Laudcare Limited

Bishopsmead Lodge

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out an unannounced inspection of this service on 6 January 2015. The last inspection was in July 2014 and seven of breaches of regulations were found. These related to a lack of accurate information in people's care plans, insufficient support for people's nutritional needs, lack of reporting of allegations of potential abuse, inadequate infection control systems, unsafe medicines management and shortfalls in quality monitoring. Improvements were made to meet the legal requirements in the majority of areas, however the actions relating to medicines were not fully completed.

Bishopsmead Lodge is registered to provide accommodation and nursing care for up to a maximum of 51 people. The service cares for older people, some of whom are living with dementia. At the time of our inspection there were 37 people living in the home.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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

Improvements had been made in medicines management since our last inspection. However we found that some medicines were not always looked after safely. A delay in receiving some people's medicine meant one person was not able to take one of their prescribed medicines for a week. Records were not kept of the receipt of all medicines so it was difficult to check whether they had been looked after safely.

Call bells were available within people's reach in their own rooms and staff responded quickly. For example, we were with one person when they used their call bell. However in the lounge area there was only one call bell that was fixed to the wall. This was out of reach for some people who were unable to move on their own. We recommend the provider reviews current best practice information in relation to the access to call bells or alternatives to ensure people's safety.

People said they felt safe and well looked after and this was confirmed during our observations. Relatives we spoke with also confirmed this. Several people told us staff supported them well and they also received the services of a weekly hairdresser.

Staffing levels were sufficient to meet the current needs of people living in the home. People told us staff usually answered their calls bells swiftly. During our inspection we observed staff responded to people's needs promptly.

People's risk assessments gave detailed guidance for staff to follow as they were comprehensively completed. This meant that staff had full information to ensure people were kept safe and protected from harm.

Detailed care records were completed. People's care files recorded their care and treatment. This included nutritional recording charts. This enabled staff to monitor people's nutritional intake effectively. Staff we spoke with were knowledgeable of people's needs.

People were protected from the risks associated with cross infection. The staff followed the Department of Health infection control guidelines. Shared areas of the home were clean, free of clutter and unwanted odours. Staff were observed using personal protective equipment (PPE) such as aprons and gloves when required to reduce the risks of cross infection when assisting people.

People were happy with the food and drink they received in the home. We observed a mealtime and observed people's needs being met effectively. We found that people received the support they required. We observed staff sat with people and they provided one to one support in line with people's assessed needs.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively and ensure people were safe. Staff had completed their safeguarding adults training to ensure their knowledge was current and in accordance with current guidance.

Staff had training in the Mental Capacity Act 2005 and had a good understanding of the processes to be followed to ensure decisions were made in people's best interests. This information was correctly recorded to help protect people's rights

There were positive and caring relationships between staff and people at the service. People praised the staff and told us they provided a good standard of care even when they were very busy. We observed people were relaxed in the company of staff and engaged in conversations. All the feedback we received from people and their relatives was positive.

People's care records demonstrated their involvement in care planning and decision making processes. Some people had signed their documentation. This was confirmed when we spoke with people living in the home and their relatives who confirmed reviews took place.

Staff meetings and registered manager meetings were scheduled regularly and staff were encouraged to express their views. Meetings were held with people and their relatives to ensure that they could express their views and opinions about the service they received. People could also raise any complaints at these meetings.

Quality and safety in the home was monitored, systems had been improved since the last inspection, and new systems implemented to support the registered manager in identifying any issues of concern and had taken action.

Summary of findings

We found one breach of regulation relating to medicines. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems to manage people's medicines were not always robust. We found some improvements had been made since our last in section. However some people's medicines had not been obtained before they ran out and some receipt of medicines had not been recorded correctly.

Calls bell were in place in all areas of the home although some people would be unable to use these. We have made a recommendation for access to call bells to be reviewed. We recommend the provider reviews current best practice information in relation to the access to call bells or alternatives to ensure people's safety.

Safe recruitment processes were in place before new staff were appointed to work with people.

Suitable arrangements were in place to respond to any safeguarding concerns. A clear policy and processes were in place for staff to follow.

Staffing levels were sufficient to meet the needs of people safely.

People's risk assessments were reflective of their current needs and had been reviewed regularly.

Is the service effective?

Good

The service was effective.

