Bupa Care Homes (BNH) Limited

The Arkley Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Arkley Care Home is a nursing home providing accommodation with personal care and nursing care for up to 61 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection there were 30 people using the service.

We carried out an unannounced inspection of this service on 13 June 2017.Breaches of legal requirements were found. We saw multiple issues with stocks of medicines not matching what the recorded stock was, medicines being given at the wrong time and medicines being disposed of unsafely. We took enforcement action and served a warning notice on the provider requiring them to become compliant with this regulation by 26 July 2017.

At this inspection we found that a number of improvements had been made and the provider had been working closely with the pharmacist from the CCG. Medicines were stored and disposed of appropriately and administered by people who had received training to do so. However we found that for one person the allergy status had been incorrectly recorded and another person receiving long acting medicines did not always receive them as prescribed. This meant that the service had still not met legal requirements in this area.

At our last inspection, we also found breaches of regulations in respect of consent and governance. The service did not have a registered manager in post.

The service now had 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 and associated regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Relatives we spoke with said they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The care records contained information about how to provide support, what the person liked, disliked and their preferences and interests.

The staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us that a number of improvements had taken place and we found this to be the case. They enjoyed working in the home and spoke very positively about the management of the service. Staff had the training and support they needed to carry out their role. There was evidence that staff and the manager at the home had been involved in reviewing and monitoring the quality of the service to drive improvement

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of many health conditions.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people home.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

Improvements had been made in medicines management and there was evidence of some good practice, however we found that for one person the allergy status had been incorrectly recorded and for another person receiving long acting medicines did not always receive them as prescribed.

We found improvements had been made with consent documentation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People, relatives, staff and health and social care professionals spoke highly of the registered manager; they found him to be dedicated, approachable and supportive. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. Staff were supported to be valued members of the organisation. The continued development of the skills and performance of the staff was integral to the success of the service.

The provider's governance framework ensured quality performance, risks and regulatory requirements were understood and managed. There was good use of a number of monitoring tools in support of this. The service learnt and made improvements when things went wrong.

Overall, we found that the provider had addressed the three breaches of regulations.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to the safe management of medicines. You can see what action we asked the provider to take at the back of the full version of this 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?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely for people. Although there had been improvements following the enforcement action we took. There were issues with the recording of one person's allergy status and another person receiving long acting medicines did not always receive them as prescribed.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

Sufficient numbers of suitably qualified staff were deployed to keep people safe.

Staff understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Is the service effective?

Good

The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring and

we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Staff knew people's background, interests and personal preferences well.

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet the individual needs of people.

There was a robust complaints procedure in place

Is the service well-led?

Requires Improvement

The service was not entirely well led.

People living at the home, and staff were supported to contribute their views.

The registered manager was involved in all aspects of the home and was very well regarded by his staff team

Staff were given all the support they needed.

There were now systems in place for monitoring the quality of the service, however these had not had not identified the shortfall found during the inspection relating to medicines

The Arkley 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 16 January 2018.

The inspection team consisted of two inspectors, a pharmacist, a specialist advisor who was a nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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. We also reviewed information we received. This included notifications of incidents that the provider had sent us and how they had been managed. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective and Well-led to at least good. We also spoke to the local authority's quality team and the CCG who had been working closely with the provider to make improvements.

We spoke with seven people who use the service and five relatives. We also spoke with the registered manager, the chef, the clinical services manager, the housekeeper, the activities coordinator, a registered nurse and seven care support staff.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at seven people's care records, four staff files, a range of audits, the complaints log, staff supervision and training records, and Medicine Administration Records (MARs) for 20 people using the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe whilst receiving their care and support. Comments included "He is safer now than two years ago and safer since new management." And "I am quite happy and safe here, there are enough staff, I want to stay here."

