

Aaroncare Limited

# Aaron Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Aaron Court is registered to provide accommodation for up to 73 people who require nursing or personal care. The service offers support to older people and people living with dementia. At the time of the inspection visit there were 65 people living at the service.

The inspection was unannounced and took place on the 7 & 8 February 2017. A previous inspection was carried out in February 2015 during which the service was found to be 'requires improvement'. The follow up inspection completed in July 2015 found that action had been taken to address the issues that had been identified, and the service was rated as 'good'.

There was a registered manager in post who had been registered with the CQC since December 2010. 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 this inspection we identified breaches of Regulations 12 and 17 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.

Pressure relieving mattresses were not always on the correct setting which placed people at risk of harm. In addition, we observed that mattress settings did not always correspond to checks that had been carried out by staff and staff had failed to identify where the setting specified by records was not correct. This showed inaccurate recording of information and demonstrated that this system was not robust.

A bathroom tap dispensed water at 50 degrees Celsius, which is above the maximum limit of 44 degrees Celsius set by the Health and Safety Executive, where outlets are accessible to people. This placed people at risk of scalding. This had been identified as an issue, as demonstrated by signage which warned that the water was hot. However appropriate action had not been taken to address this issue.

A majority of staff treated people with dignity and respect, however we observed occasions where staff were task-led in their approach, or did not speak to people in a dignified way. This had not previously been identified as an issue, and therefore action had not been taken to address this. We have made a recommendation to the registered provider around the appointment of dignity champions to assist staff with recognising poor practice.

Audit systems had failed to identify and adequately address the issues found during the inspection visit. This showed that these systems needed to be more robust.

Some positive relationships had been developed between people and staff. We observed examples where

they laughed and chatted together. Staff also acted to relieve people's distress, for example by offering reassurance where people experienced episodes of anxiety. People's family members also told us that they were made to feel welcome when they visited the service. People told us that a majority of staff were kind.

The environment was clean, safe and well maintained. However little consideration had been given to how the environment could be adapted to enhance the experiences of people living with dementia or a sensory impairment. For example, food menus were written in small writing and were not up-to-date, and there were no distinctive markers in corridors to help people find their way around. The registered provider had plans in place to carry out a refurbishment of the service.

People were protected from abuse. Staff had received training in safeguarding vulnerable people and were aware of the signs and indicators that may show abuse is taking place. Staff were aware of whistleblowing procedures and when they should use these.

Recruitment processes were robust and helped ensure that people's safety was maintained. Checks were carried out prior to new staff starting to ensure they were not barred from working with vulnerable adults. References were also sought from their most recent employers. This helped inform the registered provider about the suitability of candidates.

People were given their medicines as prescribed. Medication administration records (MARs) were completed as required by staff. Medicines were stored at the correct temperatures in line with manufacturer guidance. This helped ensure that medicines maintained their efficacy.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received support in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training and were aware of their roles and responsibilities in relation to this. People had been given the opportunity to challenge restrictions placed upon them as required by the MCA.

People had been supported to access input from health and social care professionals where required. People's family members gave examples where their relatives had been referred to their GP for support due to poor health. This helped ensure that people's health and wellbeing was maintained.

Care records were personalised and contained information around what staff needed to do to support people in relation to their individual needs. These also contained information around people's life history which enabled staff to get to know the people they were supporting. This helped to facilitate positive relationships between people and staff.

The registered provider had recently employed two activity co-ordinators to support people engage in activities. We observed people being engaged in one-to-one chats and group activities, including a game and sing-a-long. This helped ensure that people were protected from the risk of social isolation.

Audit systems were in place and carried out by both the registered manager and the registered provider. These systems looked at areas such as accidents and incidents, weight monitoring and complaints. This had ensured that these aspects of the service were being carried out to a good standard.

## 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.

Pressure relieving mattresses were not always on the correct setting which placed people at risk of developing pressure ulcers. Monitoring systems had failed to identify where settings were not correct.

Recruitment processes were safe and ensured that staff were of suitable character to work with vulnerable adults.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and knew how to report their concerns.

### Is the service effective?

**Good** 

The service was effective.

