

Yorkvalley Limited

# Haven Lea Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This was an unannounced inspection, carried out on the 14 and 16 December 2015.

Haven Lea Residential Care Home is registered to provide accommodation and personal care for up to 26 adults. The service is located in the Whiston area of Merseyside and is close to local public transport routes. Accommodation is provided over two floors. These floors can be accessed via a stair case or passenger lift.

There were 17 people using the service at the time of our inspection.

The service does not have 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 2008

# Summary of findings

and associated Regulations about how the service is run. A manager had been appointed to manage the service and they have submitted an application to CQC to become the registered manager.

At the last inspection in June 2015, we asked the registered provider to take action to make improvements. The registered provider sent us an action plan detailing how and when the improvements would be made. During this inspection we found the required improvements had been made.

At this inspection we found a breach 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 this report.

Improvements had been made to ensure equipment people used to help with their mobility such as wheel chairs, walking frames and stand aids were clean, therefore reducing the risk of cross infection. Cleaning schedules were in place and being followed for the cleaning of equipment people used. People's bedrooms and communal areas of the service were kept clean.

Improvements had been made to the environment making it more homely and suitable to meet people's needs. Some people's bedrooms and communal areas had been re decorated fitted with new items of furniture. Changes had been made to the environment making it more dementia friendly. This included the use of signs and painting doors in primary colours to help people find their way around.

Improvements had been made to ensure people were not unduly restricted of their liberty. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood and followed the principles of the Act. People's mental capacity had been assessed and a DoLS application had been made in respect of people who were deemed as lacking capacity to make their own decisions.

Improvements had been made to ensure that people's needs were met. New care planning documentation which had been implemented and completed for each person ensured that their needs were properly assessed, identified and planned for. People and where appropriate their representative were involved in the development and reviewing of their care plans.

Improvements were made so that people had better opportunities to take part in activities. Designated staff that had been appointed spent time organising and facilitating activities such as floor and board games and art and crafts. People found the activities enjoyable and stimulating.

Improvements had been made to enable people to obtain equipment which they needed to help with their mobility. People had been referred onto external services and as a result they were provided with the equipment they needed to help with their comfort, mobility and independence.

Improvements were made to ensure that CQC were notified about the deaths of people who used the service. The appropriate staff were made familiar with the systems and processes for completing notifications and forwarding them onto CQC when this was required.

Systems were in place to check on the quality of the service and ensure improvements were made. Staff were provided with updates regarding the development of the service and they were given the opportunity to express their opinions.

We found concerns with the management of medication. Some people were not given their prescribed medication at the right times. Some people's medication administration records (MARs) did not record what medicines had been received into the service and stock carried forward from the previous month. At the time of our inspection visit staff could not find the previous months MAR charts for several people and some people's quantities of medicines could not be accounted for. Medicines were not always stored securely. Fluid thickeners and creams were not always locked away securely, which is against current guidance for best safe practice.

People who used the service were protected from potential abuse. Staff had received safeguarding training and they had access to relevant safeguarding policies and procedures. Staff had a good understanding about how to respond to allegations of abuse.

There were sufficient numbers of staff on duty to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out robust checks when they employed staff.

# Summary of findings

Staff supported and helped to maintain people's independence and they treated people with dignity and respect. Staff knew people well and they sat close to people and engaged them in conversations about things of interest.

# 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 always safe.

Procedures for the management of medicines were not safe. Some people did not get their medicines at the right time.

People were protected against the risks of abuse and potential abuse.

The environment and equipment people used was regularly cleaned to minimise the spread of infection.

Inadequate



### Is the service effective?

The service was effective.

Staff had knowledge of, and applied the law when making decisions for people who lacked capacity.

Staff were provided with training relevant to their role and the needs of people who used the service.

Care records were complete and kept up to date to reflect people's current and changing needs.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

Staff spent time chatting with people and they were patient and caring in their approach.

People were encouraged to make choices and to be as independent as possible.

Good



### Is the service responsive?

The service was responsive.

People's care needs were assessed, identified and planned for.

Information about how to make a complaint was made available to people and people were confident about complaining if they were not happy.

