Festival Care Homes Ltd

Barleycroft Care Home

Inspection report

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Romford
Essex
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20 July 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 19 and 20 July 2016. Barleycroft is a purpose built 80 bed care home providing accommodation and nursing care for older people, including people living with dementia. When we visited 65 people were using the service.

The service has a registered 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 and associated Regulations about how the service is run.

At the last inspection on 4 September 2015 we asked the provider to take action to make improvements with regard to medicines, monitoring and improving the quality of the service and care planning. The provider sent us an action plan detailing the action they were taking to meet these requirements. They said that this would be completed by 31 January 2016. However, these actions have not been completed.

The arrangements for administering medicines were not safe. Unused and unwanted medicines were not safely recorded, stored or disposed of. Guidance from the pharmacist had not been followed and medicines were not safely administered. This placed people at risk of harm from unsafely managed medicines.

The provider had systems in place to monitor the service provided and people were asked for their feedback. However, internal audits and monitoring had not identified the issues found during the inspection. In addition the management systems had not supported the necessary improvements to address the shortfalls identified at the last inspection.

People's individual files contained information about their life history, likes, dislikes, and religious beliefs. However, care plans were not always in place to meet all of their needs. For example, for epilepsy management. Also some care plans contained contradictory instructions or were not sufficiently detailed. This placed people at risk of receiving inconsistent or unsafe care that did not meet their needs.

At the last inspection on 4 September 2015 we also asked the provider to take action to make improvements with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and this had been completed. Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Staffing levels were sufficient to meet people's needs but we have recommended that the process for obtaining cover for staff absences be reviewed and strengthened to enable cover to be put in place at short notice.

During our inspection we noted some cleaning and personal hygiene items were not readily available, and

we found that there was not any toilet paper or soap in one toilet, and no hand cleanser in the pump in the clinic room or nurses' station. This was remedied straightaway and we have recommended that the system for managing cleaning and personal care items be reviewed so that sufficient stocks are available and accessible at all times.

People told us they felt safe at Barleycroft and that they were supported by kind, caring staff who treated them with respect. One person told us, "I'm quite well looked after. I don't feel threatened, I feel safe."

The provider's recruitment process ensured that staff were suitable to work with people who need support.

Systems were in place to ensure that equipment was safe to use and fit for purpose. People lived in an environment that was suitable for their needs. In one unit the carpets needed replacing and this had already been identified for action by the registered manager and the provider

People nutritional needs were met and they were very happy with the food provided. They said the chef was very helpful and accommodating.

Staff said they received the training they needed to provide to meet people's needs and a plan was in place to ensure that training would be up to date by the end of December 2016.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice.

Arrangements were in place to meet people's social and recreational needs and people told us they enjoyed these.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The care provided was not safe. People were placed at risk of harm because medicines were not safely managed.

Systems were in place to safeguard people from abuse.

People were protected by the provider's recruitment process.

The premises and equipment were appropriately maintained to ensure they were safe and ready for use when needed.

Is the service effective?

Requires Improvement

The service was not always effective. People's healthcare needs were not consistently met.

Systems were in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Systems were in place to provide staff with training that enabled them to provide people with the support they needed and wanted.

People told us that they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

The environment met the needs of the people who used the service.

Is the service caring?

Requires Improvement

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

People's needs were met in a friendly and patient way.

Staff provided caring support to people at the end of their life and to their families.

Is the service responsive?

Requires Improvement

Not all aspects of the care provided were responsive. People were placed at risk of receiving unsafe or inconsistent care because care plans did not provide detailed or consistent information about their needs.

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for.

Activities, entertainment and trips out were available if people chose to take part in these.

Is the service well-led?

Requires Improvement 

The service was not well led. Systems to monitor the quality of the service were not robust.

The governance systems had not ensured that the quality of the service had improved and that regulations were being fully met.

There were systems in place for people to express their opinions and to give feedback about the service provided.

Barleycroft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 19 and 20 July 2016 and was unannounced. The inspection team consisted of a lead inspector, an assistant inspector, a pharmacist inspector, a specialist nurse advisor 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 service.