The registered provider had plans in place to ensure the environment was made suitable for people living with dementia and people with a sensory impairment.

People's rights were maintained in line with the Mental Capacity Act 2005.

People were supported to access health care professionals where required.

### Is the service caring?

**Requires Improvement** 

The service was not always caring.

The majority of interactions between staff and people were positive. However on some occasions staff were task focussed and did not speak to people in a dignified manner.

Positive relationships had developed between people and staff. Family members commented that they were made to feel welcome within the service.

People were able to access support from advocacy services. This

ensured that their wishes and feelings were considered where decisions were being made regarding their care needs.

### Is the service responsive?

**Good** ●

The service was responsive.

Care records were personalised and provided detailed information for staff around people's care needs.

Activities were in place to protect people from the risk of social isolation, and keep them entertained.

There was a complaints process in place which people were familiar with. The registered manager had responded in a timely way to complaints made by people.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Audit systems had failed to identify areas that required improvement as identified during the inspection. This showed that these processes needed to be more robust.

The registered provider had sought the view of people using the service and their family members. The registered provider had made changes in response to suggestions made.

The registered provider had submitted notifications to the CQC about events that had occurred within the service as required by law.

# Aaron Court Care Home

## 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 checked 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.'

The inspection visit started on the 7 February and was unannounced. The second day of the inspection was carried on the 8 February 2017, and was announced.

The inspection was completed by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams. They did not raise any current concerns regarding the service. Healthwatch had last visited the service in February 2016 and had not identified any concerns at the time. Healthwatch is an independent organisation who have the power to enter and view services providing care and support.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with six people using the service and five friends/ family members. We spoke with four members of staff, the registered manager and two members of the registered provider's quality monitoring team. We reviewed the recruitment and training records for three members of staff. We looked at the care records for eight people using the service. We also reviewed records relating to the day-to-day running of the service, such as audits and maintenance records.

# Is the service safe?

## Our findings

People told us that they felt safe within the service. Their comments included, "I feel very safe here", "I wouldn't be here if I didn't feel safe". People's family members also told us they felt their relatives were safe. Their comments included, "[Staff] have always monitored [my relative's] needs keeping them safe from getting bed sores" and, "I feel they are in a very safe environment".

People were not always fully protected from the risk of developing pressure ulcers. Some people required the use of pressure relieving mattresses to help prevent them from developing pressure ulcers. These need to be set so that they correspond to the person's weight. Where pressure relieving mattresses are not set correctly, this can compromise people's skin integrity. We found four pressure relieving mattresses to be at the wrong setting. For example, one person weighed 54.6Kg, however their mattress was set to 120Kg. In another example one person weighed 71.3Kg, but their mattress was set to 30Kg. We looked at care records which did not always provide accurate information around the settings required. This placed people at increased risk of developing pressure ulcers. We raised this with staff who confirmed these mattresses were on the wrong setting and proceeded to alter them.

This is a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were at risk of harm.

Checks were carried out to ensure the environment was safe. However we identified water from a tap, in a bathroom accessible to people using the service, had a temperature of 50 degrees Celsius. Guidance by the Health and Safety Executive states that water temperatures in care settings should not exceed 44 degrees Celsius where outlets, such as taps, are accessible to people. A sign had been put up which stated "very hot water do not use". This was not adequate protection for those people living with dementia, or people with a sensory impairment who may not be able to read or understand the sign. We raised this with the registered manager who ensured the bathroom door was locked. The day after the inspection visit the registered manager confirmed that this had been fixed.

Records relating to checks carried out on the environment showed that the lift and hoisting equipment had recently been serviced to ensure it was in working order. A legionella risk assessment was in place, and a recent water sample had been taken to ensure that there were no harmful bacteria in the water supply. Fire alarms were monitored to ensure they were in working order. This helped ensure that these aspects of the service were safe for people.

Risk assessments were in place in relation to people's needs. For example where people were not able to use a call bell, a risk assessment was in place outlining the reasons why. However call bell risk assessments did not include details on what alternatives had been implemented. We found that people without call bells were being checked frequently by staff to ensure they were safe. We raised this with the registered manager who assured us that risk assessments would be updated to reflect this information.

