

Careplex

# Tudor Rose Rest Home

## Inspection report

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Date of inspection visit: 6 and 12 January 2015  
Date of publication: 21/04/2015

### 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 

### Overall summary

This inspection took place on 6 and 12 January 2015 and was unannounced. We last inspected this service on 5 and 15 May 2014 there were four breaches of legal requirements at that inspection. During this inspection we found that the provider had taken steps to comply with some of these regulations, there was one area where the provider was not fully compliant.

Tudor Rose Rest Home is registered to provide accommodation and personal care for up to 27 older people. The home is not registered to provide nursing care.

The service is required to have a registered manager. There was no registered manager in place; however the provider was taking reasonable steps to employ a manager. 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.

# Summary of findings

Medication systems and practice was not safe and there were instances where people did not receive their medication as prescribed.

The management of the service was unstable, with no registered manager in post and several changes in managers since July 2014. The provider had not always kept us informed of these changes, as they are required to do.

People were involved in how the service was managed. Quality assurance systems put in place by the provider were not sufficiently effective to ensure people benefited from a quality service.

Everyone that lived at the home and their relatives spoken with said that people were safe. All staff spoken with knew how to keep people safe from abuse and harm and had received training to help reduce the risk of abuse to people. Whilst the provider took action when incidents relating to people's safety occurred, staff practice did not reduce the risk of reoccurrences.

People and relatives spoken with told us they thought the environment was safe. However, we found that risks in the environment were not always identified by the provider; therefore people were at risk of living in an environment where the risks to their safety were not always identified.

We found that cleanliness of the premises and equipment was not consistently maintained, and the provider was not following the appropriate guidance in respect of infection control. This meant that people were not adequately protected from cross infections.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. People's rights were not being fully protected in line with the legislation.

People received enough to eat and drink. People received support to access health care services, when they were unwell and as necessary. People's privacy, dignity and independence was promoted and respected. People were supported by staff that were caring.

People received care that met their needs and a range of social activities were available to suit people's needs and choices. There were procedures in place for people and relatives to raise concerns about their care, should they feel their needs were not being met.

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?

The service was not consistently safe.

People didn't always receive their medication as prescribed for them.

People were not fully protected from the risk of cross infections.

Staff knew how to reduce the risk of people being abused. However, risks in the environment were not always identified. Where people had received unsafe care, this was not always managed in a way that would prevent it happening again.

Requires Improvement



### Is the service effective?

The service was not consistently effective.

People could not be assured that their rights were protected.

Staff received the necessary training to do their job.

People received sufficient to eat and drink.

People's health care needs were being met.

Requires Improvement



### Is the service caring?

The service was caring.

People told us they were treated well by staff and we saw that staff were caring and considerate towards people.

People's privacy, dignity and independence were respected and promoted by staff.

People were supported to make decisions about their daily lives and friends and relatives were free to visit without restrictions.

Good



### Is the service responsive?

The service was responsive.

People received care that met their needs and a range of social activities were available for people to choose from.

People knew how to complain and there were procedures in place to investigate people's concerns.

Good



### Is the service well-led?

The service was not consistently well led.

There was no registered manager in place and there had been a number of different managers employed in the past six months, which meant that people did not receive a consistently well managed service.

Requires Improvement



# Summary of findings

The provider did not always keep us informed about the changes in managers. People were involved in how the service was managed. However, the quality assurance process was not effective and did not ensure that people received a quality service.

# Tudor Rose Rest 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 6 and 12 January 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor; this is a person who specialises in services for people living with dementia.

During our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We usually ask the provider to send us a Provider Information Return (PIR), before the inspection. 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. On this occasion we did

not make the request, so the provider was unable to complete this information. However, during the inspection we were given a document by the quality assurance officer called 'notes and review of the five key questions.' This was a report detailing the provider's assessment of the service. We also contacted the local authority who purchased the care on behalf of people and we reviewed regular reports they shared with us about the quality and safety of the service.