Before our inspection, we reviewed the information we held about the service. We contacted commissioners of the service, local authority quality monitoring officers and Havering Healthwatch to get their feedback on the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with 12 people who used the service, five relatives, the registered manager, the deputy manager, the regional manager, four nurses, four care workers, the activities coordinator, the chef, the administrator and the handyperson. We looked at nine people's care records and other records relating to the management of the home. This included three staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

Inadequate

Is the service safe?

Our findings

People told us they felt safe at Barleycroft. One person said, "Yes it's safe, they are trustworthy." Another told us, "Yeah its ok, I'm quite well looked after. I don't feel threatened, I feel safe. There's nobody here that would harm anyone else."

However, not all aspects of the care provided were safe. At the last inspection in September 2015 we found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. During this inspection we found further concerns relating to medicines. Medicines, including controlled drugs were not safely managed and this placed people at risk of harm from their medicines.

People who received their medicines without their knowing (covertly) were not appropriately managed, and administration guidance from the pharmacist was not followed. For example, in one unit two people received their medicines covertly. Best interest meetings had taken place for both. These involved care home staff, the health professional prescribing the medicine(s), the pharmacist and a family member to agree that administering medicines covertly was in their best interests. The covert administration forms had been appropriately reviewed. However, the pharmacist recommendation on how these medicines should be administered and that some tablets should be changed to liquid formulation had not been followed. Therefore staff had continued crushing tablets inappropriately. This meant that people might not have absorbed enough of the medicines in their blood systems making it less effective. In addition it was unsafe to crush some tablets because they should have been swallowed whole with a glass of water whilst sitting upright for 30mins after taking to avoid adverse reactions. Crushing these tablets increased the risk of adverse reactions and put people at risk of harm from their medicines. In another unit we saw a nurse crush the medicines for three people. There was not any documentation in place to support this and when asked why it was necessary the nurse informed us that they always had their medicines crushed both morning and afternoon, but was unable to clarify why this was the case.

Medicines were not safely administered and this placed people at risk of not receiving the correct amount of medicines that they needed. We saw that a nurse crushed all the medicines prescribed for one person for the morning in one tablet crusher. This was unsafe as it increased the risk of contamination and drug interactions and there was a risk that the person was not getting the right dose prescribed due to wastage from the residue left on the crusher. We also saw tablets being crushed in dirty tablet crushers with residues of previously crushed tablets in them. These were being used for different residents without being washed and not all the tablet residues were being tipped out. We saw five tablet crushers in one of the medicines trolleys. Each was extremely dirty and this was pointed out to the nurse administering medicines and they then washed them.

Systems were not in place to ensure that 'when required' (PRN) medicines were available when needed and that regular assessments were made to determine if people needed these. For example, one person was prescribed two different medicines on a PRN basis. There were PRN protocols in place for these. However, we found that the person had not received any PRN pain relief since 11/07/2016. We asked about this and

the nurse informed us that there was no stock of pain relief medicines for this person and therefore none was offered. Staff told us that they would observe if a person was in pain and would offer PRN medicines when needed and this included people living with dementia. There were no assessment tools for pain assessment or any evidence that staff carried out regular pain assessment for people prescribed these medicines.

Unwanted or unused medicines were not recorded, safely stored or appropriately disposed of. Medicines received from the pharmacy were recorded in the medication administration record (MAR) charts. Controlled drugs (CD) were stored safely and securely in an appropriate CD cupboard. However, we found some CD medicines in the cupboard were no longer required because they were prescribed for people who had passed away before the inspection date. The nurse on duty said they were waiting keeping then in the CD cupboard until disposal. However, in line with CD legislation, these drugs must be denatured (made unfit for further use) before disposal. There were not any records of CD's denatured or returned in the previous 12 months.