Other risk assessments were in place and kept up-to-date. These included details around people's risk of

falls, malnutrition, night time needs and any behaviour that may challenge. Clear information had been provided to staff around what action they needed to take to ensure people's safety was maintained.

The environment was kept clean and tidy throughout and we observed domestic staff cleaning the environment. Sluice rooms were kept locked when not in use, which ensured people could not access these and the hazardous waste contained within. Staff had received training in infection control, and a majority of staff were observed using personal protective equipment (PPE), such as disposable aprons and gloves as appropriate. However on two occasions we observed nursing staff dispensing medicines into their hands which presented a risk of cross infection to people. We raised this with the registered manager so she could address this with staff concerned.

People received their medication as prescribed. We observed a medication round being completed and found that nurses were completing medication administration charts (MARs) appropriately. MARs show where people have been given, or offered their medicines. Staff waited with people whilst they took their medication which ensured that these had been taken. People's medication was being stored correctly. Where medication needed to be kept cool these were stored in a designated fridge. The temperatures of the fridge were monitored on a daily basis to ensure that they were being kept at the temperature outlined by the manufacturer.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and were aware of the different kinds of abuse that could occur and how to report any concerns they may have. Records showed that staff had reported safeguarding concerns where appropriate and that the registered manager had taken appropriate action in response to these concerns. The registered provider had a whistleblowing policy and procedure in place which was accessible to staff, and which staff were familiar with. Whistleblowing is a process whereby staff are able to raise concerns either inside or outside the organisation without fear of reprisals.

We looked at the recruitment records for three members of staff which showed that recruitment processes were robust. New staff had been required to provide two references, one of which was from their most recent employer. Disclosure and Barring Service (DBS) checks had been completed prior to staff being employed. The DBS informs employers where applicants may have a criminal record or are barred from working with vulnerable people. This helps employers make decisions about the suitability of applicants for the role. This helped ensure that people were protected from the risk of abuse.

Feedback from people using the service and family members regarding staffing levels was mixed. People's comments included, "There are very skeleton staff, only one staff member on this part of the corridor. Sometimes we have to wait in the day but not very long at night" and "Yes, there seem to be enough staff". Family members told us, "There are not enough staff, there are a lot of people with complex nursing care issues on this floor. Since Christmas they mix and match from the other unit that has helped a bit but then the other unit will be short" and "There is enough staff to run the home somewhat effectively, but not enough staff to give the extras time needed to give quality personal care".

During the inspection visit we made observations in relation to the staffing levels. Staff were visible throughout the service and were responding in a timely manner to people's needs. Staff commented that they felt there was a shortage of staff in the afternoons, but this did not feel that this impact on the safety of people they supported. Rotas reflected that there were consistent numbers of staff in post. The registered provider had a dependency tool in place to calculate the number of staff required to meet people's needs.

A record of accidents and incidents was maintained by the registered manager. These records provided



relevant information relating to what had occurred, where and the time of day or night. The registered manager used this information to determine if there were times of the day, or places within the service where incidents were occurring more frequently. In examples where people had fallen multiple times, appropriate action had been taken to refer them to the relevant health professionals. Follow up monitoring had also been recorded to check for signs of any injuries after the event.

## Is the service effective?

### Our findings

People commented that they felt staff were skilled and able to meet their needs. One person told us, "Yes, staff are good at what they do", whilst a family member commented, "We have seen staff lifting [our relative] in the hoist they (staff) all look like they know what they are doing." We observed a notice on display which stated that 100% of staff had completed their e-learning training, and prompting to keep up-to-date.

Staff had completed training which enabled them to carry out their role effectively. Staff had received training in areas such as moving and handling, fire safety, dementia awareness and basic life support. Training had been delivered via a mixed of e-learning and classroom based sessions. Some staff had also been supported to achieve nationally recognised qualifications in health and social care.

An induction process was in place for new members of staff which included a period of shadowing more experienced members of staff. New staff were required to undertake training in areas such as those outlined above, as well as the completion of the care certificate. The care certificate is nationally recognised set of standards that care staff are expected to meet. This helped to ensure that new staff had the skills and knowledge needed.

