

Lee Mount Healthcare Limited

# Lee Mount Residential Home

## Inspection report

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Date of inspection visit:  
15 December 2015

Date of publication:  
08 March 2016

### 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** 

# Summary of findings

## Overall summary

We inspected Lee Mount Residential Home on 15 December 2015 and the visit was unannounced. Our last inspection took place on 8 and 9 June 2015. At that time, we found the provider was not meeting the regulations in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing. We took enforcement action and found on this inspection improvements had been made.

Lee Mount is a 25-bed service and is registered to provide accommodation and personal care for older people, including people living with dementia. There are 25 single bedrooms, seven of these have en-suite toilets. There are two lounges and a dining room on the ground floor and an enclosed patio area at the rear of the building. On the day of the inspection there were 16 people living at the home and one person was in hospital.

There has not been a registered manager at the service since February 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Since the last inspection in June 2015 a new manager had been recruited and they were in the process of registering with CQC.

Staff told us the new manager was providing them with leadership and direction and wanted the best for people using the service. They were also keen to tell us about the improvements which had been made since our last inspection.

People who used the service told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work in the care sector. Staff told us they felt supported by the manager and that training opportunities were good. People and relatives we spoke with told us they liked the staff. We found staff friendly and helpful and there was a nice atmosphere in the home.

There were enough staff on duty to make sure people's care needs were met and activities were on offer to keep people occupied. We saw people enjoying ball games and a game of 'Play Your Cards Right.'

The home was well maintained and homely. People's bedrooms were personalised and we found everywhere was clean and tidy.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. We found some improvements were needed to the medication system

to ensure medicines were managed safely.

On the day of our visit people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated they knew people's individual preferences and what they needed to do to meet their care needs.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Visitors told us they were always made to feel welcome and if they had any concerns or complaints they would feel able to take these up with the proprietor or the manager.

We saw systems had been introduced to monitor the quality of the service. We saw these were identifying areas for improvement and the manager was able to tell us what action was going to be or had been taken. However, there were no action plans being put in place to show when improvements would be completed. We also found people's care records were not all complete and up to date. We concluded as the audits were relatively new the provider needs to ensure the development of their quality systems continues so they can be assured the service is being well managed and developed in line with best practice.

We found two breach's of regulations and you can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Staff were being recruited safely and there were enough staff to meet people's needs.

Staff understood how to keep people safe and the premises were clean and well maintained.

People's medicines were not always managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

The service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Records showed people had regular access to healthcare professionals, such as GPs, opticians, district nurses and podiatrists.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People using the services told us they liked the staff and found them patient and kind. We saw staff treating people in a dignified and compassionate way.

People's privacy and dignity was respected and maintained.

**Good** ●

### Is the service responsive?

The service was not always responsive.

People's care records were not always up to date.

**Requires Improvement** ●

There were activities on offer to keep people occupied.

People knew how to make a complaint and the complaints procedure was displayed in the home.

### **Is the service well-led?**

The service was not consistently well-led.

There was a manager in post who provided leadership and direction to the staff team, however, they were not registered with the Care Quality Commission.

Quality assurance systems had been put in place but these need to be tested over time to ensure they are effective in driving forward improvements.

**Requires Improvement** ●

# Lee Mount Residential 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 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 15 December 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We asked the provider to complete 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. This document was returned to us prior to our inspection in June 2015, but only contained limited information.

On the day of our inspection we spoke with six people who lived at Lee Mount Residential Home, seven visitors, the owner, manager, six care workers, cook, housekeeper, district nurse and a community mental health nurse.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included; four people's care records, three staff recruitment files and records relating to the management of the service.

# Is the service safe?

## Our findings

When we inspected the service in June 2015 we found the medication system was not well managed and there was no assurance people were receiving all of their medication as prescribed by their doctor.

On this inspection people told us they received their medicines when they needed them. One person told us their leg was sore and when we asked if they received any painkillers they said, "Oh yes, staff are very good, they always ask me if I need a tablet." We saw staff asking people if they needed any pain relief. Staff were patient and kind when giving people their medicines, offered assistance with drinks and stayed with them to make sure the medicines were taken. We saw medicines were stored safely, securely and at the appropriate temperatures. Medicines requiring cold storage were kept in a fridge in the locked clinical room. We checked a controlled medicine prescribed for one person and found stock levels tallied with the medicine administration record (MAR) and the controlled drug register.