In two of the units we found that there were not any documented records of medicines returned to the pharmacy or disposed of by the service in the last 12 months. We asked the registered manager about this and were informed that no logs of returned medicines existed. We later found a yellow infection control waste bin filled u with unwanted medicines. Staff told us that these medicines were waiting to be collected for disposal. We also observed that unused ampoules of injections were inappropriately disposed of in a sharp bin labelled "For sharps and needle only". The registered manager said that he has recently noticed that disposed medicines were not being documented and had devised a form to try to address this issue. However, this had not yet been used and there was not any record of what was in the bin.

Medicines requiring cold storage were not kept at safe temperatures to remain effective. Medicines fridge temperatures must be maintained within the 2°C to 8°C range to ensure the stability and effectiveness of the medicines. We found that there were records of daily fridge temperature monitoring but no action had been taken to ensure that temperatures were kept within the recommended safe range. For example, in June 2016 one fridge temperature was above 8°C on 10 occasions, reaching a maximum of 25°C between 14 July 2016 and 17 July 2016.

The issues highlighted above evidence a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of this we have taken enforcement action against the provider. The provider has written to us outlining the action they are taking to meet legal requirements in relation to the warning notice and breach of regulations.

In the residential unit we found that medicines were securely and appropriately stored and that people received their prescribed medicines safely. There was a sealed container for the disposal of unwanted medicines and a returns book detailing medicines returned to the pharmacy. None of the people had there medicines administered covertly or their tablets crushed. All four control drugs we checked matched with the number recorded in the CD log book.

Staff were aware of the service's safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff told us that they had received safeguarding adults training and that they felt confident to report bad practice. One member of staff said, "I would report and whistle blow. Residents come first." The service held monies for some people to pay for hairdressing, chiropody and other small items. We saw that monies were securely stored in individual envelopes and that access was restricted. There was evidence that the provider carried out random audits to check monies held. We checked the

monies and records for four people and found that the amount of cash held tallied with the record. Therefore systems were in place to safeguard people from abuse.

People were protected by the recruitment process which ensured that staff were suitable to work with people who needed support. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. Nurse's registration with the Nursing and Midwifery Council was also checked to ensure that they were allowed to practise in the United Kingdom. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom.

A fire risk assessment was in place and regular fire drills, including night drills, were carried out. Staff were aware of the evacuation process and the procedure to follow in an emergency. People were cared for in a safe environment. The provider had appropriate systems in place in the event of an emergency. An 'emergency box' was in place. This contained evacuation details and information and other items that would be helpful if the building needed to be evacuated. For example, 'space blankets' to help keep people warm. This meant that emergency information was readily available should the need arise. Systems were in place to keep people as safe as possible in the event of an emergency arising.

The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that appropriate checks were carried out on hoists, pressure relieving mattresses and fire alarms to ensure that they were safe to use and in good working order. Systems were in place to ensure that equipment was safe to use and fit for purpose.

There was a mixed response from people staff regarding staffing levels. Some felt that there were not enough staff and their comments included, "You don't see much of them because they are busy all the time", "They do their best, there aren't enough staff throughout the day" and "They don't have enough staff in my opinion." However, others felt that there were enough staff and that they did not wait very long to get support when needed. For example, one person said, "Oh yes, you've only got to pull the chord and they're here. I've only used it a couple of times if I haven't felt well. You don't wait, I haven't." We also received a mixed response from staff, with some stating that staffing levels were satisfactory and others saying this was not the case. During the inspection we found that staffing levels were satisfactory to meet people's needs but staff did also tell us that it was at times difficult to get cover at short notice. For example, if a member of staff reported in sick. We recommend that the system for covering absences be reviewed and made more robust to enable cover to be put in place in short notice.

The environment appeared clean but there was a strong smell of urine in one of the units. The registered manager told us that they were already aware of this problem and that the carpet was going to be replaced. Prior to, and during, the inspection some concerns had been raised about a shortage and sometimes lack of toilet paper, incontinence pads, wipes and other items. In one unit we found that here was no toilet paper or soap in one toilet and no hand cleanser in the pump in the clinic room or nurses' station. We raised this with the registered manager and it was remedied straightaway. The registered manager told us that there had been concerns about wastage and he had spoken to staff about using items appropriately but that items were available. He added that he had carried out a stock check and an order was about to be placed with suppliers. We recommend that the system for managing cleaning and personal care items be reviewed so that sufficient stocks are available and accessible at all times. This would ensure that staff have the

necessary items to safely and hygienically meet people's needs in a timely manner.