The service had procedures in place to minimise the risk of abuse or unsafe care. Records seen, and staff spoken with told us they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been one recent safeguarding concern raised with the local authority which was still being investigated. We were able to discuss this with the registered manager and confirm by reading records that the provider had acted appropriately and worked with the local authority and the person to resolve the issue. Staff spoken with were all aware of the provider's whistleblowing policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside of the home if they felt that appropriate action was not being taken.

At our last inspection we found that medicines were not managed safely there were a number of gaps in medicine records (MAR) for people living at the home. We saw multiple issues with stocks of medicines not matching what the recorded stock was, medicines being given at the wrong time and medicines being disposed of unsafely. We took enforcement action and served a warning notice on the provider requiring them to become compliant with this regulation by 26 July 2017.

We found that improvements had been made and the provider had been working closely with the pharmacist from the CCG. Medicines were stored appropriately and administered by people who had received training to do so. We noted that MAR charts had been filled in correctly. We saw that medicines were stored securely in appropriate medicines cupboards. Room and fridge temperatures were monitored daily in order to ensure that medicines remained suitable for use.

There was evidence that people receiving medicines that needed regular blood monitoring and dose changes were appropriately managed, although those receiving long acting medicines such as depot injections or implants did not always receive them as prescribed. We saw evidence on the MAR chart that one person's medicine prescribed as a long acting implant was overdue by 3 weeks. We raised this with the staff and were informed that this had not been given because administration could only be carried out by someone with specialist training. We asked for this to be sorted out immediately and by the end of our inspection, an appointment had been made for this person to receive this medicine.

Some people were prescribed medicines to be given only when needed, known as PRN medicines. We saw that staff had administration protocols to inform them when and how these should be administered. We saw evidence that people were able to request their PRN medicines from staff when needed.

We found four vials of antibiotic injections in an old medicines trolley that staff told us was no longer being

used. We asked about this and staff were unable to tell us why the medicines were there, however we were told that the resident had recently received treatment from Outpatient Antibiotic Therapy (OPAT) community nurses and their hospital discharge summaries showed that the antibiotics were prescribed, but the resident had an allergic reaction to them, requiring a hospital admission. Therefore it was stopped and an alternative antibiotic was prescribed for them. We checked in this person's care plan and found that this information was not documented or records updated. We also checked the person's MAR chart and noted that the alternative antibiotic was wrongly recorded on the allergy section as being what the resident had an allergic reaction to, instead of what was identified and communicated by the hospital to the home on the discharge letter.

We raised this with the registered manager because this could potentially put people at risk of medication errors if transferred to a different care setting in an emergency situation. The registered manager told us that they would ensure that records were amended and that communications with external healthcare providers to residents in the home would be appropriately action and documented in the future.

In the clinical rooms, there was evidence that recent alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) had been implemented. We saw that people who are able to administer their own medicines are supported and encouraged to manage their own medicines following a self-administration assessment.

The above issues demonstrates a breach of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of five staff members and found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and suitable references being sought.

We looked around the home and found it was clean, tidy and well maintained. People were protected by the prevention and control of infection. The service employed staff for the cleaning of the premises who worked to cleaning schedules. Domestic audits were in place and we saw that regular checks to ensure cleaning schedules were completed. We observed staff made appropriate use of protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. This showed the provider had taken steps to ensure people who lived at the home and people and staff were protected against the risks of the spread of infection. The housekeeper showed us different areas of the home had been colour coded to ensure areas of the home were cleaned using separate utensils to ensure there was no cross contamination. For example any person who had an infection had their rooms cleaned and disinfected by staff using separate cleaning materials and wearing specialist protective clothing to avoid cross contamination.

Fire equipment had been tested regularly and fire drills were also undertaken periodically to ensure staff and people were familiar with what to do in the event of a fire. People had personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. There were detailed emergency planning and evacuation guidance for people who used the service.

We looked at how the service was staffed, to ensure people's needs could be met safely. Staff we spoke with told us they felt there were always enough staff on duty. A care worker told us "There are always enough of us to keep people safe."