We saw evidence which showed the senior staff who were involved in medicines management had received up to date medicines training. The manager had also completed medicine competency assessments with these senior staff.

However, we found areas where improvements were needed. For example, where people were prescribed creams or ointments there was not always information on the MAR to show where this should be applied or how frequently. Some MARs we saw had this information but three we looked at did not. This meant there was a risk the prescribed cream may not be applied appropriately or consistently by staff.

We found where medicines had not been given there was no explanation to explain why or show what action had been taken. For example, we saw one person was prescribed two laxatives, one three times a day and the other twice a day. The MAR showed one of the laxatives was not given on six occasions because it was 'not required', on one occasion because it was refused and on another occasion because the person was asleep. The other laxative had been recorded as 'not required' for both doses on seven days and for one dose on a further nine days. There was no information provided to show why this medicine was not required. When we spoke with staff they said the person did not always need both laxatives if they had had their bowels open, yet no contact had been made with the GP to review the medication, although the staff member said they would do this straightaway. The day after our visit the manager sent us a new document they had introduced to make sure the reasons medicines were not given would be fully recorded in the future.

We found an indigestion medicine prescribed for one person three times a day had been out of stock for six days. Staff told us this had been ordered and they were waiting for the medicine to be delivered. However, this meant the person had not received their prescribed medication.

The MAR showed one person had not received their morning medicines on 14 December 2015 as it was recorded they were sleeping. This person was also prescribed a nutritional supplement three times a day. The MAR showed the midday dose had not been given on three days as the person was sleeping and there

were no signatures to show the supplement had been given at all on one day. When we asked a senior staff member what they would do if a person was sleeping when their medication was due they said they would need to consider giving the medicines later but also needed to be aware this may impact on later doses. There was no evidence to show this person had been given their medicines later and when we looked at the home's medicine policy there was no clear guidance about what action staff should take in this situation.

We found there were no protocols in place for 'as required' (PRN) medicines. For example, we saw one person who was living with dementia was prescribed pain killers to be given 'as required' yet there was no clear protocol or information to guide staff about how to identify the person was in pain. This person was also prescribed a medicine to reduce their agitation. There was no protocol in place to provide staff with guidance about when to give this medicine or what other measures should be tried to reduce agitation prior to giving the medicine. The day after our inspection the manager sent us a policy and procedure regarding PRN medicines which provided staff with the guidance they would need to develop the relevant care plan.

This breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we inspected the service in June 2015 we found there were delays in getting essential equipment repaired and issues with on-going maintenance and in the home.

We spoke with three members of staff who all told us since our last visit the provider had become much more responsive to getting repairs completed. For example, they said when the tumble drier had broken down someone had been called the same day to come and repair it.

We saw improvements had been made to the environment. For example, the ground floor corridor had been repainted and new lighting installed which made it much brighter. We also found the lighting levels in people's bedrooms had improved since our last visit.

Staff reported new bed linen had been purchased since our last visit and some mattresses had been replaced. When we looked around the home we saw these were in use. New armchairs were in place in the lounges and new pictures had been purchased to make the environment more homely.

We saw boards in both lounges which had information about the day, date and weather. There was clear signage to assist people to find the lounges, dining room, toilets, bathroom and shower. Staff told us they had recently painted the dining room bright green, this had brightened up the area and also when people needed direction they could direct them to 'the green room' for their meals.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. Lifting equipment, water temperatures and bed rails. A system was in place for staff to report any repairs that were needed. This meant the environment was being kept in a good state of repair.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service.

When we inspected the service in June 2015 we found there were areas of the home which were not clean. Since that visit the provider had appointed an infection prevention and control (IPC) lead who had introduced cleaning schedules and IPC audits. So they could ensure the standards of cleanliness in the home were being maintained.



We spoke with the housekeeper who told us since our last visit a weekend cleaner had been appointed. They also showed us their new cleaning trolley and explained they had colour co-ordinated cleaning equipment which was used to clean different areas of the home.

We looked around the building and found rooms clean and tidy and the home was fresh smelling throughout. We spoke with six visitors who all told us the home was much cleaner now and they had not noticed any offensive odours.

We saw staff had access to gloves and aprons and these were being used appropriately to reduce the risks of spreading infection. The manager told us there had been an outbreak of diarrhoea and vomiting at the home in October 2015. They had informed the infection prevention and control (IPC) team about this and had followed their advice. We saw one of the IPC team had written to them telling them the outbreak had been well managed.