Requires Improvement

Is the service effective?

Our findings

People we spoke with responded positively about the care provided. A relative told us, "We've always been happy with the care." However, we found that the service was not always effective.

We saw that the GP visited weekly and that opticians, podiatrists and dentists also reviewed people. People were positive about the support they received to meet their healthcare needs. One person told us, "I had a fall and saw the doctor then, nothing serious, just got the once over." Another said, "Can take a pain killer but If you don't feel any better, they get the doctor in. They're very efficient here." A relative had written to the service thanking staff for fully caring and supporting a person. The relative had said that the person had experienced ongoing pain before they came to Barleycroft and that staff had looked into this and requested further investigations. As a result of this the person had required surgery and over a period of several weeks had recovered. However, prior to the inspection some relatives had raised concerns with the service, the local authority and CQC about how people's healthcare needs had been met. For example, missed hospital appointments. We also found that people did not always have plans in place in relation to their healthcare needs. For example, for the management of epilepsy. Therefore people's healthcare needs were not consistently met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Records showed that most staff had received MCA and DoLS training and staff were clear that people had the right to and should make their own choices as far as possible. People told us that they were encouraged to do this. They said staff asked their consent before carrying out any tasks and that they were not forced to do anything they did not want to. One person told us, "They are respectful of my wishes and I can do things in my own time." Another said, "I do things in my own time, in my own way and no one forces me to do anything." For people with DoLS in place these had been agreed, by the relevant supervisory body. Records confirmed that when necessary applications for DoLS had been made to ensure that people were not being unnecessarily or unlawfully deprived of their liberty. Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People were provided with a choice of suitable nutritious food and drink. The chef told us that a four week menu was provided by the organisation's head office but that she reviewed this and made changes based on her knowledge of peoples likes and dislikes and from feedback they had given her. The chef confirmed

that most food was homemade and that the service was able to cater for a variety of dietary needs. For example, diabetic, gluten free and Halal. Therefore people were able to have meals that met their cultural, religious and health needs. We looked at the menu and saw there was a choice of main meals each day plus a selection of alternatives that were always available. People chose their main meal the day before but could change their mind at any time. For example, a visitor asked for some fruit salad for their relative and the chef prepared this. People told us that they were happy with the choice and quality of meals provided. One person told us, "The food is very good, I'm a vegetarian you see so they have to cook special for me. They sort it out the best they can and I'm very pleased with that." Another said, "The food is lovely."

People were supported to be able to eat and drink sufficient amounts to meet their needs. A visitor told us, "They monitor [my relative] and makes sure they drink and all of that." We saw that people had water or squash at their side and had regular tea and coffee breaks during the day. One person told us, "I do always get a drink; I continuously have my glass filled up." Another said, "On the drinks front there is plenty." Some people ate independently and others needed assistance from staff. We observed that staff appropriately supported people to eat and that they were not hurried. We saw that some people required a pureed diet and each food was pureed and served separately to enable them to enjoy the different tastes. One person told us, "I need to have it cut up so it's easier for me to swallow, they know that so they come over and do it while it's still hot."

Staff recorded what people had eaten and drunk and how much. When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals.

The environment met the needs of the people who used the service. There was a lift and the building was accessible for people with mobility difficulties. There were adapted baths and showers and specialised equipment such as hoists were available and used when needed.

Staff told us that they had received the necessary training to enable them to effectively care for people. This included induction when they first started working at Barleycroft and ongoing training. This included manual handling, fire safety, infection control, safeguarding, dementia awareness, Deprivation of Liberty Safeguards and the Mental Capacity Act. They told us it was the right training for the job that they did and that it was a mixture of e-learning and face to face training. There was an action plan in place regarding staff training. This was to address outstanding updates and also to train staff who had been recently employed. The target for completion was the end of December 2016. Systems were in place to provide staff with the necessary training to support people who used the service.