People were given opportunities to take part in activities which they found enjoyable and stimulating.

Good



### Is the service well-led?

The service was not always well led.

Quality assurance systems had improved overall, however the systems for checking medication were not always effective.

Requires improvement



# Summary of findings

The service did not have a registered manager.

The registered provider sent notifications to CQC as required.

# Haven Lea Residential 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.

The inspection was unannounced and took place on 14 and 16 December 2015. The inspection team consisted of two adult social care inspectors and a pharmacist specialist.

During our visit to the service we spoke with seven people who used the service, Two family members and ten staff.

We also spoke with the manager and the registered provider. We looked at five people's care records and observed how people were cared for. We toured the inside and outside of the premises including people's bedrooms. We looked at staff records and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection and information we received from members of the public and local commissioners.

# Is the service safe?

## Our findings

People told us that they were treated well and felt safe at the service, their comments included; “I feel safe and secure” and “I have nothing bad to say they [Staff] are very nice and treat me just fine”.

People’s medicines were not managed safely. We checked the medicines and medication administration records (MARs) for 12 people who used the service. The allergy section of the record had not been completed to indicate whether or not the person had an allergy, which is not in line with current guidance. Having allergies recorded can reduce the risk of medicines being given to someone with an allergy. One person had a recorded allergy to penicillin on one of their Medicine Administration Record (MAR) charts, however on the same MAR chart there was a medicine that contained penicillin. We were however told by staff that the person was not allergic to penicillin, but their records had not been changed to reflect this.

Medicines were not always given as directed by the doctor; for example one person was on two inhalers to be used twice a day for their lungs; the morning dose for one inhaler and the morning and evening doses for the other inhaler had not been signed for as being given to the person. A second person was prescribed a patch to dry up excess bodily fluids and this should have been changed every three days. On three occasions the patch was not changed after three days and the patch had been applied to an area on the body that was not recommended. A third person was prescribed a gel to reduce inflammation that should have been applied three times daily; however the gel had only been applied once a day in the morning for three weeks. A fourth person was prescribed a cream to reduce inflammation on their skin; however this had not been applied three times a day as prescribed. The same person was taking two medicines to help their bones; one of which should have been given before their breakfast and the other medicine to be given separately. The first medicine had not been signed for on one day and on the day we visited it was given after breakfast and at the same time as the second medicine. The same person was prescribed a pain relief tablet and an eye drop to be administered four times daily; however both had only been offered to the

person twice a day as highlighted on their MAR chart. A fifth person was taking a pain relief tablet to be taken four times a day, however this had only been offered to the person twice a day on their MAR chart.

We checked the medication stock levels for six people. It was difficult to fully account for medicines at the service as not all medicines were recorded all the time on the MAR to say what had been received into stock or what had been carried forward from the previous month. At the time of our inspection visit staff could not find the previous months MARs for several people. Three of the six people who we looked at had quantities of medicines that could not be accounted for.

Medicines were not always stored securely. Fluid thickeners and creams were not always locked away securely, which is against current guidance. Although a member of staff said fridge temperatures were recorded every day, they were unable to locate the records. The fridge also contained medicines that did not need to be stored in the fridge.

A senior carer administered medicines to people in a caring and professional manner.

**This is a breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service did not have their medicines managed safely.**

At the last inspection we found that items of equipment people used to help with their comfort, independence and mobility including; walking frames, stand aids and wheelchairs were unclean with dust and food debris. Also a wheelchair used by several different people was not wiped over in between use which increased the risk of the spread of infection. Since our last inspection a system to ensure equipment was cleaned at regular intervals had been introduced and had been followed. Equipment was clean and stored out of people’s way when not in use.

Staff had completed infection control training and they had access to information and guidance in relation to prevention and control of the spread of infection. Personal protective equipment (PPE) including disposable gloves and aprons were located around the service and readily available to staff. Staff used PPE as required, for example when they assisted people with personal care and when handling soiled laundry.