We asked people if they felt safe at Lee Mount residential Home. One person told us, "Oh yes, I feel safe here." Three visitors we spoke with all told us they felt their relative was safe at the home.

We saw there were safeguarding policies and procedures in place. We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and both said they knew how to raise an alert if they needed to.

The training matrix showed staff had received recent safeguarding training. The registered manager had a clear understanding of the safeguarding procedures and the process for making referrals to the local authority safeguarding team. We saw evidence which showed three safeguarding referrals had been made since the last inspection in June 2015 and the referrals detailed the action taken to keep people safe. This meant staff understood how to keep people safe.

Staff recruitment processes were thorough and ensured staff were safe and suitable to work at the home. We reviewed three staff recruitment files and found all the necessary checks had been completed before the staff member commenced employment. This included a criminal record check through the disclosure and barring service (DBS) and two references, one of which was from the applicant's last employer.

We saw disciplinary processes had been instigated where poor practice had been identified to help keep people safe.

The manager told us they used a tool to calculate the staffing levels which considered people's dependencies as well as occupancy levels. The manager said they also worked with the staff team to ensure staffing levels were sufficient to meet people's needs and ensured they were kept under review and increased when required. They said the current staffing levels for 16 people were three care staff from 8am until 8pm and two care staff from 8pm until 8am. This was confirmed by the duty rotas. People we spoke with raised no concerns about the staffing levels and told us staff responded quickly when they needed assistance. One person said, "They come when I need them." One person's relatives told us they visited, every day, at all different times and there were always staff available. Staff told us there were enough staff on duty to meet people's needs and if they needed more staff to respond to people's changing needs this was arranged. For example, one member of staff told us when there was the outbreak of diarrhoea and vomiting,

an extra staff member had been on duty to provide timely assistance.

We saw staff were available and responded promptly when people required assistance. We saw staff spent time with people in the different communal areas and made sure people were safe and had everything they needed. This meant there were enough skilled and experienced staff on each shift to care for people safely.

## Is the service effective?

### Our findings

The training matrix showed staff had received recent training from the Care School in safeguarding, moving and handling, medication, fire safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager told us further training sessions were booked for the first three months of 2016 to cover infection control, health and safety, first aid and food safety awareness. The manager had identified further training in dementia awareness, mental health and behaviour that challenges which they were in the process of organising for 2016. The manager said two of the senior staff were undertaking 'train the trainer' courses, one in medicines management and the other in moving and handling, so that once completed they would be able to provide training to the rest of the staff team.

The manager told us all new staff were completing the Care Certificate and it was planned that this would eventually be extended to all staff. In the staff files we looked at we saw evidence which showed staff had completed an initial induction when they started in post. We spoke with a newer member of staff told us they had worked with an experienced member of staff for three days, in addition to the induction training, to get to know people who lived in the home.

All of the staff we spoke with told us they felt supported by the manager and would feel able to raise any issues with them. We saw evidence which showed staff had received supervision with the manager. The manager told us they were halfway through the staff team and planned for all staff to receive supervision every three months going forward. No appraisals had been completed but the manager said once all the supervision had been completed, staff would receive an appraisal. This meant staff were being supported with their personal and professional development.

We concluded systems had been put in place to ensure staff training was kept up to date and staff received supervision and appraisal. These now need to be tested over time to measure their effectiveness.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

When we inspected the service in June 2015 we found the service was not meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

On this inspection we saw one person had a DoLS authorisation, which had recently expired and the manager told us they were waiting for the managing authority to return as the DoLS had specific actions set

out in conditions to be completed before the DoLS expired. This was confirmed in the documentation we saw and we saw action had been taken in accordance with the conditions. The manager told us DoLS applications had been made for other people which were awaiting an outcome and we saw evidence of this in the care records we reviewed. The manager had a good understanding of the legislation and copies of guidance relating to the MCA and DoLS was available for staff.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed staff were making sure people were in agreement before any care was delivered.

People told us they enjoyed the food. One person said, "We have good meals and they care for us. That's all we need." Another person said, "The food here is good, you get a choice."

We saw the menu was displayed in the dining room as well as a list of drinks available, which included alcohol. We saw fresh fruit was provided in the lounges and saw one person helped themselves to a pear.