Staff received supervision on a regular basis in line with the registered provider's policy. Supervision enabled staff to discuss any development opportunities or concerns they may have. This also allowed the registered manager the opportunity to address any disciplinary issues and ensure that these were being appropriately addressed. Staff received appraisals on an annual basis which allowed staff to set goals for the year ahead.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been submitted for those people who required a DoLS. People were also able to access support from an advocate to challenge DoLS where they did not think they were appropriate. This showed that people had been empowered to challenge aspects of their care that they did not agree with.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. They gave appropriate examples where they would offer choice and control to people, for example letting people choose what to wear for the day, or offering a choice of food. However, some people commented that they found the environment unnecessarily restricted their freedom. One person commented, "All the doors have a doubled locking system. It can be a problem if I want to go back to my room I need a key holder to let me out." One unit within the service was separated from the lounge area by a locked door. This

was to minimise the risk of people gaining access to exterior doors and leaving without the required support to keep them safe. We raised this with the registered manager and registered provider to consider whether any changes could be made to the environment in respect of this, as this may act to unlawfully restrict people's movements.

Whilst the service was registered to provide support to people living with dementia, there was little in the way of suitable adaptations to the environment which would improve people's quality of life. Corridors throughout the service were uniform and without any items or points of interest that would help people with way-finding. There was minimal use of signage that would help people discern what different rooms were used for. We raised this with the registered provider who showed us plans for a refurbishment, which included making the environment more dementia friendly.

People told us that the food was good and that there was always plenty of it. We noted that people had a choice of meals at lunch time. The lunch time food was home cooked and looked appetising. However, we observed the meal time experience was lacking in stimulation to make it enjoyable, for example through the use of music or discussions prompted by staff. There was a menu available on the wall in the dining areas, however the writing was very small. This meant that this information was not accessible to people living with a visual impairment, or with dementia. In addition, the menu options did not reflect what was on offer.

People's care records contained information relating to their dietary needs. For example where people needed a diabetic diet or soft food options due to swallowing difficulties. Food and fluid monitoring charts were in place and being completed by staff to ensure that those people at risk of malnutrition and dehydration were having enough to eat and drink.

People told us that they had been supported to access support from health professionals, such as their GP or district nurse, where required. People's care records contained the outcomes of any input from health professionals, which helped ensure that up-to-date information was available.

## Is the service caring?

### Our findings

People told us that most staff were kind and caring, however they also commented that one or two staff could be "sharp" at times. Their comments included, "All the staff are caring and kind most of the time" and "On the whole all the staff are kind". People's relatives commented positively on staff. They told us, "Staff are very caring and kind. [One person] always likes their door open; they know this and always make sure it is open. We can hear the staff talking to the residents in a kindly way" and, "The staff we have seen are lovely, we are surprised just how good they are."

On a majority of occasions we observed examples of positive interactions between staff and people being supported. For example, a member of staff offered reassurance to one person who was shouting loudly and displaying signs of being unsettled. They acted to calm them down by holding their hand and speaking in soft tones to them. In another example staff crouched down so that they were at eye level with one person, gently touching their arm to get their attention and asking if they would like to go for a bath and be "pampered".

On other occasions however, we observed staff being very task focussed. For instance, whilst staff were assisting a person to use a hoist, they had a conversation over the person's head, and paid little attention to the person. In another example a member of staff told one person, "Don't be so grumpy" and another person, "I heard you the first time you will have to wait a minute". We raised these examples with the registered manager and the registered provider so that this could be addressed.

We recommend that the service finds out more about the appointment of dignity champions within the work place, to support staff with identifying poor practice.

Some positive relationships had developed between people and staff. Throughout the inspection visit there were occasions when we heard people and staff laughing and talking together in a friendly manner. Staff were familiar with the needs of the people they supported and were able to give a detailed account of each person's individual needs, likes and dislikes. Family members also told us that they were made to feel welcome when they visited. One person's relative commented, "Staff always make you feel welcome here". We observed examples where staff and relatives spent time chatting in a friendly manner, which showed that positive relationships had developed.