## Is the service safe?

Risk assessments had been carried out for the environment including the lounge, entrance hall, kitchen and conservatory. They identified potential risks to people's safety and detailed the measures required to reduce the risk of harm to people. For example, daily checks to be carried out to ensure; all walkways and fire exits were kept clear and areas were adequately lit and free from trailing wires. Despite this there was a clothes rail in front of two external fire doors. This posed a risk to people's safety in the event of an evacuation. We raised this with a member of staff who removed the rail from in front of the fire doors.

Staff knew where emergency equipment was located, such as first aid boxes and firefighting equipment. The equipment was easily accessible to staff and had been regularly checked to ensure it was effective and safe to use. Staff had received training in topics of health and safety including; first aid and fire awareness. They were confident about dealing with emergency situations such as if a person suddenly became ill or if there was a breakdown of essential equipment at the service.

People were protected from abuse or the risk of abuse. Staff had completed safeguarding training and they had access to information and guidance about safeguarding

procedures, including who to contact to report an allegation of abuse. Staff knew what was meant by abuse and they provided examples of the different types and indicators of abuse.

The registered provider had a recruitment and selection policy and procedure. We viewed recruitment records for three members of staff and this showed that the process for recruiting staff was thorough and safe. Applicants had completed an application form which required them to provide details of their previous employment history, training and experience. Appropriate checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults.

The right amount of staff were on duty to meet people's needs and to keep them safe. Staff responded promptly to people's calls for assistance and people received assistance from more than one staff when they needed it, for example when being transferred by the use of a hoist and standing aid and when they received personal care. Staffing rotas for the current week and previous three weeks showed that there had been a consistent number of staff on duty over this period.



# Is the service effective?

## Our findings

People were happy with the choice of food and drink and they told us they never felt hungry. People said they thought the staff did a good job and that they were always there when they needed them. People's comments included; "The meals are fine, if I feel peckish they get me something", "I can have a cuppa whenever I want" and "They look after me well".

At a previous inspection visit carried out in June 2015 we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used the service were not protected from inappropriate deprivation of their liberty. Following the inspection the registered provider sent us an action plan detailing how and when the improvements would be made. During this inspection we found improvements had been made and were ongoing as stated in the registered provider's action plan.

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 decisions 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 are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Since our last inspection in June 2015 a number of staff had attended training in relation to the MCA, and training in the subject had been arranged for other staff to attend. Those staff who had completed the training provided guidance and advice to other staff in the interim whilst they were awaiting formal training in the subject. An assessment of people's mental capacity had been undertaken and where appropriate a DoLS application had been submitted for people who were assessed as lacking capacity to make a particular decision. At the time of the inspection there were no approved DoLS applications; those that had been applied for were pending. Staff knew the basic principles of the MCA including the application procedures for DoLS and

they were aware of the people who lacked capacity to make their own decisions. Staff understood that restrictions could not be placed upon people unless the relevant legal process in accordance with the MCA had been followed.

At a previous inspection visit carried out in June 2015 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the needs of people who used the service were not planned for. Following the inspection the registered provider sent us an action plan detailing how and when the improvements would be made. During this inspection we found improvements had been made within the timescale given by the registered provider.

Since our last inspection in June 2015 the registered provider had introduced new documentation for assessing, planning and monitoring people's care and support needs. Staff received training and guidance around how to complete and maintain the documentation prior to it being implemented. At the last inspection we found that people's needs had not been properly assessed and planned for and as a result some people's needs were not being met. We also found that charts which were in place to monitor people's health and wellbeing had not been completed as required. At this inspection care records including need assessments, care plans and monitoring charts were completed and maintained as required for each person. For example, nutritional assessments had been undertaken for people who were at risk of malnutrition and an appropriate care plan for this was in place. Monitoring charts were in place and completed at the required intervals, for example, for people whose care plan required that their weight and food and fluid intake be monitored to ensure they maintained a healthy diet.

Risk assessments had been carried out for people who were at risk of falls and for people who needed help with their mobility. Instructions on how staff were required to manage any identified risks were detailed in people's care plan, including the use of equipment and techniques for moving and handling people. Other records held in people's care files included records detailing the support people needed with taking medication, managing finances and communication and they had been signed and dated on completion by the relevant member of staff, people who

## Is the service effective?

used the service and where appropriate their representative. Records were updated when a person's needs changed or if there was a change in their circumstances.

