

Extrafriend Limited Ravenswood

Inspection report

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Date of inspection visit:
31 July 2017
01 August 2017

Date of publication:
31 October 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 July and 1 August 2017 and was unannounced. When the service was last inspected in June 2016 we found three breaches of the regulations of the Health and Social Care Act 2008. The breaches related to safe care and treatment, need for consent and good governance. These breaches were followed up as part of our inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Ravenswood, on our website at www.cqc.org.uk

Ravenswood is registered to provide accommodation for people who require nursing or personal care for up to 36 people. At the time of our inspection there were 30 people living at the service.

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

At our previous inspection we found that the provider did not consistently provide safe care and treatment. At this inspection we found some improvements had been made this area of their work requires further development. Medicines were not consistently managed safely. Where risks had been identified, care plans did not consistently detail the steps staff should take in order to keep people safe.

At our previous inspection people's rights were not consistently upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. At this inspection some improvements had been made but this area of their work still requires further development. Consent to care was not consistently sought in line with legislation.

At our previous inspection the provider did not have fully effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. At this inspection we found that their auditing processes had not identified the shortfalls found at this inspection.

The provider was not consistently responsive to people's needs. Although the old care plans we saw were person centred and provided clear and detailed guidance for staff on how to meet people's needs, the electronic plans in place did not provide the same level of detail. The electronic plans were not person centred and did not provide enough information for staff. At times the plans provided conflicting information.

At our previous inspection we identified that there were insufficient infection control measures in place. At this inspection we found sufficient improvements had been made.

Records showed that a range of checks had been carried out on staff to determine their suitability for work. Staffing rotas demonstrated that staffing levels were maintained in accordance with the assessed dependency needs of the people who used the service.

New staff undertook an induction and mandatory training programme before starting to care for people on their own. Staff were supported through a regular supervision programme. Supervision is where staff meet one to one with their line manager.

People's nutrition and hydration needs were effectively managed. People had access to on-going health care services.

We observed a number of positive interactions between staff and people using the service. Staff knew people well and there was a friendly and relaxed atmosphere throughout the service. We observed staff laughing and joking with people. Staff were attentive and ensured people engaged in things they enjoyed.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

The registered manager was well-respected by staff, people and their relatives. People were encouraged to provide feedback on their experience of the service and actions were taken, where appropriate.

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 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 consistently managed safely.

Where risks had been identified, care plans did not consistently detail the steps staff should take in order to keep people safe.

Staffing levels were in the main maintained in accordance with the assessed dependency needs of the people.

Safe recruitment processes were in place that safeguarded people living in the home. A range of checks had been carried out on staff to determine their suitability for employment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were not consistently upheld in line with the Mental Capacity Act 2005.

People's nutrition and hydration needs were effectively managed.

Staff monitored people's healthcare needs and made referrals to other healthcare professionals where appropriate.

Is the service caring?

Good ●

The service was caring.

People and their relatives felt that the staff were caring and we received a number of positive comments.

People were supported by a staff team that were committed to provide the best care they could.

People were treated with respect and dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were not consistently written in conjunction with people or their representatives.

Relatives were welcomed to the service and could visit people at times that were convenient to them.

The provider had systems in place to receive and monitor any complaints that were made.

Is the service well-led?

The service was not always well-led.

The provider did not have fully effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.

The registered manager was well-respected by staff, people and their relatives.

People were encouraged to provide feedback on their experience of the service and actions were taken, where appropriate.

Requires Improvement 

Ravenswood

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 31 July and 1 August 2017 and was unannounced. On the first day the inspection was undertaken by two inspectors. On the second day one inspector attended the inspection.

When the service was last inspected June 2016 we found three breaches of the regulations of the Health and Social Care Act 2008. During this inspection we checked that the improvements required by the provider after our last inspection had been made. It was rated as 'Requires Improvement.'

We reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

We spoke with three people, four visitors, seven members of staff and a visiting health professional. We also spoke with the registered manager and one of the director's of the service. Some people were unable to communicate verbally. We observed care and support in the communal areas.

We reviewed the care plans and associated records of ten people and a sample of the Medicines Administration Records (MAR). We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Is the service safe?