Issues relating to people's mental capacity were considered in their care plans and people and their relatives were involved in their care planning.

Health care professionals such as GPs, occupational therapists, opticians and dentists visited the home to provide on-going healthcare support.

People were supported at mealtimes in a way that met their needs and was in line with their care plan.

Staff received training and received regular supervision to support their role.

Is the service caring?

Good

The service was caring.

People that lived in the home and their relatives, made positive comments about the care staff and management team.

People's opinions were sought through surveys and resident meetings and any actions required were followed up.

People were involved in decisions about their care and treatment and staff helped people to maintain their independence.

Summary of findings

Staff had a good awareness of people's needs and respected their choices and preferences.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and personalised care plans were put in place.

People's care plans were reviewed on a monthly basis to ensure they were reflective of their needs. A process called 'resident of the day' was recently introduced to improve the care plan process.

People's on-going health needs were managed and responded to.

The provider had systems in place to receive and monitor any complaints that were made. People told us they knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led

The registered manager had not returned the Provider Information Return (PIR). This would have given key information about the service.

People spoke positively about the management of the home. People told us the registered manager was approachable and visible in the home on a daily basis.

Staff told us they felt supported by the manager and received supervision regularly.

A quality assurance system was in place that supported the registered manager highlight any improvements that needed to be made.

Bishopsmead Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 6 January 2015 and was unannounced. The inspection was undertaken by two inspectors 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.

The inspection also followed up the actions the provider had taken to meet the legal requirements following the last inspection where seven breaches of regulation were found.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Before the inspection, 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. They did not return the PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with 14 people who used the service and three relatives. We spoke with eight members of staff, the registered manager and the regional operations director.

We reviewed the care records and supplementary records of five people who used the service and reviewed documents in relation to the quality and safety of the service, staff training and supervision.

Requires Improvement

Is the service safe?

Our findings

Not all aspects of people's medicines were managed safely. Most people's medicines were available for them to take as prescribed. However the previous month there had been a delay of 10 days in receiving a new supply of indigestion mixture for one person. We saw that staff had requested a repeat prescription before the previous supply had run out. However records showed that a new prescription was not obtained until the doctor visited the home, a week after the medicine had run out. Systems in place for ordering medicines did not ensure this medicine was received in a timely way.

Another person was prescribed two different strengths of a pain relieving medicine. Records for the previous month showed one strength of this medicine had not been available for the whole month. Staff on duty were not sure of the reason. They told us they had ordered a new prescription and queried the lack of supply with the surgery. However the outcome of any query was not recorded. Both strengths of the medicine were supplied the following month. This meant the person may not have had the appropriate pain relief over this period of time.

Staff recorded the receipt of medicines into the home. However receipt of some medicines supplied separate to the usual monthly order had not been recorded. Therefore, it was difficult to check whether these medicines had been given as recorded. A new system of daily checks was being introduced. This included staff looking at the medicines records for one person on each floor each day to make sure they had been completed correctly.

Since our last inspection a new medicines refrigerator had been obtained for the upstairs floor. Records made for January 2015 showed this was in the safe range for storing medicines. Staff were not able to find the January temperature records for the medicines refrigerator on the ground floor. At our last inspection one room used to store medicines was not kept at the recommended safe temperature. Records for this room for January 2015 showed the temperature was suitable for storing medicines. However during our inspection the actual temperature was above that recommended for safe storage of medicines. The registered manager told us they would be looking at measures to keep the temperature at a safe level as part of proposed improvements to the home, this may include air conditioning for the medicines room.

We found that medicines were not always looked after safely. A delay in receiving one medicine meant one person was not able to take one of their prescribed medicines for a week. Records were not kept of the receipt of all medicines so it was difficult to check whether they had been looked after safely.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Two senior carers working on the ground floor had received medicines training so they were able to give people their medicines on this floor of the home. This meant that people received their medicines at the correct time. People we spoke to confirmed this. One person was prescribed a medicine to be taken at specific times of day. They confirmed staff gave them this medicine at the correct times.

Staff who administered medicines were given training and a policy was in place that guided staff in all aspects of medicine management. This included: ordering, administration, auditing and disposal.

The pharmacy provided printed medicines administration record sheets for staff to complete when people had been given their medicines. Staff recorded when people were given their medicines and the reason if they were not given. There was a clear record to show whether people had received their medicines as prescribed for them.

