

Chislehurst Care Limited

Heatherwood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 August 2016 and was unannounced. Heatherwood provides accommodation and personal care for up to eight older adults in Orpington, Kent. At the time of our inspection the home was providing support to five people.

There was no registered manager in place at the time of this inspection although the current manager was in the process of applying to become the registered manager. The previous registered manager had left their role in November 2015. 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 our last comprehensive inspection on 20 and 21 August 2015 we found breaches of legal requirements because medicines were not safely managed, and risks to the health and safety of people had not always properly assessed. We also found a further breach because the provider's quality assurance systems did not always correctly identify issues and because action had not always been taken where issues had been identified. The provider wrote to us following that inspection and told us the action they would take to address the breaches.

At this inspection we found that the provider had taken action to ensure people's medicines were safely managed. Improvements had also been made to the provider's quality assurance systems, although further improvement was required to ensure they identified all appropriate action was taken to address identified issues.

We also found that whilst improvements had been made to risk assessment processes, the malnutrition risk assessment tool used by staff had not always been completed correctly and therefore did not always identify when people were at risk of malnutrition. This was an issue we had identified at our previous inspection and was a continued breach of regulations. However, whilst there was a risk to people because of the incorrect use of the tool, we found that there had been no negative impact on people at the service at the time of our inspection, and action had been taken by staff in response to people's weight loss. Following our inspection we wrote formally to the provider and they provided us with details of the system they had put in place to ensure staff were aware of how to correctly use the malnutrition risk assessment tool, to prevent any further errors being made. This assured us that action had been taken to address our concerns and we will check on this at the next inspection

Additionally, we found a breach of regulations because one person had not consented to the use of bed rails following a fall from bed, despite having been assessed as having the capacity to make the decision about the use of bed rails for themselves. You can see the action we have told the provider to take in respect of both of these breaches at the back of the full version of this report.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred. There were sufficient staff deployed within the service to safely meet people's needs and the provider undertook appropriate checks on new staff before they started work to ensure they were suitable for the roles they were applying for.

Staff had received training in areas considered mandatory by the provider and people told us they thought staff had the skills to support them effectively. Staff also received supervision although improvement was required to ensure all staff were supervised on a regular basis in line with the provider's policy.

People were supported to maintain a balanced diet and were involved in choosing meal options for the menus. People had access to a range of healthcare services when needed. Staff were aware to seek consent from people when offering them support and told us people had capacity to make decisions about their care and treatment for themselves. Staff confirmed that none of the people living at the service were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation, although improvement was required to ensure the manager understood the conditions under which a person may be considered to be deprived of their liberty.

People told us that staff were caring and considerate. Staff treated people with dignity and respected their privacy. People were involved in making day to day decisions about their care and treatment.

People had care plans in place which were regularly reviewed and which reflected their individual preferences. The service offered people a range of activities to encourage social interaction. The provider had a complaints policy and procedure in place and people told us they were aware of how to raise concerns if they needed to.

People and relatives spoke positively about the management of the service, although they told us the manager was not always a visible presence. Staff had mixed views about the leadership of the service but told us they worked well as a team. The provider sought feedback from people through residents meetings and an annual survey and we noted that people had fed back positively about their experience of living at the service. The provider also undertook checks and audits covering a range of areas, and took action to address any issues that were identified in audit findings, findings although some improvement was required to ensure that this was consistent.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people had not always been accurately assessed or identified by staff conducting risk assessments.

People were protected from the risk of abuse because staff had received safeguarding training and were aware of the action to take if they had concerns.

There were sufficient staff deployed to meet people's needs. The provider undertook appropriate recruitment checks on new staff before they started work to ensure they were suitable for the roles they applied for.

Medicines were stored and administered safely, and records relating to medicines administration were up to date and accurate.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People had not always consented to aspects of their care and treatment. Staff told us people had the capacity to make decisions about their care for themselves.

Improvement was required to ensure staff were aware of the conditions under which they could apply to lawfully deprive a person of their liberty under the Deprivation of Liberty Safeguards.