Our findings

At our previous inspection we found that the provider did not consistently provide safe care and treatment. At this inspection we found some improvements had been made this area of their work requires further development.

Medicines were not always managed safely, because medicines were not always administered in line with the Mental Capacity Act 2005. Several people were receiving their medicines covertly. This is when medicines are disguised within food or drink. However, there was limited information to demonstrate how the decision to administer people's medicines in this way had been reached. Although we saw letters from people's GP confirming they had no objection to named people having their medicines covertly, these did not provide any detail of the discussions that had taken place. Additionally, there was very limited evidence of other professionals or people's advocates being involved. This meant there was no formal written evidence that best interest decisions had been made in line with the Mental Capacity Act. In some cases GP letters were dated 2012 and there was nothing documented to show that the decisions had been reviewed. The service was failing to comply with their medication policy. In relation to covert administration the policy states that people should have a mental capacity assessment, and "a full report would be produced, and a best interest decision made for each medication prescribed." Additionally, the policy states that this should be clearly documented in people's notes.

Additionally, there was information documented as part of people's preferences in relation to taking their medicines that indicated that people were having their medicines crushed. Crushing medicines can alter their mode of action and may impair their effectiveness. Because of this, it is good practise to involve a pharmacist in these decisions. However, there was no written evidence to show that pharmacy advice had been sought. The guidance for staff to crush medicines also conflicted with the printed instructions on the medicine administration records in some instances because the instructions for some medicines were "do not chew or crush." The service was failing to follow their medication policy which states; "It must not be assumed that it is safe to crush or cut tablets or to disguise medication in any other way. Where a resident has difficulty in taking a particular medication, advice must be sought from the pharmacist."

The provider was also not following NICE guidance for Managing Medicines in care homes (2014). This guidance states that "the practitioner should ensure the process for covert administration of medicines includes assessing mental capacity, holding a best interest meeting involving care home staff, the GP, the pharmacist and a family member or advocate, recording the reason and the proposed plan and regularly reviewing the decision".

All of the Medicine Administration Records (MARs) had been signed in full, which indicated that people had received their medicines. There were two MAR charts that had transcribed entries on them, but these had not been countersigned by another member of staff to confirm they were accurate. There may be occasions when the MAR chart for a person requires amending, such as the GP has changed the dose or started or stopped medication. The provider's policy stated transcribed entries should be preferably signed by the GP, but where this was not possible, that entries should be signed by two senior members of the care team on

the MAR. The most recent pharmacist visit dated 2 March 2016 also raised concerns about the transcribed entries. They had not been sufficiently addressed.

There were photographs at the front of MAR charts to aid staff identification. People's preferences had been documented, such as "I like my tablets to be offered to me. I could spit them out, depending on my mood. I want staff to leave me when I'm agitated and return with the tablets later." However, when we queried some of the detail that had been documented, we were told that some information about how people preferred to take their medicines was out of date.

Medicines were generally stored safely. Medicines were stored safely and regular stock checks were carried out. However, the temperature monitoring system in place was not robust because there was some confusion about which room temperature was being monitored. The medicines storage cupboard had a thermometer in place and there was a recording chart which showed the temperature had been recorded daily. However, the temperature log for July showed that on 12 days during July, the temperature had exceeded 25 degrees centigrade which is the maximum recommended temperature for the safe storage of medicines. When we queried this, it became apparent that some staff had been recording the temperature of the nurse's office rather than the medicines cupboard. We discussed this with the Clinical Lead who said they would address this confusion immediately.

Medicines audits had been carried out monthly. However, the provider audits had failed to identify the issues we noted in relation to covert and crushed medicines.

Care plans contained risk assessments for areas such as falls, nutrition, behaviour and the use of bedrails. However, when risks had been identified, the care plans did not contain clear guidance for staff on how to reduce the risks. The provider had changed to an electronic care planning system earlier in the year, but the detail from the old care plans had not been comprehensively transferred into the new system. Some entries in the new plans indicated they had been "live" plans since February 2017. The old plans had not been reviewed since then. However, because the plans had not been comprehensively transferred, it meant that the information in the new plans was limited and in some cases the information in some risk assessments conflicted with information in other parts of the plan. For example, in one person's falls risk assessment it had been documented the person was "unsteady" on their feet and "at risk of falling". The action plan was to "walk with her, check whereabouts, ensure walking aids are used", but there was no information in relation to which walking aids should be used, such as a stick or a frame. Later in the same person's plan in the personal care section, it had been documented "I am not mobile", which conflicted with the information within the risk assessment.

