into post they had undertaken a comprehensive audit of which highlighted all the areas that required attention. This information formed an action plan which was seen to be in use by the acting manager at the time of our inspection. However although additional routine audits had been established by the acting manager the majority were either uncompleted or partially completed. The acting manager acknowledged this was an area that required improvement.

The acting manager's monthly audit for accidents and incidents had been completed regularly and clearly identified an analysis of patterns and trends; however an administration error in July's 2015 audit meant that one accident had been over looked. This omission meant that this information was not included within the analysis.

We found limited quality assurance surveys had been undertaken with people's family, staff and other stakeholders such as GP's and district nurses. One quality assurance satisfaction survey had been sent out to people's family members when the acting manager began however there had been no responses. The acting manager told us their next planned survey to people's family members was overdue in being sent out.

Although we saw the one recent complaint had been responded to, the corresponding paper trail was not complete and could leave the provider open to challenge to their procedures. The complainant had verbally stated they were happy with the actions taken by the service to a

member of staff, however there was no evidence as to when or which staff member had received this information. The home's complaints policy did not sign post complainants to the local government ombudsman if they were dissatisfied with the provider's response.

The home's policies and procedures for the service contained out of date references. For example they regularly referred to the CQC's essential standards. These were replaced with the fundamental standards in April 2015. The provider stated they had commissioned an external company to update these alongside the acting manager and assured us these would be replaced imminently.

The shortfalls identified related to governance of the service are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All people and staff spoken to acknowledged that since the new provider had acquired the home many aspects of the service had significantly improved. One person said, "They must have spent a lot as there have been so many improvements." Staff stated that since the acting manager had been in post they had also made many positive changes. One staff member said, "It's been great, things get done quickly and we have someone to go to if there are any problems."

Throughout the inspection, staff informed us that communication within the home was excellent. Staff knew and understood what was expected of them whilst they were working. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Team meetings were held regularly and staff could discuss aspects of people's care and support. The acting manager said, "I want staff to be comfortable and confident in what they do." A staff member said, "I love working here, it has got so much better." Staff meetings and were held regularly. Staff told us these were an opportunity to discuss issues relating to people as well as general working practices. We saw minutes for the previous two staff meetings which verified this. One staff member told us, "The meetings are helpful and you feel listened to."

Staff said they felt well supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and

Is the service well-led?

address problems or concerns with management. One member of staff told us, “The manager is very approachable, you can always catch them to ask something you are not sure about.”

The provider published the aims and values for the service within the ‘service user guide’ that was provided to people at Prideaux Lodge. The values stressed the importance of areas such as, ‘Privacy and dignity, choice and fulfilment.’ During our inspection people, their visitors and staff regularly referred to the ‘homely’ feel of the service. One person said, “I know it’s my home and I am happy here.”

The provider manager had an up-to-date business plan for the home. This document had clear objectives that had the purpose, costing, actions and timescale attached. The most recent document from May to November 2015 mainly made reference to physical refurbishment of the building.

The acting manager said they felt well supported by the provider. The provider visited the home twice a week and the acting manager said, “I speak to the owner most days, they always make time for me and the staff.” People told us they saw the provider and that they could raise issues with them directly. One staff member said, “The owner often telephones in at the weekend to check things are going ok and there are no issues.”

The provider was consistently notifying the CQC of incidents where injury, harm or abuse had occurred to people. Under the Health and Social Care Act 2008, providers are required by law to submit statutory notifications.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements.

Regulation 11

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

Regulation 17(2)(a)(b)(c)