Medicines were stored securely. Controlled drugs, which need additional security, were kept safely. Appropriate records were kept of the use of these medicines.

Call bells were available within people's reach in their own rooms and staff responded quickly. For example, we were with one person when they used their call bell. Staff responded immediately and came to support the person. However in the lounge area there was only one call bell that was fixed to the wall so was out of reach for some people who were unable to move on their own.

We saw a nurse's station in an adjoining room to this area where staff were present. If staff were in the nurse's station they would be able to hear people calling for assistance, however would not necessarily be able to see them. People who were not independently mobile would not be able to reach the call bell. We discussed the safety aspects of this with the registered manager and they told us they were aware of this and is discussing this as part of the homes on

Is the service safe?

going environmental improvements plan. They also confirmed staff were in and out of the area regularly. One person we spoke with confirmed this and said "there are always people in and out of here [the lounge]."

People told us they felt safe and well looked after living in the home. For example one person described how they had previously had several falls, but since being in the home, they had fallen only once. They said "it happened early on and I wasn't used to waiting for someone to come and help me." They told us they walk with the help of a care worker and aids that improved their safety. Another person said "I am really frightened of falling, but the nurses walk behind me here and I feel better." Other people we spoke with told us they felt safe and if they didn't they would speak to the registered manager.

The provider had suitable arrangements in place to respond to suspected abuse. A clear policy was in place for staff to follow. The provider reported safeguarding incidents appropriately to both ourselves and the local authority safeguarding team for further investigation.

Staff told us and records showed they had completed on-line safeguarding adults training. We asked staff what they would do if they were concerned someone may be being abused. Staff told us, "I'd go to a senior manager and report it." Staff told us they would, "Go to someone higher" if their concerns were ignored.

We asked staff if they understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way.

Care files contained risk assessments specific for the individual. These included assessments for falls, choking and any activity of daily living that posed a potential risk. The risk assessments gave guidance for staff in how to minimise the risks. For example, documentation for one person instructed staff not to leave the person alone with others in lounge or dining areas, as they could become agitated and 'hit out' at others. It described how to support the person to reduce their anxiety and reduce the risk of harm to others.

We saw personal emergency evacuation plans and bedroom fire risk assessments in people's care files. This demonstrated the level of support people required in an emergency situation to keep them safe.

People were happy with the cleanliness of their room. One person told us "they come in every day, have a chat and they clean up. I am very happy with it". There were policies and procedures in place to support staff in maintaining a clean environment. We found that infection control guidelines had been followed and staff had a good understanding of infection control guidance. This included the use of protective clothing such as plastic aprons and gloves. Staff were observed using this equipment during our inspection. Shared areas of the home were clean and free of clutter. The registered manager also audited all areas of the home on a regular basis. This ensured cleaning schedules were being used effectively.

There were sufficient numbers of staff to support people safely. A dependency assessment tool was used to enable the registered manager to assess regularly the numbers of staff that were required to meet people's on-going needs. The registered manager told us how a recent reassessment using the tool, identified a person who required more nursing care to meet their needs. The person's care plan was adjusted and the person was considering moving in to the nursing area of the home for increased support. Staff told us they were able to meet the needs of people. One staff member told us "yes we do meet people's needs very well. Sometimes though we are very busy but I suppose that's the nature of our work".

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken including an enhanced Disclosure and Barring Service (DBS) check. The DBS ensured that people barred from working with certain groups, such as vulnerable adults, would be identified. A minimum of two references were sought and the registered manager told us no member of staff would start working in the home before all relevant checks were undertaken. All these checks were contained in staff files as well as monthly checks undertaken to ensure nurses were correctly registered.

Equipment used within the home was maintained to ensure it was safe to use. The provider had a programme for maintenance which included the fire alarm, electrical systems, hoists, slings and bathing equipment. Records identified when checks were undertaken and when they would be next due in line with manufacturing recommendations.

Requires Improvement

Is the service safe?

We recommend the provider reviews current best practice information in relation to the access to call bells or alternatives to ensure people's safety.

Good

Is the service effective?