During our inspection we spoke with seven people that lived at the home, two relatives, a visiting health care professional, the person managing the service, the deputy manager, the quality assurance officer, a senior care and two care staff.

We looked at the care records of four people, ten medication administration records, and controlled drugs records. Other records looked at included records of safety checks, audits, safeguarding records, complaints records, staff training and supervision records and records of staff recruitment checks. We also reviewed the infection control policy.

# Is the service safe?

## Our findings

People that we spoke with said staff supported them with their medication where needed. Before our inspection the provider told us about a medication error that had occurred at the home where someone had not received their medication for over three months. The provider had put procedures in place for closer monitoring of medication administration. However, medication records (MAR) looked at showed that three people did not receive their medication as prescribed. All three people were prescribed medication to be taken at night. One person's record showed that the person had not received their medicine on nine separate occasions over a 17 day period. Records showed that these people were asleep, and staff did not ensure that they receive their medication or request a medication review by the GP, to ascertain if the medicines could be given at a different time of the day.

One person who was prescribed digoxin did not have their pulse taken, before this medicine was administered. Digoxin is a medicine given to regulate people's heart rate, and the dosage may need to be modified/not given depending on the pulse rate.

We saw that MAR charts did not include the actual time that people's medication was administered, so there was no way of ensuring safe intervals between doses where people were required to take medicines more than once daily. This showed that medication practice did not ensure that people received their medication safely and as prescribed.

We found that [the registered person had not protected people against the risk of unsafe medication practice]. This was in breach of regulation [13] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [12] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that medication was not safely stored and that keys to the medication cupboards were kept in a room where they could be accessed by anyone. In addition the main medication trolley was not adequately secured to the wall. The provider had commissioned an external pharmacist to review the medication system within the home. However, the safety issues identified during the inspection had not been previously identified by the provider.

All the people that we spoke with said they felt safe from abuse and relatives spoken with had no concerns about people's safety. People told us that they would speak with staff if they had concerns about their safety. One person told us, "There was just one staff that didn't treat me right, [staff member] is not here now, as they sacked them." Another person said, "I feel safe, I feel good here." Someone else said, "I feel safe with the staff." A relative told us, "[Staff name], the person managing the service, instils confidence in me and that makes me feel [person's name] is safe now. There is no ill treatment, which to me is the important thing."

At our inspection on 8 and 15 May 2014, we found that the provider was not taking the appropriate action to keep people safe from harm and was therefore not complying with the law. Since then the provider has kept us informed of all incidents identified relating to people's safety. We saw that they were now referring incidents to the local authority for investigation as required.

All the staff that we spoke with during the inspection knew what action to take to keep people safe. Information on how to keep people safe was on display in the home for staff and visitors to see. Staff spoken with and training records looked at showed that staff had received updated training to help them to reduce the risks of abuse and harm to people. A member of staff told us, "We are here to protect people from harm, so it's my duty to make sure they are safe." Records looked at showed that where incidents had occurred appropriate action had been taken by the provider to reduce further risks. This meant that the provider was now complying with the law and had systems in place to reduce the risk of harm happening to people.

People told us that staff cared for them safely and did not feel there was any risk to their care. A relative told us about an incident that had occurred at the home. The relative said they were confident that the incident had been managed and they were assured by the action taken that this would not happen again.

Staff spoken with and records looked at showed that risk assessments were in place to manage identified risks to people. However, people did not have an individual fire risk assessment and evacuation plan, should there be a fire at the premises. This was important due to the layout of the premises and the difficulty that would be present for the

## Is the service safe?

person living on the third floor, should a fire occur. We identified this on the first day of the inspection and the provider drew up individual evacuation plans to show us on the second day of the inspection.