Although there were risk assessments in place for the use of moving and handling equipment such as a hoist, there were no moving and handling plans in place which detailed how staff should move people safely and no detail in relation to which hoist and sling or other equipment was required. We asked about this and the Clinical Lead said this information was held separately in a file. We were unable to see this file because staff could not find it. This information was available however, in the old care plans. It was unclear why it had not been transferred over into the new format.

There continues to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we identified that there were insufficient infection control measures in place. At this inspection we found sufficient improvements had been made.

Although some of the interior décor and furniture was tired looking the environment was clean. Cleaning schedules highlighted that the premises were cleaned daily. Bedrooms were also regularly deep cleaned. The service has introduced a monthly cleaning schedule to ensure decontamination of all medical equipment. All equipment is now tagged with a green 'I'm clean' sticker which is dated and signed. The registered manager advised that all bedrooms were provided with, soap dispensers, hand towel dispensers and waste paper bins immediately after the last inspection. Staff had access and wore personal protective equipment whilst providing personal care. Regular infection control audits were conducted. Where shortfalls were identified action plans and deadlines were set, such as the need to record all staff immunisations in their files.

People told us they felt safe living at the service. One person told us; "I feel safe here. The staff are brilliant." One visitor told us; "She is safe here. If she wasn't, she wouldn't be here. Staff noticed straightaway when something was not right. She fell un-witnessed but staff knew straightaway that something was not right. They're caring and observant."

Records showed that a range of checks had been carried out on staff to determine their suitability for work. This included obtaining references and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal background and whether they were barred from working with vulnerable adults.

Staffing rotas demonstrated that staffing levels were in the main maintained in accordance with the assessed dependency needs of the people who used the service. Where required the service use agency staff. Staff members told us that they thought the staffing levels were manageable. One member of staff told us "I like it here. Staffing levels are good here." Visitors also thought that staffing levels were good. We observed that staff were visible throughout the day in the communal areas and when people required assistance, such as meal times and when needing personal care.

The staff we spoke with had a good awareness and understood their responsibilities with regard to safeguarding people from abuse. They were able to explain the actions they would take if they suspected a person was being abused. Staff also understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice at work.

Arrangements were in place for reporting and reviewing accidents and incidents. This included auditing all incidents to identify any particular trend or lessons to be learned. Accident and incident forms identified the nature of the incident, immediate actions taken and whether any further actions were required. Summary action plans identified that where falls occurred referrals had been made to the falls team and the GP. However, falls risk assessments in some cases had not been updated.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

Is the service effective?

Our findings

At our previous inspection people's rights were not consistently upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. At this inspection some improvements had been made but this area of their work still requires further development.

Consent to care was not consistently sought in line with legislation. People's capacity to consent to care had not always been assessed and when people did lack capacity to make decisions, best interest decisions had not been made in line with legislation. For example, we looked at one person's care plan in relation to the use of bed rails. It had been documented the person "wishes bed rails to be used at night" and "risks have been discussed with [person's name] and family". However, there was nothing else documented in relation to this discussion. Additionally, the latest capacity assessment for this person in their old care plan was dated 12 January 2016 and covered all aspects of their care. It had been documented "does not seem to have capacity to make decisions." We were unable to see any capacity assessments that were specific to the use of bed rails. The same person was having their medicines administered covertly, and although it had been documented at the front of the Medicines Administration Record "was assessed for mental capacity and was found to not have capacity around the consequences of not taking his medication." There was no evidence of this capacity assessment in the care plan.

In people's support plans we saw information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Staff had received MCA and DoLS training. They recognised the importance of obtaining people's consent when assisting people. We observed staff throughout the inspection asking people for their consent prior to assisting them. For example, we heard staff ask people "Would you like to stay here or can I help you through to the lounge?" and "Can I just pull your top down a bit so that you're properly covered up?"