We observed staffing levels to be sufficient on the day of our inspection and reviewed staffing rotas for the previous two months to our inspection. We found staffing levels to be sufficient to meet the needs of the people in the home. There were some agency staff used however we saw the organisation was actively recruiting permanent staff. The home was on two floors. We saw there were two nurses; four care support staff and a senior carer on duty. This was supplemented by other staff including management who assisted during busier times such as meal times. We were able to look at records of one person who used the service whose condition had declined whilst at the service. We saw how the provider had assessed the situation and applied to the local authority for one-to-one care during the day. This showed the provider was able to adjust its staffing numbers and keep them commensurate to people's needs.

Each person's support plan contained individual risk assessments in which risks to their safety were identified. These included areas such as skin integrity; falls, mobility, diet, and the use of bed rails. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. This enabled staff to work effectively to keep people safe. Where people's needs changed, staff had updated risk assessments and changed how they appropriately supported people to make sure they were protected from harm. For example, where people were identified as at risk of falls, specialist equipment such as pressure mats by beds had been obtained.

The provider had a system to monitor people's weight. Care staff weighed people weekly, this information was sent to the chef who called a weekly meeting to analyse and discuss possible reasons for weight loss. The meeting was attended by senior carers and nursing staff. Risk assessments were created and we saw appropriate action plans had been completed.

The provider had a robust policy and procedure for accidents and incidents. We were able to speak with the registered manager who took us through the provider's new procedure which has commenced in 2017. The provider had a system which identified all incidents and "near miss" incidents. Staff were all aware of the system. Any incident or "near miss" was entered into a computer portal which prompted the allocation of a specially trained manager who completed a "Root Cause Analysis" which determined what the cause of the accident or near miss had been. This led to an action plan which incorporated instructions that negated the risk of the incident re-occurring. For example we saw that action was taken following an investigation of neglect where staff had not accurately recorded that the person was refusing personal care. In this way the registered manager could show they learnt from issues and made improvements when things went wrong.

Good

Is the service effective?

Our findings

We found action had been taken to improve the effectiveness of the service.

At our last inspection we found the home was not always in keeping with the principles of the Mental Capacity Act 2005. There were gaps and inconsistencies in consent documents.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. 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 are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was able to clearly explain and evidence the process. We found the provider was working in line with the key principles of MCA. This included the completion of mental capacity assessments for all people on admission to the home. Formal 'best interest' decisions were in place for people who did not have the capacity to make choices for themselves for issues such as covert medication, personal care and the use of restrictive practices such as lap belts being in place. DoLS applications had been made for people who had been assessed as needing them in a timely manner. The provider had a separate folder for all DoLS referrals which included prompts for the manger to re-apply when required and also to encourage the local authority to expedite applications. The registered manager had initiated a new system which ensured all people who used the service were assessed for capacity when arriving at the home. The manager completed the initial capacity assessments and escalated to the local authority if required. We noted the majority of people referred to the local authority were not granted DoLS, however the manager explained their policy was to be robust to ensure people were kept safe.

We discussed MCA and DoLS with staff. Staff understanding of MCA and DoLS was good and it was evident they knew the needs of the people they were caring for. We spoke with staff regarding consent issues, all were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks.

We found people were supported to have sufficient amounts to eat and drink. People told us they enjoyed the food. One person said, "Food quite good. You get a choice, there are always alternatives". The risks to people from dehydration and malnutrition were assessed so they were supported to eat and drink enough to meet their needs. Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their

diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties. We spoke with the chef who had worked at the home for 25 years. He told us that all new people coming into the home met with him to discuss their likes, dislikes and any allergies or intolerances. This meant that menus were designed with the participation of people and their family. This information was recorded and kept in the kitchen. This information was continually reviewed by the chef who had a system which ensured people received the food they wanted. People with specific needs were catered for. There were people at the home who needed soft or pureed diets, people with diabetes and one person who required a gluten free diet. People with specific religious needs were catered for however there was no one at the time of our inspection who needed a specialist diet for religious purposes.