Staff received an induction when they started work and training in the areas the provider considered to be mandatory. However, improvement was required to ensure all staff received supervision on a regular basis, in line with the provider's policy.

People were supported to maintain a balanced diet and to access healthcare services when required.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff. Staff demonstrated a good knowledge of the people they supported and knew how to meet their individual preferences.

People were involved in making day to day decisions about their care and support.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes. Care plans contained information about people's personal history, choices and preferences.

People were supported to engage in a range of activities in support of their need for stimulation and social interaction.

There was a complaints policy and procedure in place. People were provided with information on how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider conducted a range of checks and audits on the quality and safety of the service and took action to address issues where they were identified. However, improvement was required to ensure audits identified issues promptly, and to ensure that audits effectively identified all of the issues we found during this inspection.

People told us the service was well-led but that the manager was not always visible at the service. Staff told us they worked well as a team but did not always find the manager to be supportive.

The provider sought people's views through an annual survey and residents meetings.

Heatherwood

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 inspection took place on 16 August 2016 and was unannounced. The inspection team consisted of an 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 our inspection we looked at the information we held about the service. This included the PIR and information from any notifications submitted to CQC by the service. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners for their views about the service. We used this information to inform our inspection planning.

During the inspection we spoke with four people living at the service, four relatives and three staff. We looked at records, including four people's care records, four staff files, staff training records and other records relating to the management of the service, including minutes from meetings, audits and maintenance records. We also spent time observing the support people received from staff.

Is the service safe?

Our findings

At our last inspection on 20 and 21 August 2015 we found a breach of regulations because risks to people, including the risk of malnutrition had not always been accurately assessed, and staff had not always taken action where the level of risk to people had increased. Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that whilst improvements had been made in assessing some areas of risk, the risk assessment tool used by staff to assess risks associated with malnutrition had not always been used correctly.

Two people at the service had lost weight over the previous six months which should have resulted in staff identifying an increased level of risk and one of the people also had a Body Mass Index (BMI) score that placed them in a higher risk category, but staff had continued to assess them as being low risk. Whilst we noted that an audit of one person's records had identified that their weight loss required action, the issue was not picked up for several weeks during which time no action had been taken to manage the risk safely. The failure to use the tool correctly also placed people at risk of not having the risks associated with malnutrition identified promptly in order to be safely managed. However, despite this risk we noted that there had been no negative impact to the two people at the service and they were receiving appropriate nutritional support at the time of our inspection.

This issue was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following our inspection we wrote formally to the provider to highlight our concerns, requiring them to provide us with information on how they would ensure the risk to people of malnutrition was safely managed. They were able to provide us with details of the system they had put in place to ensure staff were aware of how to correctly use the malnutrition risk assessment tool, to prevent any further errors being made.

We found that other risks to people had been assessed in areas including mobility, skin integrity, falls and the use of bed rails. Guidance was in place for staff on managing risks where they had been identified and staff we spoke with were aware of how these risks should be safely managed. For example, staff knew which people were at risk whilst mobilising and we observed staff supporting people in an appropriate manner to mobilise safely.

There were arrangements in place to deal with foreseeable emergencies. Staff we spoke with were aware of the action to take in the event of a medical emergency or a fire. People had personalised emergency evacuation plans (PEEPS) in place which were readily accessible to staff and the emergency services in a fire folder should they be required. One staff member we spoke with told us they were not aware that people had PEEPs, although they knew the location of the fire folder. Senior staff told us they would ensure PEEPs were discussed at the next staff meeting to ensure everyone was aware of the information they contained, although we were unable to check on the outcome of this at the time of our inspection. Records showed that staff received regular fire training and staff confirmed that regular fire drills were conducted at the service to ensure they were familiar with the action to take in the event of an emergency.

At our last inspection on 20 and 21 August 2015 we found a breach of regulations because medicines were not stored within a safe temperature range and staff were not aware of the maximum safe temperature for the storage of medicines. Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that the provider had made improvements and that medicines were stored safely.