Staff were supported through a regular supervision programme. Supervision is where staff meet one to one with their line manager. Staff told us they had received regular supervision sessions. The supervision matrix confirmed that the service had in the majority of case complied with the provider's supervision policy which states that staff supervision should be held every three months.

New staff undertook an induction and mandatory training programme before starting to care for people on their own. Staff told us about the training they had received; this covered a variety of subjects such as manual handling, infection prevention, health and safety and first aid awareness. The training records demonstrated that staff mandatory training was up to date. The manager had a training plan in place to ensure that all mandatory training was kept up-to-date. To enhance their understanding of people's needs staff also attended dementia, challenging behaviour, and dysphagia training. Staff told us that they felt they had received sufficient training to enable them to undertake their roles.

People's nutrition and hydration needs were effectively managed. People were supported to have enough to eat and drink. People's nutritional needs were assessed and details of specific nutritional requirements, such as pureed meals or thickened fluids was clearly written on a board in the nurses office for all staff to see. The chef also demonstrated an in-depth understanding of people's nutritional needs and what people liked and disliked. People's preferences in relation to how they preferred to eat and drink were listed, such as "only drinks from a cup". People's weights were monitored and when people had lost weight specialist support and advice was sought, from the GP and the speech and language team [SALT]. When people were having their food and fluid monitored, records were completed in full. Staff used mobile devices which enabled them to record real time when people had something to eat or drink. This meant the daily records for people showed clearly what people's intake had been that day. We observed that people had access to snacks and drinks throughout the day. Specific dietary requirements were catered for, such as diabetes. Food options were provided. Alternatives were offered if people did not like the menu choices of the day. The food looked appetising and served at the correct temperature. People told us they liked the food. One person described it as 'nutritious.'

People had access to on-going health care services. For example, records showed that people were reviewed by the GP, SALT and the Mental Health team. A visiting health professional told us; "Staff are very welcoming and very caring. They have a really good knowledge of service users. I have no concerns about my placements."

Is the service caring?

Our findings

People and their relatives told us that the staff were caring and we received a number of positive comments. They included; "I like living here. They help me when I need it. When I was sick they kept on asking me if I was alright"; "I like to go out shopping with [staff member's name]. She takes me out"; "They do what they should. I get on with most of them"; "I get on with all the staff. I'm welcomed here when I visit. They do a lot for my wife"; "I won't have a word said against them. They go out of their way to help. The staff are polite and helpful. They do everything well." A recent compliment received by the service stated; "All your wonderful staff at Ravenswood thank you so much for your kindness and care of Mum. You gave her love and dignity in her last few weeks of her life and looked after her needs when no-one else could."

We observed a number of positive interactions between staff and people using the service. There was a continual staff presence in both of the communal lounges. Staff knew people well and there was a friendly and relaxed atmosphere throughout the service. We observed staff laughing and joking with people. Staff were attentive and ensured people engaged in things they enjoyed. We observed people having hand massages; having accessing tactile to items, being read to individually; and staff ensured that people had access to their favourite magazines and newspapers. Staff were asking about people's welfare and making suggestions for people to consider. One person was being encouraged to walk and being reassured by staff they were doing well. During lunch people were offered choices of food and drink. Where required people were shown the options of food to enable them to make a decision. Where people required assistance with eating staff fully explaining what they were doing and not rushing people. One member sought advice from a senior member of staff as they were concerned that the person was not eating much. They were encouraging and when the person still refused to eat the food they provided them with their favourite yoghurt to ensure they were consuming some food. The member of staff was stroking the person's hair and comforting them. Staff were attentive and nothing seemed too much trouble. Visitors were welcomed to have lunch with the people. Although people were encouraged to eat in the dining room their decision was respected if they chose not to.