Our findings

People we spoke with said staff helped them in ways they wanted. One person said; "they always ask me if I need help with anything else before they leave my room." Other people's comments included: "the carers 'know what I need." "It had been a very hard choice to put [name] in a home but it all turned out really well. We've not had any problems since [name] has been here." Another person we spoke with who had limited verbal communication nodded vigorously and smiled when we asked them if they felt happy and well looked after. Staff told us they gave people choices as much as possible, such as choosing meals and activities.

Some records such as weight recording charts and repositioning charts had some gaps that could make monitoring difficult. We discussed this with the registered manager who explained the new daily auditing process had picked this up. This resulted in staff receiving supervision to address this. We saw that this was taking place and action had been taken in the form of 'instant supervisions'. One member of staff told us "we do check this all the time. Due to the amount of paperwork in the files it sometimes gets written in different places. So it's not that it didn't happen".

People received on-going health care and support from visiting health care professionals such as GPs, occupational therapists, opticians, chiropodist and dentists People we spoke with told us how their GP visited them if they were unwell. Referrals were made to external agencies when people experienced a change in their needs, for example, the Residential Liaison Team. This team is part of Community Mental Health Team and provides support and training to help care home staff support people if their needs increase.

Staff told us they had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important. We saw information in people's care plans about mental capacity assessments and standard applications to the local authority for deprivation of liberty authorisation. The forms used were appropriately recorded. The registered manager was aware of the process involved and how to make the necessary applications. Currently no person living in the home was subject to a DoLS authorisation.

People's agreement was sought by staff when assisting them with their care needs. One care file recorded the person declined to be washed and dressed. Staff recorded that they went back several times and assisted this person when they consented. Consent to care and treatment was recorded within people's care records. This included details of who was involved signed by the person wherever possible. We heard staff asking for people's consent to undertake their care routines. For example, staff asked people if they needed help, before intervening and knocked before entering a room. They addressed the person by name and then asked if they could come and help them to get washed and dressed. The member of staff then explained what was being undertaken and the care was provided performed behind the closed door. Care files contained sections which had been signed by the people using the service, such as consent for photographs to be taken and consent for the use of bed rails.

People were supported to eat and drink enough and most enjoyed the meals provided. Comments from people about the food were generally positive. One said the food is; "excellent, it's not boring.' Another person said "the food is not so nice as it used to be" but said there was always a choice and that they got enough to eat. Another person said 'I love the food. I'm very pleased; they always ask what I'd like.' One person with limited verbal communication gave a 'thumbs up' when we asked about the food.

Menus were in place and a copy was in people's rooms. We heard people being asked what they would like to choose for lunch. The menu offered a varied choice for all three meals.

We observed the lunchtime upstairs and found people were offered a choice of faggots or lasagne. Two people were unable to cut the faggots; another two did not eat theirs because they said they were too hard. However they were not offered an alternative. In the downstairs dining room we observed people were able to eat independently and were given a choice. Where people required support to eat their meal this was provided. Staff sat alongside people and assisted them appropriately that was in line with their assessed need and care plan.

Good

Is the service effective?

We observed mid-morning drinks being given out to people. Each person was offered a drink, together with either a biscuit or a small dish of sliced, fresh fruit. The staff member doing this was very cheerful, knocked at room doors appropriately even when open, addressed each resident by name and described the fruit in the dishes. Water and cordial were available in each person's room and hot drinks and snacks were available throughout the day and night if people required it.

Staff received appropriate training to carry out their roles. Training records demonstrated that staff had received training that included; infection control, safeguarding, dementia awareness and manual handling. Staff we spoke with felt the training they received was sufficient to undertake their duties effectively. One member of staff told us "we get plenty I am doing my Diploma in Health and Social care".

The registered manager had started to introduce a one to one supervision process for all staff. This is dedicated one to one time for staff to have with a senior member of staff, to discuss their role and performance. They told us staff would receive regular supervisions sessions six times per year in line with the provider's policy. However they confirmed that 'instant supervisions' took place daily with staff as required. For example, if the daily auditing system highlighted any concerns or errors in care this would immediately be addressed with this type of supervision. This ensured the care delivered by staff was effective and appropriate.

Good

Is the service caring?