People and relatives spoken with told us they thought the environment in the home was safe. However, we found instances where people's safety could be compromised. We saw that risk assessment of the premises had not been reviewed since September 2013. We saw that there was a large gap in the hand rail of the stairs leading up to the third floor; the gap was large enough for someone living at the home to get their hands caught. This was a risk that was not identified by the provider, although it was rectified by the second day of the inspection. In addition, we saw three radiator covers that were cracked and one radiator cover was missing altogether. This showed that environmental risks to people were not always identified by the provider

People, relatives and staff spoken with said they thought there were enough staff available to meet people's needs. One person said, "Oh yes, I think there is enough staff, I don't think they need any more." Another person said, "Sometimes I think there is more staff than residents." On the days when we were at the home we saw that there were enough staff available. At our last inspection we recommended that the provider introduced a system for assessing the number of staff required to meet people's current and changing needs. This was because staff told us that they did not feel that there were sufficient staff during the night to meet people's needs. In addition at the time of

that inspection, a number of incidents had also occurred between people that lived at the home and the provider was not able to determine if staffing numbers had impacted on these incidents. The manager told us that there was no system in place to accurately determine the actual numbers of staff required to safely managed the home, so the provider could not be assured that the correct numbers of staff were employed at all times.

All staff spoken with said all the recruitment checks required were undertaken before they started working. Records looked at confirmed this. This showed that the provider undertook all relevant checks to ensure that staff were suitably recruited to care for people and help to keep them safe.

People spoken with told us they thought the home was clean and tidy. However, on both days of our inspection there was an unpleasant odour in the home. We saw that a hoist left in the corridor was covered with dirt and food and the sling was on the floor, this posed a risk of cross infection. The flooring along the downstairs corridor was soiled. We saw that cleaning schedules had not been completed since 12 December 2014. Staff spoken with and training records showed that staff had received infection control training. On reviewing the infection control policy, we saw that it was not in line with the code of practice for the prevention and control of infections. This meant that people were not fully protected against the risks of cross infections and the provider was not following appropriate guidance in relation to infection control.

# Is the service effective?

## Our findings

People spoken with said they thought the staff were trained. One person said, “Yes the staff are trained, I suppose so.” Another person told us, “They have staff training here quite often.” A relative told us, “I think the staff have the skills to support mom.”

Care staff spoken with said they had received a lot of training recently and felt that they had the necessary training to do their job. Staff training records showed that the provider has adopted a planned approach to training for care staff, so there was an overview of when updated training was needed. The provider review of the five key questions showed that all staff had received core training, with the exception of four new staff members. Staff spoken with told us that they had supervision and appraisal and one member of staff told us that staff meetings now took place quite frequently. This indicated that staff received the training and support needed to do their job.

People spoken with told us that staff always sought their consent before providing care. Staff spoken with said they discussed people’s care with them and ensured they gave consent before providing care. Two of the three care staff spoken with had good knowledge of MCA and DoLS in relation to their role and how they go about obtaining consent from people. Training records showed that MCA training was provided for the majority of staff in 2014. This showed that the provider had taken steps within the last year to improve staff’s knowledge on how to protect people’s rights.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

One person told us they did not want to be in the home and said they did not understand why they were there. Records looked at showed that there were people in the home that had been assessed as not having the capacity to make informed decisions about their care or whether or

not they wished to live in the home. The manager told us they were not aware of the High Court ruling on the DoLS, and how this may affect the rights of people who lacked the capacity to make informed decisions about their care.

People spoken with said they thought the food was okay and that they had a choice of food and enough to eat and drink. One person said, “The food is not too bad.” Another person told us, “You get very good food and plenty of it.” Someone else said, “I do get a choice, if I don’t like something, I will ask for something else.”

We saw that menus were on the dining tables these were typed and had colourful pictures, but the dates on the menus were wrong, which could be confusing for people.

The menu we saw on the first day of the inspection read: For breakfast, sausage sandwich, lunch time, beef burger in a bun and tea time fried chicken. One person told us, “Sometimes, they will cook the spicy rice that I like and that’s the nearest you get to Caribbean food.” This person told us that their family sometimes brought food in for them. Although a member of staff told us that they previously had someone who required halal meals and these were provided for them. Staff told us that the shopping list for the week was discussed with people and they chose the foods they liked and wanted to have for the week.