People's privacy and confidentiality was maintained by staff. For example, doors, curtains and blinds were closed whilst personal care tasks were being completed. Staff were discreet when asking people if they needed support with going to the toilet, or if discussing other concerns of a personal nature. Records containing personal information about people was stored securely in a locked office, and information stored electronically was password protected to ensure it could only be accessed by authorised individuals.

People told us they had not seen their care plans, and could not recall being involved in their development. Some people's family members told us that they had been involved in reviewing people's needs (where appropriate), for example, two family members told us they had taken part in a medication review for their

relative. We spoke with the registered manager about ensuring that people were given the opportunity to take part in reviewing their care needs.

People had been supported to access support from the local advocacy service as required. Contact details were available to people on a notice board at the entrance to the building, and the registered manager had a good knowledge of those situations where people may need support from an advocate. An advocate acts as an independent source of support for people to ensure that their views and wishes are taken into consideration where decisions are being made about their care needs.

At the time of the inspection visit there was no one being supported through the end stages of their life. However some people's care records contained information about how they would like to be supported during the end of their life. For example one person had specified that they wanted their family to be with them. Where people had decided that they did not want to be resuscitated, or where this decision had been made in their best interests, a form outlining this was clearly displayed at the front of their care record.

## Is the service responsive?

### Our findings

People commented that staff were responsive to their needs and provided the care and support they needed. People's family members and visitors said staff were attentive to people's needs. One visitor commented "Staff always seem to know [when they will become unwell]". A family member also gave an example where the registered manager had noticed signs of discomfort in one person and had contacted the person's GP to address this.

A number of compliments had been received by the service, outlining the positive examples of care that had been provided. Some of the comments made included, "Thank you for all the kindness and love staff have given over the past two years", "Your kindness and compassion have given us peace of mind and contentment" and "We are comforted knowing that you (staff) cared for [our relative] in a kind and sympathetic way".

A complaints record was maintained by the registered manager which showed that timely action had been taken to response to concerns that had been raised. Where required an investigation into the concerns had been undertaken to ensure any issues could be remedied. People we spoke with and their family members told us they knew how to make a complaint. Information on how to raise any concerns with external organisations such as the CQC and the local authority was also outlined in the service user guide which had been given to people.

Prior to a person moving into the service the registered manager carried out an initial assessment to ensure that the service was able to meet their needs. This looked at aspects of their care needs such as their physical and mental health, mobility, personal care needs and previous and current medical history. Information provided by other professionals such as social workers, and/or GP was also drawn upon. This information was then used to develop care protocols for staff, which contained details around the support people required.

Care records were personalised and contained detailed and relevant information regarding people's care needs. For example where people had mobility difficulties, it was clearly outlined how staff should support with this, and if they required the use of any equipment. In another example a person's continence needs were clearly outlined, and it was clear what support staff needed to provide. Those staff we spoke with had a good knowledge of people's needs and what they needed to do to support them.

Care records contained detailed information relating to people's social needs and life history. Information relating to their religious preferences were also documented, which ensured that any needs in relation to these could be met. This information helped staff get to know the people they were caring for, and also helped facilitate the development of positive relationships.

Care records had been reviewed on a regular basis and had been updated accordingly where any changes had occurred. During the inspection visit we observed examples where staff were updating care records to reflect changes that had occurred regarding people's needs. This ensured that staff had access to up-to-date

information regarding people's care needs so that they could provide the correct level of support.

Daily records were maintained by staff. These included information around the support that had been given to people, and whether any issues or concerns had arisen throughout the day in relation to their care needs. Where required food and fluid balance charts were maintained which helped monitor whether people had had enough to eat and drink throughout the day. Charts were also in place which showed that people had been supported to alter their position at regular intervals, to minimise the risk of them developing pressure sores.

Some people commented that staff did not always have time to sit and chat with them. The registered provider had taken some action to remedy this by employing two activities co-ordinators. We observed examples where one of the co-ordinators was spending time chatting with people on a one-to-one basis, and also saw them playing a game with a group of people in the lounge area. Staff did a sing-a-long and dancing in the lounge area with people. People looked to be having fun and staff ensured that everyone felt involved in this, telling them they were "singing great" and making conversation.