Our findings

During the inspection we observed staff speaking kindly and attentively to people and they provided support to people in a sensitive manner. People and their relatives made positive comments about the care staff and management team. Comments included: “The carers can’t do enough for me, they are always polite and kind”; “the carers are lovely, I couldn’t wish for anything better I can talk to [the manager] about anything, she really listens” and “they don’t half look after me here, they really do. I love them all, I really do”; I never get lonely; I have too much fun with the nurses”.

Surveys were completed yearly and sent to people living in the home, relatives and friends. Overall the comments were positive. Compliments included: “your exemplary nursing made [name] feel safe and secure that helped enormously”. “I thank you for all the support you have given”. We were told if any individual comments required responding to, the manager would arrange to meet the person to discuss further to resolve any concerns.

People’s friends and relatives frequently visited. Relatives told us how they are able to visit as and when they wished to. One relative said ‘my daughter lives just around the corner, she can come in any time.’ Another person told us how their son was able to visit at 10pm when he finished work and was able to sit and watch a DVD with their relative. They told us they enjoyed and valued this very much.

We observed care and ancillary staff communicating positively and respectfully with people. They addressed residents by name, listened to residents, smiled and chatted appropriately. We heard staff ask residents if they wanted help. For example, if they wanted to be helped to wash and dress and helped down to the dining room. Care staff responded appropriately to people’s body language. For example, one person with limited verbal communication was able to make their wishes and choices known. Staff explained how they gauged the person’s responses from limited verbalising, facial expressions and gestures. Staff showed a good rapport with the person and appropriate communication methods were used to include them in decisions about their care.

People were involved in decisions about their care and treatment and their independence was maintained. People told us they had been involved in making decisions. Care records reflected this as people’s wishes and preferences were recorded and documentation was signed by the person if possible. People’s opinions were sought through resident meetings. This was also a forum for people and their relatives to be given information about the service and any changes. Minutes that we viewed showed information was exchanged. For example in relation to activities and food. Minutes detailed the discussions and highlighted any anything the registered manager needed to follow up.

Good

Is the service responsive?

Our findings

People's care needs were assessed and personalised care plans were put in place. Plans provided details of all aspects of the person's daily living needs and were compiled into specific care plans. These included: health care needs, personal care, personal preferences and social activities. People had been involved in the compilation of their plans that made them personal to them and detailed their preferences. For example, one person's documentation instructed staff to speak with the person in a particular way that ensured they only needed to respond with short answers, which suited their way of communicating.

People told us that they were able to make choices about their care. For example, they said they can choose when they get up or go to bed. One person told us how she gets up and goes to bed at the same time each day and makes choices as to having her room door open or closed at certain times. They told us this was important as they liked to have their television on loudly to hear it.

The staff reviewed people's care plans on a monthly basis to ensure they were reflective of their needs. A process called 'resident of the day' was recently introduced that ensured each day one person's care plan was completely reviewed. Care staff, kitchen and domestic staff would all spend time with the person and update any changes that may have occurred or any new preferences the person may have.

The staff ensured changes in people's needs were communicated to relatives as agreed and required. Two of the relatives that we spoke with felt confident that they were informed about any changes in their relative's care and were kept up to date.

People's on-going health needs were managed and responded to. Care files contained information about any long term health conditions people had, such as Huntington's disease and diabetes. A variety of fact sheets were available to explain the condition and provided guidance for staff to provide the help and support people needed.

We saw staff members were supportive and respectful when discussing people's changing needs. We observed one care staff talking to another about their concerns about the amount eaten by one person; the other care staff listened patiently and attentively. The care staff appeared satisfied with the response and was reassured.

People were able to take part in a range of social activities. People we spoke with confirmed the activities that took place. One person said 'A nice lad tries to encourage me to come to the lounge.' They said there are things to do like 'music, pass the parcel and bingo. Another person said she they liked the bingo games and said "a nice young man comes and gets me."

The home employed an activities coordinator. This person was new in post and was beginning to set up a structured activity programme based on people's preferences. They were enthusiastic about their role and told us "it's a very giving job. A smile makes your day, people need meaningful activity". They described how they provided group activities and external entertainers. They also told us how part of their time will be spent undertaking one to one work with people in their rooms or to go out more often. This staff member recognised that not all people participated in group activities, this was confirmed by a person we spoke with. This person told us how they had been supported them to go to the local shops.