People were supported to attend general healthcare appointments with their optician, chiropodist and dentist and a record of these visits, including the outcomes were kept. A number of people had received input from visiting health care professionals including nutritionists, dieticians and speech and language therapists (SALT). Records showed that the visiting professionals had provided staff with advice and guidance about the support people needed with eating, drinking and managing a healthy diet. Care plans were updated to include any new information and guidance given by other professionals.

A number of improvements had been made to the environment since our last inspection in June 2015. The manager had explored guidance as recommended on how to make environments used by people living with dementia more 'dementia friendly'.

Some people's bedrooms, the main lounge and corridors had been redecorated and refurbished. Refurbishment included the replacement of old and tatty items such as seating, side tables, flooring and curtains, for new. Other improvements had been made to the environment to aid the orientation of people living with dementia. For example; bedroom, bathroom and toilet doors had been painted in primary colours and others had been primed in readiness for repainting. Door knockers which people chose had been fitted to their bedroom doors and some doors displayed a photograph of the person. The use of primary colours on doors and the displaying of familiar objects help people with memory loss to recognise their surroundings and identify where they are, which in turn helps to reduce the risk of people becoming anxious due to disorientation. People who used the service and their

relatives told us that they had welcomed the improvements. One person commented, "The place feels more like home and it is a lot brighter than it was". Progress was being made to improve other people's bedrooms, bathrooms and corridors.

Records for two staff that commenced work at the service since our last inspection showed that they had completed an induction. As part of their induction new staff completed training in key topics such as safeguarding, health and safety and fire awareness. They also shadowed more experienced staff for a minimum of a week prior to being included on the rota. On going training for staff included topics relevant to the work they carried out and the needs of people who used the service. Training recently undertaken by staff and training planned for the coming months included; the Mental Capacity Act 2005, record keeping, person centred care and end of life care.

Staff told us they felt well supported in their role. They said they would ask the manager or if they were unsure about something and were confident that they would get the support they needed.

People's dietary needs were assessed and planned for and where appropriate people's diet was monitored and they received input from the appropriate professionals. Risks people faced with eating and drinking had been identified and managed. Staff understood people's dietary needs and provided people with the support they needed to eat and drink. People were offered regular snacks and drinks in between main meals, including people who chose to spend time in their bedrooms. During mid-morning and mid-afternoon staff walked around the service with a drinks trolley and offered people snacks and a choice of tea, coffee and cold drinks. Suitable cups for drinking were provided for people whose needs required them and staff provided people with the necessary prompting and assistance to eat and drink.

# Is the service caring?

## Our findings

People told us that the staff were caring, polite and respectful towards them. Their comments about the staff included; “Very nice, all of them”, “Nothing is too much trouble”, “Very happy here, they all make my stay very pleasant” and “They treat me very well indeed”. Family members told us they thought their relatives were well cared for and treated with respect. Their comments included “They are all very caring and obliging” and “They help her [relative] to maintain her independence”.

Some staff had recently undertaken equality and diversity training and the manager told us they were in the process of arranging training in the subject for other staff. Staff understood the importance of ensuring people’s rights were respected, for example their right to make choices and decisions and their right to privacy and dignity. Staff comments included; “I treat people as if they were my family and I would only want the best for them” and “Everyone, no matter where they live have rights; that includes the people who live here”.

People were given the opportunity to share information about their religion, culture and any support they needed to enable them to pursue their beliefs and interests. Forms titled ‘My Life’ and ‘A day in my Life’ which were introduced as part of the new care planning documentation gave people the opportunity to share information about things such where they were born and grew up, family and employment background and important relationships in their life. This information for some people was incomplete; however staff explained that they were in the process of obtaining the required information from people, and at their request, their families. This information helped staff get to know the person which in turn helped to generate conversations of interest. People told us that the staff often sat with them for a chat.