We spoke with the cook who told us the menus followed a four week cycle. We saw two choices were provided at lunchtime and a recipe was provided for each meal. The cook told us people who used the service were being asked for their views on the food and this information would be used to review and update the menus. The cook told us they baked cakes and biscuits which people who used the service then decorated with staff support. Staff had access to the kitchen overnight so people could have drinks and snacks at any time.

When we looked at the menus we saw there were pictures of the main meals and recipes for those meals were available to the cooks. Staff told us they were going to use a television to display pictures of the meals which were available so people could see the choices available.

At lunchtime we saw people were offered a choice of main meal and some had a portion of each. There were condiments and sauces available if people wanted them. We saw staff prompting and assisting people with their meal in a patient and encouraging way.

Drinks of fresh juice and cordials were available in the lounges and mid morning and mid afternoon hot drinks and snacks were served.

The cook had a good knowledge of people's individual needs and knew how to meet dietary requirements. However, we found their knowledge regarding fortified meals was limited. We discussed this with the manager who said they would arrange additional training for the cook.

We spoke with one person's visitors who told us staff were, "On the ball" and were quick to spot any changes in their relative's healthcare needs and made any necessary arrangements to make sure they received the right treatment. They also told us staff always contacted them if there were any changes to their relatives health.

In the four care plans we looked at we saw people had been seen by a range of health care professionals, including GPs, district nurses, opticians, dentists and podiatrists. We also found very detailed information recorded about any contact by healthcare professionals, either in person or by telephone, recorded in the care file. This meant it was easy to find out about any treatments or instructions.

We spoke with a visiting district nurse who told us the staff were very good at keeping a check on people's pressure areas and involved them if they had any concerns. They also told us staff followed any instructions

they were given and would make sure any urine samples needed were obtained.

We noted one of the senior care workers was concerned about one person's health and the GP was contacted during our visit. This meant people's health care needs were being met

## Is the service caring?

### Our findings

One person said, "It's lovely here, a good atmosphere. Staff here are very good to us." Another person told us, "I get on alright with them (staff)." One visitor told us, "The staff are really brilliant at Lee Mount. They don't just care for our relative, they care about us as a family. When (name) was unwell at the weekend, one of the staff was so patient and kind to (Name)." Another visitor said, "(Name) is very happy here. The staff are all good, very patient and kind." The district nurse told us, "The staff are very caring."

We looked at the care files for four people who used the service. They all contained some information about people's life history, personal preferences, likes and dislikes. When we spoke with staff it was clear they knew people well and were aware of people's personalities and interests.

We saw people looked well cared for, they were well dressed, their hair had been brushed or combed and the men were offered a shave.

We saw staff had developed positive relationships with people. People were comfortable around staff and we saw people laughing and joking with the staff. We saw people singing along to the Christmas songs playing in the lounge and staff joined in. We saw staff praised people which boosted their confidence. For example, we saw staff with one person who was stooped over, shuffling their feet and struggling to make progress walking. The staff member gently and kindly explained to the person if they lifted their head they may find it easier. The person did this and the staff member said, "That's great, look at you now, you're walking so well". We saw the person smiled and said, "I am, aren't I?"

Two of the people living at Lee Mount Residential Home smoked cigarettes and we saw staff supporting them to the smoking area at regular intervals. This provided both people with a lot of enjoyment and time with a member of staff.

We saw that people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. We also saw people's clothing had been neatly put away in wardrobes and drawers. This meant staff respected people's belongings.

We saw staff promoted people's independence. For example, encouraging people to move themselves back in the chair rather than doing it for them and walking with people at their preferred pace. One staff member said to us, "It's important we help them to stay as independent as they can for as long as they can." Another member of staff said, "It's important we never underestimate what people can do."

We found it comfortable to sit in either lounge or the dining room. Staff were friendly, helpful and were eager to speak with us. Staff who were not familiar with one of the inspectors made a point of introducing themselves. Visitors we spoke with told us they were made to feel welcome and we saw staff offering them drinks and biscuits.

## Is the service responsive?

### Our findings

When we inspected the service in June 2015 we found there were no care plans in place to give staff detailed information about people's care and support needs. On this inspection we found new care files had been introduced so care plans all followed a standardised format, making it easy to find specific information quickly.

We review four care records and found they varied in the level of detail provided about people's care needs. For example, one person's care records were very detailed and individualised providing clear information about what the person could do for themselves and the support they required from staff. This person's preferences were recorded, such as, they preferred shower gel to soap and liked to have a bath on a Sunday morning. The records also included a detailed life history and the person's social interests. For example, they liked to watch a named television programme at a certain time each day. Yet another person's care records had not been fully completed. There were care plans for mail/finances, social care, skin, mental well-being and medication but these contained very little information. The rest of the care plans and risk assessments were blank and although their records showed they were low weight, there was no nutritional assessment or care plan to show how this person's nutritional needs were being met.