We saw a bingo session in the ground floor lounge after lunch. Four people were participating, while another two people were watching or dozing. People who were participating were enjoying the activity. The member of staff confirmed the 'resident of the day' care plan review will be used to gain ideas and spend greater time with people on a one to one basis. to find out more about people and how to offer them activities to suit them.

One person commented that they missed going to church and they were not aware of any services that took place in the home. We raised this with the registered manager who told us they have not been able to arrange a local church to provide any services in the home. They told us one person had arranged for their Rabi to visit them and another person had their priest visit them on a regular basis. They confirmed they are committed to trying to secure the services of a local church and will keep trying to arrange this.

The provider had systems in place to receive and monitor any complaints that were made. People told us they knew how to make a complaint if they wished. People said that

Good

Is the service responsive?

they would feel able to complain if they felt they needed to. When asked who they would complain to, one replied 'there's always someone to talk to.' Another person said they would speak to a carer while another person said 'I can't say anything against it, I like it here'. A policy was in place that gave guidance for people and staff to follow. One complaint was on file and showed it was responded to in line with the organisation's policy. The registered manager told us if people had any complaint they tended to approach them informally as they operated an 'open door' policy.

Requires Improvement

Is the service well-led?

Our findings

Before the inspection, 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. They did not return a PIR and we took this into account when we made the judgements in this report.

People and their relatives told us the registered manager was approachable and had a regular presence in the home. They said; "we felt very welcome from the first contact and that's why we chose here.' Another person said "I know and respect [the manager]. I can always talk to her and she really listens."

Staff felt well supported and listened to. They told us they could approach the registered manager at any time they needed advice or support. One staff member said "[name] has been fantastic they have given me such a lot of support ".

The registered manager told us they adopt a culture of openness within the home while also ensuring leadership was paramount. They told us they wanted everyone to feel able to bring forward any concerns to them that could improve the service provided. Team meetings had now started to take place. The registered manager told us improvements had been made in this area and they will take place monthly. They confirmed this would ensure good practice ideas and service development could be shared together with identifying future goals.

Daily handovers took place and the registered manager had introduced a 'heads of department' meeting daily. This was a meeting for senior staff to identify any issues or support that may be required for the day and share good practice ideas. Staff told us they now had team meetings and minutes were taken so staff who couldn't attend would know the details.

The provider had systems to monitor the quality of the service. The regional operations manager undertook a 'home review' on a monthly basis. This audit ensured the registered manager had undertaken regular monitoring and reviews of the service in line with the provider's policy.

Audits included; training, food safety, medication, care plans and bedrails. All were recorded and any actions noted would be followed up the following month. Records that we saw confirmed this.

Daily audits of care records now take place to check the care documentation and highlight any records that had not been fully completed. A new system had been introduced that included daily 'tracas'. This documentation was completed for each person over a period of 24 hours. This then was audited by the registered manager daily and immediate action was taken to resolve any issues. Some of the gaps that we found in people's records were noted in the daily tracas. This demonstrated the system was effective in resolving gaps.

We spoke with the regional director who told us of the future improvements that were being made to the audit system. The provider was introducing an electronic complaint/concerns/ compliment system. This involved a hand held device that people and their relatives could input data on a 'live system'. This system would provide swift responses to people and would provide an audit trail to show when any actions were completed and if the person was satisfied. For example, if a relative raised a concern this will be entered on the system straight away. A member of staff would be responsible for checking the system regularly and would arrange for this complaint to immediately be checked and acted on. The relative would then be able to see immediate outcomes. The regional director told us this has been piloted in other homes in the group and had a positive effect for people.

The registered manager undertook a daily 'walkabout' of the home to highlight any environmental concerns and then immediately report this to the maintenance team to resolve as soon as possible. Documentation that we saw confirmed this. They also told us they use the 'Mum's test' on a daily basis. For example they told us each day they asked one member of staff if they would recommend the home to their mum or a relative. They told us this was a good way to enable staff to recognise if the service was good enough to use themselves.

There were effective systems in place to monitor the risk and spread of infection. Cleaning schedules were in place and infection control audits were undertaken. This was to monitor effective cleaning took place and ensure best practice guidance was followed.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines We found that some medicines were not always looked after safely. Some people experienced a delay in receiving their medicines. Records were not kept of the of all medicines received, so it was difficult to check whether they had been looked after safely. Regulation 13.