People’s privacy and dignity was respected. People were consulted regarding their preferred gender of staff that provided them with personal care and people told us that this was always respected. People received personal care in the privacy of their own rooms and bathrooms and staff knocked on doors before entering. People’s care records included their preferred title and staff knew what people preferred to be called.

People told us that staff were patient, polite and caring. A member of staff was present at all times in communal areas people occupied and they sat next to people and engaged in one to one and group conversations. Staff showed interest in what people had to say and conversations which took place showed staff knew people well. Staff sat next to people when assisting them to eat and drink and they were patient and reassuring in their approach. Staff regularly enquired about people’s wellbeing including those who chose to spend their time in their bedrooms. Staff asked people if they were okay and if there was anything they needed. Visitors were greeted by staff and offered refreshments. A visitor told us that they were always made to feel welcome.

People were encouraged to make choices and their independence was promoted. Staff knew the importance of prompting people’s choice and independence and they gave examples of how they did this. This included asking people each morning after breakfast, what they would like for lunch and encouraging people to choose what clothes they wore each day. Some people chose to spend time alone in their bedroom and this was respected. One person told us apart from mealtimes they liked to sit in their bedroom alone watching TV and there had never been a problem with this. The person said “They [Staff] often pop in to check if I would like a drink or some company. Care records included information about people’s ability and level of independence and the tasks which people preferred to carry out for themselves.

# Is the service responsive?

## Our findings

People told us they knew about their care plan that they had been involved in the development and reviewing of them.

At a previous inspection visit carried out in June 2015 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the needs of people who used the service were not planned for. Following the inspection the registered provider sent us an action plan detailing how and when the improvements would be made. During this inspection we found improvements had been made within the timescale set by the registered provider.

At the previous inspection in June 2015 people were not involved in the development and reviewing of their care plans and some people did not have a care plan for their assessed needs, including risks to their health and safety. At this inspection we found that each person's care plan had been reviewed and re written onto the new documentation. People had a care plan for all of their assessed needs and, changes in people's needs which were identified as part of the review were planned for. Identified needs were clearly recorded on each care plan along with instructions for staff about how to meet people's needs. For example people who were living with diabetes had a care plan for this which included instructions for staff about how they should monitor the person's condition to ensure they remained healthy and well. Risks to people's health safety and welfare had been assessed and identified and an appropriate risk management plan was put in place as part of the relevant care plan. Risk management plans provided staff with instructions about the action they needed to take to minimise harm to the person and others. For example, the use of equipment such as bedrails to prevent people from rolling out of bed, the use of a hoist when transferring people with limited mobility and close supervision of people who were at risk of falls.

People who used the service and where appropriate those acting on their behalf were involved in completing the new care plans and associated documentation. The plans were signed and dated on completion and following each review to show those involved had agreed to the content and any changes made. People confirmed that they had helped with their care plan, were aware of the content and

had agreed with them. Staff told us that they thought the new care planning documentation was a lot easier to follow than the previous format used. Care plans and associated records were kept securely to maintain people's confidentiality; however they were easily accessible to the relevant staff when they needed them.

At the previous inspection in June 2015 we found that appropriate referrals had not been made for people who needed equipment to help with their mobility. Three people who required the use of a wheelchair were sharing one which belonged to another person who no longer used the service. Since the last inspection people had been referred to the appropriate service and had been issued with their own personal wheelchairs. Staff told us that the wheelchairs were used only by the person they were for and this was confirmed by one person who was a wheelchair user.

At the previous inspection in June 2015 we found there were limited opportunities for people to take part in activities at the service. At this inspection we found that designated staff had been appointed to organise and facilitate activities three days a week at the service and during their absence other staff engaged people in small group activities and one to one activities. People had been offered more opportunities to engage in activities such as arts and craft and floor and board games. Books, magazines, daily newspapers and board games were made available to people in communal areas of the service and people accessed them during our inspection. A room had been converted into a hairdressing salon and staff explained that people enjoyed the social aspect of attending the hairdressers. Since the last inspection in June 2015 people had also been given the opportunity to attend a local church rather than attending church services held at home. People told us that they had recently attended a Christmas party which they enjoyed a lot. People's care records included information about their likes and dislikes and preferred hobbies and interests.