Staff spoken with knew what action to take to support people at risk of poor nutrition, such as ensuring their weight was monitored weekly, referring to the GP and dietician and ensuring fortified foods and drinks were provided. However, one person’s record showed that they had lost 12 kilogrammes of weight in four months we saw no nutritional risk assessment on the record, or evidence that advice was sought on how this should be managed. This indicated that whilst staff were aware of how to support people at risk of poor nutrition action was not always taken to investigate the reasons for people losing weight and this posed a risk to people’s health.

People spoken with said they saw the doctor or other health care professionals when needed. One person told us, “The doctor comes often and I just had a medical the other day.” Another person said, “If I am ill I see the doctor. Oh yes the doctor is brought in, but I am very healthy. Also the chiropodist is brought in to look at your feet.” Care records showed that people had received annual



## Is the service effective?

recommended vaccinations for flu and pneumonia and annual health checks by the nurse practitioner from the surgery. Health professional's logs showed that staff were in the main responsive to fluctuations in people's health.

We recommend that the provider consider current guidance on the Deprivation of Liberty Safeguards and update their practice and knowledge based on this guidance.

# Is the service caring?

## Our findings

All the people that lived at the home and relatives spoken with said they thought the staff were caring. One person told us, "All the staff are nice." Another person said, "The staff are alright, they are good and caring." Someone else told us, "The staff in general are caring. Speaking for the day staff, I couldn't be more satisfied with how they interact with [person's name]." "[Staff name], has beautiful manners."

During our time at the home we saw that staff showed kindness and compassion in their attitude and interactions with people. Staff were friendly and we saw that they laughed and joked with people. We observed that all staff on duty communicated with people well. Staff used different ways of enhancing their communication with people, such as ensuring they were at eye level with those people who were seated, and altering their tone of voice appropriately for those who had poor hearing. This showed that staff interacted with people in a caring and sensitive way, taking into consideration people's specific needs.

All but one person said they felt they were listened to and had a say in how their care was provided. One person told us, "I make all my own decisions. I don't do anything I don't want to do, for example, if they ask if I want a shower, I will say no if I don't, and I don't have one." Another person told us, "I don't know about involvement in care plan, and I don't feel involved." We spoke with another person and we saw that they made all decisions about what they wanted to do during the day, whether it was staying in their room or not. We saw that there was a process in place for people to have one to one discussion discussions with a member

of staff to talk about their care and any changes that they wanted to the way they were cared for. This was done in what was referred to as the 'citizen committee'. This indicated that there were processes in place to enable people to share their views on how their care was provided and on the whole people felt involved in making decisions about their care.

People told us and we saw that people's privacy, dignity and independence was respected and promoted by staff. One person told us, "Yes my privacy and dignity is respected, staff knock the door before they come in." Another person said, "Staff always knock the door and wait to be invited in." Someone told us, "I am very independent and I do everything for myself. I can go into the kitchen and make my own tea if I want."

We observed staff knocking on people's doors and waited to be invited in before entering. We saw someone sitting in the lounge area, their dress was above their knees and we saw a member of staff talking to the person and gently ensured the person's knees were covered up. We saw that people could see their visitors in the privacy of their rooms, if they wished. Staff spoken with told us that a member of staff was designated dignity champion, to ensure staff practice in this area was of a high standard. We saw that people were dressed in individual styles of clothing reflecting their age, gender and weather and their dignity was promoted at all times.

Relatives told us they were able to visit at any time. During the time we spent at the home we saw that visitors were free to visit the home without restrictions and there were people visiting their relatives. This showed that visitors were welcomed and free to visit.

# Is the service responsive?

## Our findings

Six of the seven people spoken with said their needs were met. One person said, “They do look after you here.” Another person told us, “If I ring the call bell staff respond within a reasonable time.” One person told us they felt all their needs were not met. This person told us, “I don’t think I get the full treatment, there are days when I haven’t had a shave.”