Requires Improvement

Is the service caring?

Our findings

People were positive about the care and support they received. They told us that staff were kind, caring and respectful. One person said, "With me they are wonderful, if they can do something out of the ordinary they will do it. It's a very friendly place. They talk to you properly," Another told us, "They have our best interests at heart." One visitor commented, "The carers and nurses are fine, I cannot fault the care [my relative] receives here. Another said, "They're so kind, one of the chaps in the white coat dances and wiggles, and [my relative] laughs their head off. It makes a lot of difference."

People's privacy and dignity were maintained. We saw, and people confirmed, that staff knocked before going into people's rooms. One person told us, "They do give me my privacy, I like to stay in my room and they respect that, knock on the door and that." Another said, "They don't bother me if I want to be alone in my room." During dignity awareness week, people who used the service had been asked what dignity meant to them. Their comments were written on coloured cards and hung with ribbons and coloured balloons in the dining room for staff and visitors to see and read and to reflect people's thought and wishes.

We saw that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. For example, when providing personal care. We saw that one relative had sent a card to the service saying, "A big thank you for your kindness and helpfulness. Another had written, "The kindness and care you gave [my relative] is a great comfort to me."

People were supported by staff to make daily decisions about their care as far as possible. We saw that people made choices about what they did, where they spent their time and what they ate. 'Residents' and relatives' meetings had taken place and minutes of the meetings were displayed on the notice board. People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, at lunch time we saw a member of staff give a person some of their food and once they started to eat they were encouraged to do this for themselves. One person told us, "I do what I can and they do the rest."

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice. The hospice provided staff training in end of life care. The relative of a person receiving end of life care told us that they were "really happy" with the care the person was receiving. People benefitted from the support of a caring staff team.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives were positive about the way the staff responded to their needs. One person told us, "It's a lovely place to live; the staff do all they can for you." Another said, "I don't need much but if I need anything I always go to them."

However, not all aspects of the care provided were responsive. When we visited in September 2015 we found that people were at risk of receiving inconsistent care that did not safely meet their needs. This was because care plans were not always reviewed each month and did not always give sufficient detail to ensure that people received care and support that fully met their current needs. During this visit we found that although the care plans we looked at had been reviewed they did not set out in detail the action which needed to be taken by staff to ensure that all aspects of the person's health, personal and social care needs were met. In some cases information was contradictory. For example, in one person's file one care plan stated, "is on a soft diet" but another said, "is on a normal diet". For the same person another care plan stated, "Incontinent of urine, and needs constant changing" There were no details as to how often the person needed to be changed or what was meant by constant. For a second person the care plan stated that they had "no impairment" and "were aware of their basic needs. However another stated that the person could "experience disturbances" in their mind. Another of their care plans stated that they had a history of falls and were "unsteady on their feet" but there was not any details as to how the person should be supported to keep them safe. For a third person their care plan stated "monitor at regular intervals" but there were no details as to how often this needed to be. Their moving and handling assessment stated that the hoist and a small sling should be used but there was also a plan stating that the full body hoist and medium sling should be used. Therefore people were placed at risk of receiving inconsistent care that did not safely meet their needs.
This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans did not contain evidence of people's involvement in developing them and shaping the support they received. The provider's quality monitoring reports from February and May 2016 had both identified that there was not sufficient evidence of people's involvement. However, some people were clear that they were involved. A relative told us, "There is a care plan, definitely, it's all written down and if there's any change they always come and tell us. We can always go into the office to find things out." One person told us, "I am involved but I haven't signed" and another said, "I do have an input about what goes on."

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. When able, they chose where to sit, what to eat and what to do. One person told us, "I can make all of my decisions, we do as we please." Another said, "I go to bed late if I want to."

Arrangements were in place to meet people's social and recreational needs. A full time activity worker was in post to support this and a part time worker had been recruited. One person told us, "I quite like music for the brain, he comes once a month. I know they have a church service once a month and a professional story teller but I don't get involved with those. I don't go out of the home but I know they do trips out like to

Southend, they do trips 3-4 times a year." Another said, "There are a lot of creative activities and we do go out from time to time on trips." Activities, outings and entertainment were arranged and it was planned that when the second activity worker was in post more activities would be available on weekends.