Medicines were stored safely in a locked medicines trolley which was kept in a secure room within the service, accessible only to staff. Records showed that staff had conducted regular temperature checks of the storage area to ensure medicines were stored within a safe temperature range. Staff we spoke with were aware of the maximum safe temperature range for the storage of medicines and we saw that an air conditioning unit had been put in place to prevent temperatures exceeding safe levels.

Records showed people received their medicines as prescribed. People's Medicines Administration Records (MARs) had been completed by staff to confirm they had received their medicines at the correct times. The remaining stocks of people's medicines accurately reflected the details of administration on peoples MARs, confirming they'd received the correct doses. People were not always aware of whether they received their medicines as prescribed although they believed that they did, and one person confirmed they received their medicines, "Every day, on time."

People's MARs also contained information about any known allergies and a copy of their photograph to reduce the risks associated with the administration of medicines. The provider had appropriate procedures in place for receiving and disposing of medicines. Staff told us, and records confirmed that they followed these procedures appropriately. Staff responsible for administering medicines had also undergone training and an assessment of their competency to ensure they were fit to do so safely.

At our last inspection on 20 and 21 August 2015 we found improvement was required to the provider's recruitment processes to ensure copies of relevant information relating to staff members was maintained on file by the service. At this inspection we found that the necessary improvements had been made. The provider followed safe recruitment practices. Staff files contained completed application forms which included details of their qualifications and employment history. Files also contained details of criminal records checks, proof of identification, confirmation of the applicant's fitness to work and references to ensure their suitability for the role they were applying for.

People told us there were sufficient staff deployed at the service to safely meet their needs. One person told us, "There hasn't been any problem [with staffing]." Another person told us, "So far, so good," when asked about staffing levels. Most people also confirmed that staff responded promptly when they used their call bells, although one person told us there were occasions when they'd had to wait several minutes if staff were supporting other people. However, they also confirmed that they were satisfied that they received the support they needed when using the call bell.

We observed there to be sufficient staff on duty to support people when required and that call bells were responded to promptly. The staff rota confirmed that staffing levels were consistent on each shift and staff we spoke with told us that there were enough staff on duty at any one time to safely meet people's needs. One staff member told us, "There are enough staff; we don't need to rush people and can support them when needed."

People told us they felt safe and that they were happy with the support they received from staff. One person said, "I have never been worried about anything." Another person told us, "It's fine; no complaints. The carers are very pleasant and helpful." Relatives we spoke with also told us they thought the service was safe.

One relative commented, "I've no concerns; [their loved one] wouldn't be there if I had."

People were protected from the risk of abuse. The provider had a safeguarding procedure in place which gave guidance to staff on the action to take if they suspected abuse had occurred. We also saw information available to staff on notice boards within the service on how to raise safeguarding concerns and records showed staff had received training in safeguarding adults.

Staff we spoke with were aware of the different types of abuse and knew the action to take if they suspected abuse had occurred. They told us they believed the manager would take appropriate action in response to any safeguarding concerns they raised. We were unable to talk to the manager of the service about the action they would take if they received an allegation of abuse as they were unavailable at the time of our inspection. However, records showed that they had taken appropriate action in response to an allegation made earlier in the year by informing the local safeguarding team and notifying the Commission appropriately. Most staff we spoke with were also aware of the provider's whistleblowing procedure and told us they would feel confident to use it if required. Senior staff told us they would discuss the provider's whistleblowing policy at the next staff meeting, although we were unable to assess the outcome of this at the time of our inspection.

Is the service effective?

Our findings

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection on 20 and 21 August 2015 we found that improvement was required because care records did not always accurately reflect people's capacity to be able to make decisions about their care and treatment. At this inspection we found that people's care records correctly identified them as being able to make decisions about the support they received. However we also found that one person had not consented to aspects of their treatment, and this was a breach of regulation.