At our last inspection we found that the changing needs of people with dementia were not always recognised and acted upon appropriately. This meant that the provider had breached the regulations in regards to the care and welfare of people. In addition, since that inspection, health care professionals raised concerns with us about the ability of the service to meet the needs of people that lived at the home. Staff spoken with and records looked at during this inspection showed there was good up to date information on dementia in people’s care records and staff knew how to access this information, so that they understood how people experienced living with their specific type of dementia. Staff training records showed that they had received training on dementia awareness, within the last year. The manager told us that since she has been in post, she has requested reassessment and referral for nursing care for three people; to ensure their needs were met in a more appropriate care setting. This showed that the provider was now complying with the regulations regarding the care and welfare of people that used the service.

One person told us, “I know about the assessment and care plan and I tell them what I want to put in the assessment book.” We saw that there were processes in place for assessing and planning people’s care. Of the four care records looked at, one showed that the procedures had been fully implemented. We saw that once fully

implemented care plans would evidence good practice in regards to being person centred. This indicated that the provider was working towards adopting a person centred approach to assessing and planning people’s care.

People living at the home, relatives and staff told us about social activities that took place at the home and we saw pictures of social events that had taken place on display in the hallway. Records seen also showed that social activities took place. One person told us, “My hobbies are watching television.” We saw staff playing ball games in the lounge with people, and one person doing drawing, staff told us that this person loved to draw pictures. Staff told us about the community activities that took place, such as: visits to the cathedral, people being taken to foot ball matches, if they wished, visits to the barbers and shopping. Staff told us there was a designated room for people to use a computer for online banking etc.; other activities included arts and crafts and sensory hair dressing. We were told that people could attend church services if they wished. One person told us, “I could go to church if I wanted to.” Another person told us, I am a practicing catholic and Father [person’s name] has visited.” This showed that people had access to a range of social and religious activities that they can choose to participate in if they wish.

People told us they were able to raise concerns with staff. One person told us, “If I had any concerns I would speak with the manager about it.” Another person said, “I would tell my son if I was concerned and he would speak to the manager.” We looked at a sample of concerns/complaints and we saw that these were investigated and responded to appropriately. We saw that a weekly report about complaints also goes to the provider, so that they are aware of any issues arising from complaints and concerns. This showed that people knew how to complain and there were procedures in place to investigate people’s concerns.

# Is the service well-led?

## Our findings

At our inspection on 5 and 15 May 2014, we found that the provider had breached the law and did not have an effective quality assurance system in place to ensure the quality and safety of the service people received. Specifically we saw that the provider did not know about incidents that had occurred in the service, people's views and concerns were not analysed and used to inform improvements to the service, and we could not see how people's care was being monitored and reviewed to ensure it was safe.

During this inspection we saw that the provider had implemented a quality assurance system, which consisted of the quality assurance officer completing audits and reports, which was followed by an action plan for the manager. We saw that, whilst some shortfalls in practice were identified by the audits, there was no overview of all the systems that were required to inform quality. For example, staff responsible for conducting audits were not aware of the need to audit the infection control systems. We looked at the infection control policy and the policy for undertaking infection control audits. We saw that neither of these were in line with the code of practice for the prevention and control of infections. This indicated that staff responsible for monitoring the quality of the service did not have the correct guidance to support their practice.

We saw that the audits identified that the medication system was safe and we found unsafe practice and a breach in the regulation that had not been identified by the audits. We saw that staff were not learning from incidents that had happened and the risks of them happening again were high. For example, incidents regarding people not receiving their medicines had occurred and staff had not learnt from this and this had happened again. We saw that where people had lost weight, monitoring system did not identify this and no action had been taken to follow up on the reasons for the weight loss. We saw that schedules for ensuring equipment and the premises were kept clean and safe were not up to date and no one had checked to ensure that these were being maintained. We saw that risks to people in the environment that had not been included in the audits. This indicated an ineffective quality assurance system that did not adequately identify risks to the quality and safety of the service people received.