There was guidance about how to make a complaint which was displayed around the service. We looked at the complaints file and saw that formal complaints had been dealt with in line with the provider's policy and people had received a written response from the manager. Other complaints were dealt with by senior staff in the units. People told us that they knew who to talk to if they were not happy about anything. One person said told us they would complain to the manager and added, "I haven't complained yet but I would if something is not right, I won't hesitate to speak up." Another said, "I would go to the nurse in charge. I very rarely have a problem but when I do I make sure they know about." Quarterly relatives meetings were held and this also gave people an opportunity to give feedback about the service and any concerns they might have.

Requires Improvement

Is the service well-led?

Our findings

With regards to the management of the service people said, "It's run well; I haven't had any problems yet" and "It's excellent as far as I'm concerned." A relative told us, "I couldn't ask for more here, they are doing a fantastic job." One member of staff told us, "He is a good manager. Clear on what needs doing and makes changes when needed." However, another member of staff felt that the service was not well led and that when they had raised issues these had not been addressed. Some relatives had raised concerns with the local authority about the management of the home. In particular about the registered managers "lack of communication and the unresolved concerns that they had."

At the last inspection in September 2015 we found that improvements were needed to ensure that robust and effective systems were in place to monitor the service so that people received a service that was safe, effective and responsive to their needs. At this inspection we found systems were in place to monitor the quality of service provided. A provider visit was carried out on a three monthly basis and a report written indicating who they had spoken to, what they had looked at and their findings. Completed audits, accident reports, complaints and other issues were recorded on a shared drive and senior managers of the organisation monitored these. However, the system had not ensured that the quality of the service had improved and that regulations were being fully met. For example, the issues relating to medicines had not been identified as part of the monitoring process and there were more concerns regarding medicines found at this inspection than at the previous one.

There were clear management and reporting structures. There was a registered manager and a deputy manager in overall charge of the service. In addition to care workers and nurses, there were unit leaders and senior care workers on each floor. The management team was not complete as the unit lead post for one of the nursing units had recently become vacant. A new deputy manager had recently joined the service and the registered manager told us that the deputy would support the affected unit until a new lead was recruited. However, the management of the service was not robust as demonstrated by the non compliance to regulations and the ongoing concerns relatives had raised.

Daily short meetings were held with the manager, deputy, the leads of each unit and of ancillary services. At this meeting information was shared about issues, what was happening in each unit and what was happening with regard to ancillary services. This enabled the management team to be aware of the current situation in the home and of any issues affecting people who used the service. We attended one of these meetings and found that the manager was clear about what needed to be done. However, in discussion with representatives of the local authority the registered manager had acknowledged that staff reporting of issues to management was not satisfactory and agreed that this would be raised with the staff team. This indicated that the management systems within the service were not robust enough to ensure that concerns about people who used the service were reported, which therefore put people at risk of not receiving a safe service that met their needs.

The above issues evidence a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sought feedback from people who used the service and stakeholders by means of an annual quality assurance questionnaire. The last one was in November 2015 and the registered manager told us that the next questionnaire had very recently been sent out. In addition people's opinions were sought at 'residents' and at relatives meetings. At the relatives meeting in June 2016 relatives gave feedback about the service and the manager updated them regarding recruitment, compliance and activities. The registered manager held 'manager surgery's' and at the June meeting had reminded people of these. In 'resident' meeting minutes we saw that people had been asked about meals, activities, trips they wanted to do and to feedback on events that had already happened. People used a service where their views sought and taken into account when changes to the service were being considered.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The lack of consistent and specific information about people's needs placed them at risk of not receiving the care that they required. Regulation 9 (1) (a) & (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not adequately assess, monitor and improve the quality and safety of the services provided .Regulation 17 (1) and (2) (a) (b).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed and this placed people at risk of harm from their medicines. Regulation 12 (1) (2) (g)

The enforcement action we took:

Warning notice