Staff had received training in the MCA but told us that people living at the home currently had capacity to make their own decisions about the care and treatment they received. Staff we spoke with told us that they respected people's views and wishes when offering them support. One staff member told us, "If people don't wish to receive support, I can try and persuade them, but I can't force them against their will." However, records showed that one person had not consented to the use of bed rails following a fall from bed, despite staff and family members believing it was in the person's best interests. The manager had subsequently completed a deprivation of liberty assessment on the person which confirmed that the person had capacity to consent to their planned care and treatment. We spoke to the person in question during our inspection and they confirmed they did not wish to have the bed rails in place.

This issue was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following our inspection the manager contacted us to say that the person had consented to the use of bed rails, following a discussion about their safety.

Staff told us, and records confirmed that none of the people living at the service were subject to a DoLS authorisation. However improvement was required because the manager had submitted a DoLS authorisation request to the local authority for the person for whom they had put the bed rails in place. This indicated a lack of understanding on the manager's part as to when a DoLS authorisation may be required, because a person who has capacity to consent to their care and treatment cannot be deprived of their liberty.

People and relatives told us they thought staff had the necessary training to undertake their roles. When

asked whether staff had the necessary skills to meet their needs, one person told us, "I haven't had any problems yet." One relative also said, "They [staff] seem to know what they are doing and how to look after to people." Staff we spoke with told us they had received the training they needed to meet people's needs. One staff member said, "I have the skills to do my job: I enjoy it very much. The training we've had has been helpful."

New staff were required to complete an induction which included time familiarising themselves with the provider's policies and procedures, shadowing experienced staff and completing training in areas considered mandatory by the provider. New staff also confirmed that they were required to attain the nationally recognised Care Certificate during their initial work period at the service. Training records showed that staff had undertaken training in areas including food safety, safeguarding adults, fire awareness, moving and handling, health and safety, and infection control. Records showed that most staff were up to date with their training and that courses for staff were planned where refresher training was due, to ensure they remained up to date with current good practice.

We found that improvement was required to ensure that all staff received regular supervision and an annual appraisal of their performance. Staff we spoke with told us they should receive supervision on a quarterly basis. However, records showed and staff we spoke with confirmed that they had not always received supervision this frequently. For example, one staff member confirmed they had not received supervision since February 2016 and that they were overdue. Records showed that the need for some staff to receive supervision had been identified by the manager as an area to be addressed, although specific dates for supervision were still to be identified. Where staff had received supervision recently they told us that they found the process to be helpful. One staff member said, "Supervision is fine. It's an opportunity for me to discuss whether I'm happy and coping in the role and identify any further support I might need."

People told us their nutritional needs were met. People's views on the food on offer at the service were mixed. One person told us, "On occasions it could be better, but mostly it's okay." Another person said, "It varies; sometimes it's quite nice." One relative we spoke with told us, "[Their loved one] thoroughly enjoys it; they come around with the menu and they choose what they want." Another relative said, "From what I've seen, very nice all home cooked."

Staff explained that the menu was planned on a four week cycle and that options were available to people if they didn't like what was on offer. This was confirmed by one person we spoke with who told us that if they didn't like the choice, "They [staff] would offer me something else." One staff member explained that they discussed the menu planning with the residents to see if there were any particular types of food they might want. They told us, for example, that gala pie and tea cakes had been catered for recently at people's request.

We noted that whilst people required minimal support when eating, staff were on hand to provide assistance when required, for example by cutting up one person's meal as they were unable to do this themselves. Staff we spoke with were also aware of the support people required in managing their nutritional intake. For example, they were aware of who required a fortified diet, or who had been prescribed nutritional supplements.

People were supported to access a range of healthcare services when required, in order to maintain good health. Relatives we spoke with confirmed that people had access to healthcare professionals when required. One relative said, "As soon as there were any problems, they called in the Doctor." Another relative confirmed, "[Their loved one] sees the Doctor and Optician." Records showed that people received treatment and support from healthcare services including a GP, community nurse, optician and dentist

when required.