## Is the service well-led?

### Our findings

People and family members made positive comments on the running of the service. One relative commented, "I would be happy to recommend this home", whilst others commented positively on the support people received. People did not always know who the registered manager was, however they knew other senior members of staff who they could go to with any concerns.

There was a registered manager who had been registered with the CQC since December 2010. The registered manager had a good knowledge of the service and the support required by people. During the inspection, where we highlighted issues that needed to be addressed, the registered manager took immediate action.

Monitoring systems were not in place to ensure that pressure relieving mattresses were set correctly. We looked at documentation relating to mattress reviews and found three examples where the actual setting differed to the setting recorded by staff. For example, one person's review stated that the pressure relieving mattress was set to 100Kg, however we found that it was set to 30Kg. In another example the review stated the mattress was set to 70Kg, however we found that it was set to 30Kg. In another example we found that whilst the review had correctly recorded the setting, it had failed to identify that this did not correspond to the person's weight. In one case documentation was not available and staff told us that checks must not have been carried out on this person's mattress. We raised this with staff, the registered manager and the registered provider who immediately ensured that this issue was rectified. The registered provider also confirmed pressure mattress reviews would form part of the monthly audit checks.

During the inspection visit we also identified that whilst it had been identified that water from a tap was too hot and presented a risk of scalding. This issue had been identified and a warning sign had been put in place above the tap. However, appropriate action had not been taken to rectify this issue, or ensure people were safe. This issue had not been identified by environmental audits.

We identified areas where people's dignity was not always being maintained. Whilst the registered manager completed daily walk arounds of the service, this had not been identified as an issue. Because of this, appropriate action had not been taken to rectify this.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because audit systems had failed to identify and adequately address areas of the service that were not safe.

Other aspects of the audit system were effective at monitoring the service. For example the registered manager monitored accidents and incidents, and used this information to identify that people were more at risk of falls during the evening and early mornings. Routine checks were carried out by staff to ensure people's safety, and assistive technology, such as pressure mats were used to alert staff if people got out of bed without the required support. The registered manager also audited care plans, risk assessments, medicines and complaints. Where issues were identified action was taken to address this and prevent future reoccurrences. In addition, the registered manager was required submit to the registered provider



information relating to accidents and incidents, pressure areas and weight monitoring. Where this information highlighted a concern, for example continued episodes of weight-loss, the registered provider contacted the registered manager to ensure action had been taken to refer to the appropriate health professionals.

The registered provider completed quality monitoring checks to ensure the service was operating in line with the Health and Social Care Regulations. At the time of the inspection visit the registered provider's quality monitoring team were in the process of completing a three day audit. This was undertaken in line with the CQC's regulations.

Staff commented that they enjoyed working at the service and felt well supported by the registered manager. Team meetings were held on a routine basis which enabled the registered manager to discuss aspects of the service with staff. For example in November 2016 a discussion was held around DoLS, and infection control procedures. A meeting with domestic staff in November 2016 included a discussion around odours within the service which resulted in a number of sprays being ordered and put in place. This ensured good communication with staff, and allowed open discussions regarding developments within the service.

Meetings with people and family members were also held. Minutes from these meetings showed that people had not raised any concerns about the service. The registered manager had used these meetings to discuss ways of improving the service, for example through introducing a 'resident of the day'. Feedback relating to this had been positive.

The registered provider carried out an annual satisfaction survey to gather the views of people using the service and their family members. This had last been completed in 2016 and showed that overall people were satisfied. There had been some suggested areas of improvement included changes to the flooring, lighting and additional activities. The registered provider confirmed that they had plans in place to renovate the service, and had also employed two activities coordinators.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed our records to ensure that this was being done and found that it was.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People's safety was not being maintained and action was not always taken to address issues that may impact upon people's wellbeing.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Quality monitoring systems had failed to identify and take appropriate action to ensure people's safety was maintained.
Treatment of disease, disorder or injury	
	Records were did not always contain accurate information.