People told us staff had the knowledge and skills needed to provide an effective service. All new staff completed mandatory training as part of their probationary period. Staff told us that they were mentored by a senior care worker to help them to complete their induction. Staff told us they were confident that by the end of their induction period as they had attained the skills and knowledge to be able to care for the people living in the home.

The provider had a robust system in place to record the training that care staff had completed and to identify when training needed to be repeated. Training the provider deemed mandatory included moving and handling, infection control and dementia awareness. One member of staff told us, "Things have changed; I have been on a lot of training and feel my career is progressing." Some staff told us that the provider had provided training and support to enable them to be promoted to more senior roles. A relative told us "Staff know her well, meet her needs and are well trained."

We spoke with staff with regard to supervision and appraisal. We accessed their records which showed staff members received an annual appraisal which was reviewed after six months and regular supervision every four to six weeks. One staff member told us: "I enjoy supervision as my manager allows me to express myself." We saw that staff received appropriate professional development and were supported to deliver treatment safely and to an appropriate standard.

Records confirmed that there were systems in place to monitor people's health care needs, and to make health referrals within a suitable time frame. The health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health. For example, we saw in one person's records how the provider had identified pressure areas on a person. We saw how the provider referred to district nurses and informed the local authority. Pressure relieving equipment was put in place and the person kept safe from further harm.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. Comments included "Nurses and carers are friendly and kind. They look after her well. Her room is kept clean and staff are helpful. She is washed and tidied up, chooses when to get up." "Mum is very happy here, the staff are very caring" and "The staff are caring and they ask before doing anything."

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity.

Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions and respond promptly to any requests for assistance. We heard staff saying words of encouragement to people. During our observations we saw many positive interactions between staff and people who used the service.

We saw that staff attended to people's needs in a gentle and compassionate manner. Staff was interactive, polite and communicated with people in a respectful way. We saw that staff were communicating well with one another passing on relevant information to each other regarding the care they were providing .We observed that people using the service appeared clean and well groomed.

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines, and personal care. Staff were patient, spoke quietly and did not rush people. One staff member told us "it's important to encourage independence for example, there is one person who is only able to dry some parts of their body so we only do the rest," and another told us "We always give people choices for example in choosing what to wear, and if they want to stay in bed longer."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief. People's plans also included information about how people preferred to be supported with their personal care. Staff we spoke with was able to tell us about people's preferences and routines. A staff member told us "we treat people with respect, for example we close the bathroom door and they can call us when they are ready."

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made very welcome.

Good

Is the service responsive?

Our findings

People's care plans confirmed that an assessment of their needs had been undertaken by a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained information about how to provide support, what the person liked, disliked and their preferences. Staff tried hard to match care and support to people's likes and current or changing needs. People told us staff adapted care to suit their individual preferences. For example, some people preferred a morning lie in, whilst others liked to be up early; this was known and respected by staff. There was a 'My Day, My Life, My Portrait' page aimed at giving a snap-shot view of the person and their needs as a whole.

The care plans ensured staff knew how to manage specific health conditions. There was a column for staff to further comment on 'Key Safety Risks' if any 'key safety risks' were noted, an 'Additional Plan of Care' was generated in response to risk assessments, for example where people were at high risk of developing pressure ulcers or falls. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information passed on to staff. We found that care plans detailing pressure area care were robust, person-centred and detailed. There was clear information regarding the plan of action to heal the wound and minimise the risk of recurrence.

There was a 'person of the day' discussion that had introduced so the needs of one person were discussed with care staff and reviewed with the person and relatives if appropriate. The registered manager said that this way every person in the home would have their needs reviewed with a focus on how they wanted to have care provided.

The home employed two activities co-ordinators, who were highly regarded by people who use the service. One person, told us "Activities ladies are great, they offer a variety of activities but I have my own car so go out a lot".