Is the service caring?

Our findings

People and relatives told us that the staff at the home were caring and compassionate. One person said, "They [staff] are kind, and treat me well." Another person told us, "I get a little extra looking after which is nice." One relative described the staff as being, "Definitely kind; they never lose their tempers or are short with [their loved one]." Another relative also commented positively about the way in which staff treated their loved one following a recent stay in hospital.

Staff demonstrated a good knowledge of the people they supported. They were aware of the daily routines and preferences in the way people liked to be supported, and told us they worked to ensure these preferences were met. Staff were also aware of people's life histories and the things that were important to them, and we heard staff talking to people about the visitors they received or their family members which helped put people at ease.

We observed staff to be caring in their interactions with the people they were supporting throughout our inspection. The atmosphere in the home was calm and friendly, and people were relaxed in the presence of staff, sharing jokes and enjoying each other's company. People were able to sit in the lounge area in the company of others if they chose, or in their bedrooms if they preferred.

People's privacy was respected and they were treated with dignity by staff. One person told us staff respected their privacy, "As much as they can." They also said, "If I have visitors, staff don't interrupt." When asked about whether they were treated with dignity, another person told us, "I have no problem with that; the staff are kind." Staff we spoke with told us how they worked to promote people's privacy and dignity, for example by knocking on people's bedroom doors before entering, or ensuring doors and curtains were closed when supporting people with personal care.

People were involved in making day to day decisions about their care and support. One person said, "Staff will ask if there's anything they can do for me." Another person told us, "Staff will help me if I want anything done." Staff told us they ensured they offered people choices when supporting them, and that they respected people's wishes. They were aware of the importance of giving people time to make decisions and not to rush them. People confirmed that they were able to do things at their own pace. One person said, "Staff are pretty patient; I'm not rushed in any way."

Staff told us they would take people's diverse needs into account with regards to their age, disability, race, religion, sexual orientation and gender. However at the time of our inspection staff told us that people did not require any form of specialist support in these areas. People we spoke with did not comment directly on some of these issues but told us they were happy that the support they received met their individual needs.

Is the service responsive?

Our findings

People we spoke with were not all able to confirm that they'd been involved in the planning of their care. However, records showed that people had signed to confirm agreement to the details of their care plans, and staff told us that they had discussed the details with them on a regular basis to ensure they remained up to date and reflective of their current needs and preferences.

People's needs had been assessed before they had moved into the home to ensure the service was able to meet their needs. Staff we spoke with told us that people's care plans had been developed with people and their relatives where appropriate, in areas including mobility, personal hygiene, eating and drinking, and the management of their medicines. Care plans included details of people's life histories and their preferences in the way they received support, as well as information about their preferred daily routine and the tasks they were able to manage for themselves.

Staff we spoke with were aware of the details in people's care plans and told us they support people in ways that met their individual needs. For example, one staff member described one person's preferred morning routine and how they worked to ensure these preferences were met.

Staff also told us that they encouraged people to be as independent as possible when offering them support. One staff member said, "The residents like to manage aspects of their personal care independently and we all respect and encourage that." People also confirmed that staff encouraged them to be independent. One person said, "I wash my face and hands, and clean my teeth."

People were supported to take part in a range of activities if they so wished in order to meet their need for social interaction. Staff told us that activities on offer included quizzes, bingo, board games, pampering sessions and chair based exercises. One person told us, "Staff get us to play cards, knocking down skittles and exercises." A relative said, "There is plenty to keep [their loved one] occupied if they want to take part." People were also invited to attend events such as garden parties at a neighbouring residential service although staff told us they were not always interested in doing so.

We observed staff supporting people to take part in a game of indoor skittles and a chair based exercise class later in the day. We noted that the people taking part were actively engaged and interested in both of the activities, and that the atmosphere was lively and good humoured.