We found that [the registered person had not protected people against the risk of receiving unsafe and ineffective service due to ineffective systems and processes]. This was in breach of regulation [10] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [17] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There has been no registered manager in post since July 2014. Since then the provider has employed three different managers. The provider kept us informed about the employment and resignation of two of the managers, as well as incidents directly affecting the well-being of people using the service. However, we were not told about the current person that was managing the service, and the provider is required to notify us by law. This meant that the provider did not always keep us informed of changes to the quality and safety of the service. This was a breach of Regulation 15 HSCA 2008 (Registration) Regulations 2009.

The absence of a registered manager meant that the provider was in breach of their conditions of registration; however, we believe the provider was taking reasonable steps to secure a registered manager for the service. Should the service remain without a registered manager for a prolonged period of time, we will review the situation. We saw that the lack of stable management meant the service was not able to follow through on necessary improvements that were needed, which meant people did not benefit from a service that was consistently well managed.

People and relatives spoken with said the management team was new, but thought they were nice and friendly and a relative told us they had confidence in the new manager. One person told us, "The new manager is nice and friendly." We saw that the manager and deputy had a visible presence in the service and people living there knew and seemed familiar with them. We saw that both managers and care staff were friendly, welcoming and had a good relationship with people and their relatives. This indicated that the new management team was promoting an open culture in the service.

Staff spoken with said they thought things would improve with the new management team in place. A member of staff told us, "The new manager and deputy have been in place six weeks, so it's a lot better. Both listen to the staff

## Is the service well-led?

and support the staff and are good. I think if they stay, things will change for the better.” This showed that staff felt they would receive appropriate support from the new management team and felt the service would improve.

We saw that the service promoted good practice in regards to the involvement of people in how the service was run. For example, committee meetings with people took place monthly, and people told us they had the opportunity to lead these meetings and discussions. Minutes of these meetings were on display in the hallway for people to see. We saw that individuals also had the opportunity to have a one to one discussion with staff, so they can decide if agreed actions discussed at the meetings relating to their service was met or not. In addition staff told us that people were able to decide on the weekly food shopping. Staff and relatives told us that a relatives meeting had been organised to take place in January. The manager said surveys were recently sent to people and relatives, but these had not yet been collated and analysed. This showed that the provider had various ways of encouraging people to be involved in the service.

The manager told us and records showed that the provider visited the service weekly and that the manager was required to complete a weekly report, detailing all safeguarding incidents that had occurred in the service. The provider then had a meeting with the manager to discuss and record actions. We saw that there were other occurrences that were not included in this report, such as analysis of deaths, pressure ulcers, complaints and any weight loss that people experienced. We discussed the

benefit of incorporating these events into the weekly management report, with the manager. This system was an improvement from our last inspection and enabled the provider to have an overview of incidents in the service.

At our inspection on 5 and 15 May 2014, we found that the provider had breached the law in regards to how records were maintained. We found inconsistent information and gaps in records that made it difficult to track the care people had received and this had impacted on the care people received.

This inspection found some inconsistencies and gaps in the records that we looked at. Of the four care records seen, we saw that one record was fully completed in a way that showed good practice. The other three showed: Records that were dis-organised and had no structure making accessing relevant information difficult. Gaps were found between entries and we saw that a retrospective entry was made on one record, once we pointed out the gaps. This indicated that there was potential for falsification of records.

We saw that one person had lost weight over a period of time and a nutritional risk assessment was not in place to support the person’s care. We saw that entries were not always signed, showing which staff had made the record. A records audit recently undertaken by the provider identified that the records were not up to standard. The gaps and inconsistencies in records that we saw had the potential for people to receive unsafe care. However, we did not find any instance where people’s care had been affected as a result of the quality of the records. We have therefore, viewed this as an area for improvement, rather than a continued breach of regulation.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Effective systems were not in place to protect people who use the service from the risk of unsafe and inappropriate care.

Regulation 17 (1) (2) (a) (b)

### Regulated activity

### Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

Someone other than the registered manager was managing the regulated activity and we were not notified.

Regulation 15 (1) (a)

### Regulated activity

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use the service were not protected against the risks associated with unsafe medication practice.

People did not always receive their medicines as prescribed and systems were not in place to ensure that medication was managed safely.

Regulation 12 (1) (2) (g)