The registered manager explained that their roles were to provide meaningful activities, which ensured people were able to maintain their hobbies and interests. The activities coordinator told us, "We talk to people individually on a regular basis to see what they like to do." She told us activities aimed to promote people's wellbeing by offering a lot of one to one time, providing examples of sitting and chatting with people, doing their nails, and spending time in the garden. In addition to scheduled activities, such as shopping days and visits to museums, group activities were offered to those who wanted to participate. These included, film afternoons, group quizzes, and arts and crafts hair dressing, exercise. Pet therapy and cake baking were also available. We saw that weekly activity schedules were displayed in various areas around the home.

Daily progress sheets were completed for each person which detailed how the person had been during the day and the support that they had received. Activity records were also kept detailing the activities that the person had been participated in throughout the day. This ensured that care staff, at each change of shift, were able to read a clear account about the person so as to enable them to continue providing care that was responsive to the person's needs.

The provider took account of complaints and compliments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns.

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded on their car plan. This captured their views about resuscitation, the withdrawal of treatment and details of funeral arrangements. It gave people and families the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views. The service was in the process or rolling out a more robust end of life care plan format. The registered manager told us that training was in the process of being rolled out.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in June 2017 we found documents were not always up to date, accurate or complete regarding consent. We found the governance systems and processes, to assess and monitor the quality and safety of the service and ensure all relevant information was kept on file for people receiving care, were not effective. There was no registered manager in post.

A new registered manager had been in post since August 2017. People who used the service, relatives and staff praised the registered manager and said they were approachable and visible. It was clear from our discussions that they were highly motivated and passionate about this role. They had made a number of improvements which included the setting set up a number of comprehensive audits, these included housekeeping, infection control, care plans, risk assessments and medicines management. There was also a system set up to spot check each person's room on a regular basis. We saw that audits had started four months before our inspection in line with their action plan and that staff had signed to show they had been completed. However the audits failed to pick up the shortfall with medicines management.

Other improvements that had taken place included the introduction of a new staffing structure and a marked reduction in the use of agency staff the registered manager told us "changes take time; we are still managing a number of issues."

All the staff we spoke to were extremely complimentary about the new registered manager they told us how the whole atmosphere had changed and that they now felt motivated and happy in their roles.

Comments included "I have never worked anywhere with someone so supportive" , "[Registered manager] is the best manager I've ever had, really cares and listens to you, if there is a problem [registered manager] is right on it" and "People get a good service here as we work as a team, the new manager is fantastic."

We found that people and their relatives felt consulted and involved in decisions about the care provided in the home. The registered manager had set up 1-1 meetings for people living at the home and their relatives at which they were able to participate in decision-making regarding activities and menu planning as well as provide feedback about the service. There was also a schedule for residents meetings to recommence.

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. They were supported to apply for promotion and were given additional training or job shadowing opportunities to facilitate this.

The staff praised the culture and support they received at the service and felt really valued whatever their role. Staff felt that morale was very good and communication throughout the home was effective.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager was supported by the regional manager, a care manager and a small team of senior carers.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager told us they were supported by the provider in their role. Up to date sector specific information and guidance was also made available for staff.

There were systems in place to monitor all aspects of the care people received. The registered manager had conducted audits regularly and there was continual oversight by the provider. These had assessed areas such as hospital admissions, the cleanliness and safety of the environment, the accuracy of people's care records and the management of people's medicines. The registered manager worked in the home each day. This meant they could observe staff practice check on people's bedrooms, medication, meals, activities, housekeeping and care plans to ensure a continuous drive for improvement.

Accidents and incidents were reviewed to ensure people remained safe and identify changes needed to people's care. Documents included an outline of how accidents occurred, what actions were undertaken and how they planned to reduce the risk of similar events. In addition interventions and lessons learnt from incidents were also recorded.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

The service worked in partnership with other agencies to support care provision and development. The service's compliments records included positive feedback from community professionals about co-operative working.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to operate an effective system for the monitoring of peoples medicines allergy status and those receiving long acting medicines