People told us they were aware of how to raise a complaint, but that they had not needed to do so. One person said, "I'd ask to see the manager but I've never had to complain." Another person told us, "I'd speak to the senior person or one of the senior staff." Relatives also confirmed they were aware of how to raise concerns. One relative told us, "I'd speak to [their loved one's] key worker or the manager." They said that they had raised a complaint several months previously which was still in the process of being investigated. We confirmed that this related to a safeguarding incident that had allegedly occurred earlier in the year and that the provider had taken appropriate action at that time. Staff told us the investigation was still open to the local safeguarding team so had not been closed by the manager.

The provider had a complaints policy and procedure in place which provided information to people and their relatives on how they could raise concerns. We saw the complaints procedure was on display near the entrance of the home for people to access if required. The service maintained a record of complaints which included details of any investigation as well as a copy of the provider's response. There had been one complaint recorded in the time since our last inspection that did not relate to a safeguarding concern and we found that this had been investigated and responded to appropriately, in line with the provider's complaints procedure.

Is the service well-led?

Our findings

At our last inspection on 20 and 21 August 2015 we found a breach of regulations because audits conducted within the home did not always identify areas that required action and action had not always been taken to address issues that had been identified. Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that some improvement had been made in identifying and addressing areas of concern found during audits. However further improvement was required because audits and checks undertaken had not clearly identified all of the issues we found during this inspection.

Records showed that audits and checks had been made in areas including people's care plans and risk assessments, key worker monitoring checks, medicines audits, and maintenance and health and safety checks. We saw that action had been taken to address any identified issues. For example, repairs had been made to the decking at the back of the house following an identified issue, and one person's weight loss had been noted during a care plan audit which had resulted in staff putting a fortified diet in place for the person in question. However improvement was required because whilst care plan audits had identified concerns where people had lost weight, we found that in one case the issue had only been picked up on a second audit of the person's care plan, leading to a delay in any action having been taken. The audits also did not identify the concerns we found with the way in which the malnutrition risk assessment tool had been used, only that people's weight loss had not been addressed. Staff we spoke with confirmed action had not been taken to address this issue and that they had not received any further guidance on how to use the risk assessment tool following the audits.

People spoke positively about the manager although they told us she was not always a visible presence at the service as her role was split between two neighbouring homes. One person said, "She [the manager] is very good; all the staff are good." Another person told us, "She's a nice person but we don't see her a lot." Relatives told us that they thought the service was well managed and that they were kept informed of any changes. One relative said, "They seem to be very well organised." Another relative said, "If there are any problems they call or if I go and visit they will pull me aside if there's anything they think I need to be aware of."

Staff we spoke with had mixed views about the management of the service, although they told us they worked well as a team. One staff member told us, "The home is well managed; if I need support, the manager is there." However another staff member told us that they didn't always feel supported by the manager following a recent incident which they felt was not handled well and a third staff member told us that they didn't always get feedback from the manager which they felt they needed in support of their development.

There was no registered manager in post at the time of our inspection. The previous registered manager had left their position in November 2015. We were unable to speak to the current manager on the day of our inspection but confirmed that she was in the process of applying to become the registered manager for the service.

Staff told us that the manager held staff meetings on a quarterly basis, although the most recent meeting had been cancelled due to staff sickness. They explained that they did not feel more frequent meetings were necessary because the staffing team was so small and were in regular communication with each other. Minutes for the most recent staff meeting showed areas for discussion had included a discussion on the completion of falls risk assessments and feedback from staff on specific equipment needs for one person. We noted that this feedback had been acted upon and that the equipment was now in place.

The provider sought people's views through an annual survey. The latest survey results showed a high level of satisfaction from people using the service and that people thought that there had been improvements in areas such as their involvement in care planning or the choice of meals available to them from the previous year's results. Records also showed that people were invited to give their feedback during residents meetings although not all of the people we spoke with could recall attending these. Minutes from the most recent meeting showed that people had fed back positively about the care they received at night and that there had been a discussion regarding new members of staff.

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 11 HSCA RA Regulations 2014 Need for consent People had not always consented to aspects of their care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always accurately assessed.