The registered provider had a complaints procedure which included information about the process people needed to follow for complaining and the timescales for the service to respond to complaints. The procedure was displayed near to the entrance of the service. People told us they would complain if they needed to and that they felt their complaints would be listened to and acted upon.

# Is the service well-led?

## Our findings

The service did not have a registered manager. A permanent manager had been appointed since our last inspection and they have applied to CQC to become the registered manager of the service.

People who used the service and their relatives knew who the manager was and they knew that a senior carer was in charge when the manager was off duty. People told us that they thought the service was well managed and that they felt at ease speaking with the registered provider and manager.

At a previous inspection visit carried out in June 2015 we found a breach of Regulation 16 Care Quality Commission (Registration) Regulations 2009. This was because the registered provider failed to notify CQC about the death of a service user. Following the inspection the registered provider sent us an action plan detailing how and when the improvements would be made. During this inspection we found improvements had been made within the timescale set by the registered provider.

Since the last inspection in June 2015 the registered provider has completed and promptly forwarded onto CQC an appropriate notification about following the death of people who used the service. The manager and senior staff were aware of their responsibility to notify CQC following the death of a person who used the service and they knew where to obtain the required notification template, how to complete it and where to send it.

At a previous inspection visit carried out in June 2015 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because insufficient and ineffective systems were in place to assess, monitor and improve the service that people received and to protect them from the risk of harm. Following the inspection the registered provider sent us an action plan detailing how and when the improvements would be made. During this inspection we found improvements had been made within the timescale set by the registered provider.

A number of improvements had been made to the service since the last inspection in June 2015. Areas which we found had improved included; assessing and planning people's care, maintenance of records, the environment and activities. Other improvements in addition to those

already cited included the introduction of a second office and the reorganisation of care records and other records which are required for the running of the service. Records which we requested were easily located and they were better maintained. The original office located near to the entrance of the service was used to hold private discussions with people who used the service, their relatives and any other visiting professionals. Care records and other records such as staff records, policies and procedures and records required for the management of the service were held in the new office. Staff knew where to find the records we requested and they located them promptly.

Since the last inspection in June 2015 improvements had been made to the system for monitoring the quality of the service. Regular checks had been carried out on the environment, care planning and staff performance. A record of the checks was maintained and included areas for improvements, any action which needed to be taken and the person responsible for the action. During the last inspection records showed that areas for improvement which were identified during checks had not been acted upon in a timely way. For example, repairs to the environment had not been made within the timescale set and they remained outstanding for some time. At this inspection records showed that areas for improvement which were identified during checks had been actioned within the timescale set.

Checks had been carried out on medication; however they were not always effective. We found a number of concerns in relation to the management of medication, details of which are cited in detail in the safe section of the report.

Staff told us that the lines of communication across the service had improved and as a result they felt more informed about the running of the service. Staff were more confident about approaching the manager and sharing their view point and they said they felt listened to. Staff had also been more involved in the completion of documentation relevant to the running of the service and they knew where to locate records should they be requested by other authorised health and social care professionals. Staff said they were kept informed of any changes and were given the opportunity to put forward their views and ideas for improvement. Regular staff meetings had taken place as a way of sharing information amongst the staff team, such as changes to the staffing,

## Is the service well-led?

policies and procedures and plans to improve the service. An agenda was made available prior to the meetings and minutes were taken and made available to all staff whether they attended the meeting or not.

The manager was responsible for the day to day running of the service and they had the support of an administrator and a team of senior staff who lead a team of staff on each shift. A general manager had recently been appointed to support the manager in her role however; their remit was to carry out checks on the environment and to manage any

maintenance and repairs to the environment. Since her appointment the manager had worked excessive hours at the service supporting and overseeing the implementation of the new documentation amongst other improvements which were required, and she felt very tired. This was recognised by the registered provider, who informed us at this inspection of their plan to introduce two team leaders to assist with managerial duties, therefore giving the manager further opportunity to develop the service further.



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 12 HSCA (RA) Regulations 2014 Safe care and treatment

**People using the service did not have their medicines managed safely.**