Information in another person's care records showed they were occasionally incontinent, yet there was no elimination care plan. This person had a sensor mat in their room linked to the call bell system which alerted staff when the person got out of bed, yet their care plan stated this was not required.

We listened to the staff handover and spoke with care staff and it was clear staff understood people's current needs and were responding to these in an appropriate way. We concluded the issue was therefore in relation to the records not being up to date rather than any problem with the care delivery.

This breached Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us new televisions had been set up in both lounges and they were connected to the internet to give access to a range of services which may be of interest to people. They also told us people had been asked for their favourite songs and play lists had been made reflecting people's tastes. For example, they told us one person liked Daniel O'Donnell and said this person used to spend most of their time in their bedroom but now socialised more in the lounge because of the music.

We saw staff organised activities for people both on an individual and group basis. We saw people involved in a game of skittles, 'Play your Cards Right' and a jigsaw. We saw staff used every opportunity to engage with people and talked to people throughout our inspection. Staff told us they had taken six people out to a local Christmas party and were preparing for their 'in-house' residents and relatives party.

We saw the complaints procedure was on display in the main entrance together with pen, paper and envelopes and a post box. Relatives we spoke with told us they would raise any concerns with staff or the manager.

We saw there was a complaints log in place although no complaints had been recorded. The manager told us low level concerns were not recorded as they would just sort things out straight away. We discussed this with the manager as without keeping records of these it would not be possible to spot any emerging themes or trends. The manager agreed they would make sure these were documented in the future. There was a procedure in place, should a complaint be received, to respond to the complainant with the action taken to resolve any issues and the overall outcome.



# Is the service well-led?

## Our findings

When we inspected the service in June 2015 we found there was a lack of provider oversight and very few checks were being made on the overall operation and quality of the service.

The registered manager left the service in February 2014 and there has been no registered manager since. The manager who was in post when we inspected in June 2015 had left the service and a new manager had been appointed. This manager was in the process of applying to be registered with the Care Quality Commission at the time of this inspection.

Since the last inspection in June 2015 the provider had employed the services of an external consultant to provide support to the manager and to oversee the development of the governance systems. The manager told us they had monthly meetings with the provider and the consultant. We saw the minutes from two of these meetings and saw the roles and responsibilities of the provider's and manager were clearly documented. The consultant is working with one of the provider's to train them, so when the consultant withdraws their support the provider will have the necessary skills to oversee the governance of the service.

We asked staff about the manager and they described them as, "Firm but fair," "A good leader who is enthusiastic and ambitious and driven by making things better for the people who live here." "A good leader who works on the floor with us. They expect everything to be done to a high standard." They told us staff morale was much better. We saw the providers had put a 'Thank you for all your hard work' note on the staff notice board and staff told us the providers had treated them to a Christmas night out to show their appreciation.

Staff told us the provider was not spending as much time at the home, but was listening to the manager and things were now 'getting done.' They also told us the provider's son had become involved with the service and had taken a lead role in developing the menu's, infection prevention and control and introducing more technology into the service.

We found a number of audits had been introduced to ensure the service was being well managed.

We saw audits of the environment, infection prevention, health and safety and medication were taking place. We saw issues were being identified from these audits, for example, in September four mattresses had been identified as requiring replacement. However, there was no record of what action had been taken following this audit. We asked the manager who told us the mattresses had been replaced.

We also saw the infection prevention and control audit had identified some issues which needed to be addressed. The manager was able to tell us how these were going to be addressed, however, there was no written action plan in place giving timescales for completion.

Although audits of medication had taken place they had not picked up the issues we found on this inspection visit. Therefore further development of the quality systems were required.

We asked if any surveys had been given to people using the service and/or relatives to get their views. The manager told us this had not been done yet but gave us a copy of the survey which was going to be sent out.

We concluded as the audits were relatively new the provider needed to ensure the development of their quality systems continues so they can be assured the service is being well manage and developed in line with best practice

This breached Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Service users were not provided with care and treatment in a safe way as the management of medicines was not safe and proper.  Regulation 12 (2) (g).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided. Care records were not complete.  Regulation 17 (1) (2) (a) (c)