People were supported by a staff team that were committed to provide the best care they could. Staff referred to people by their preferred name, using appropriate volume and tone of voice. They were knowledgeable about people's needs and told us they aimed to provide personalised care to people. Staff told us how people preferred to be cared for and demonstrated they understood the people they cared for. They were aware of people's personal histories and interests. Staff comments included; "[Person's name] likes to be shave every morning. He worked in a hotel and likes the news and football. He loves eating. He gets up at 6am and likes a hot cup of tea, has his breakfast then goes back to bed. We go out and exercise. He likes routine"; "Everyone knows what is expected of them. We work well as a team. I'm about the residents. [Person's name] finds it hard to connect with people. He lets me do his personal care. He likes talking stories and I engage with him. We talk about aliens and UFOs."

We observed people being treated with respect and dignity. This included knocking at people's doors before entering their rooms and being discrete when people needed assistance with personal care. Staff enabled independence and built trusting relationships with people. Staff members told us; "[Person's name] is a very

proud man and he worked in the forces. I let him do as much as he can. I help him get dressed. I get the flannel ready and prompt him"; "It's about making sure service users are in a safe environment and to make sure they're happy. This is their home. I always knock on [person's name] door before entering. Ask if they would like personal care. I offer assistance and always cover them. I find out what she wants and always seek permission. She likes things being done for her." One person told us they like to do as much as they can themselves; "My hair is very soft. I wash it every day."

Is the service responsive?

Our findings

The provider was not consistently responsive to people's needs. Although the old care plans we saw were person centred and provided clear and detailed guidance for staff on how to meet people's needs, the electronic plans in place did not provide the same level of detail. The electronic plans were not person centred and did not provide enough information for staff. At times the plans provided conflicting information. For example, in one person's plan it was documented that they were blind in both eyes, but the guidance for staff in the personal care section of the plan was to offer the person a choice of clothing using "verbal, pictorial or visible cues." The staff handover sheet that we saw for the day of our inspection said the person was a high falls risk, but in the care plan it was documented they were "low risk."

In several plans we saw that the generic statements generated by the electronic planning system had not been updated to reflect people's personal preferences in relation to their care. This meant that some of the plans contained the exact same statements. For example the same personal care statement for one person was also documented in six other care plans we randomly selected. This meant that there was a risk that individual's preferences would not be met.

Plans for people with behaviours that might upset or distress others, did not contain details of triggers and did not detail how staff should support people when distressed or anxious. For example, in one person's behaviour plan it was documented "I am known to display predictable behaviour that challenges; I have been diagnosed as suffering from depression". However, the guidance for staff was limited to "staff to be aware of distraction methods of communication" and "staff to assist with using positive coping strategies", but there was no further detail recorded to inform staff how to do this.

We did note that there was a separate document from people's care plan entitled "Residents trigger factors and de-escalation techniques updated May 2017." This provided more detailed staff guidance. The provider told us that it is given on induction to new staff and agency staff to familiarise themselves with behaviours they may encounter and how to deal with them. This document is reviewed monthly. New people were added when they started living at the service. The information had yet to be transferred to people's care plans.

Plans in relation to people's health needs were also limited. For example, we looked at the plan for one person with diabetes, which guided staff to "monitor blood sugar and make sure it is maintained". However, it did not specify what level the blood sugar should be maintained at and did not provide details of how staff should monitor for the signs of high or low blood sugar.

Care plans were not consistently written in conjunction with people or their representative and people had not signed their care plans to indicate their agreement. People and their relatives knowledge of the care plan was in some cases limited. Comments included; "I have never seen the care plan. However, we did request no male carers. We are listened to"; "I know nothing about her care plan. There have been no meetings about her care"; "I know more or less about the care plan. We don't have formal meetings."

We discussed the lack of person centeredness with the Clinical Lead. They said they were still in the process of transferring the details of people's choices and preferences in relation to their care, over into the new format of planning.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had systems in place to receive and monitor any complaints that were made. The service had received two formal complaints in 2017. They were reviewed and steps had been taken to rectify substantiated concerns. People and their relatives felt confident to approach the registered manager. One relative advised that they had an informal complaint about a person's laundry and it was addressed to their satisfaction.

There was a full time activities coordinator in post. The service offered a varied activities programme. Activities included; hair and beauty, visits to the local park and café, gardening group, arts and crafts, pet therapy, exercises and musical entertainment. We observed people engaging in activities throughout the day and going out with staff. In the communal area staff also spent one-to-one time with people. One member of staff told us that they take people out shopping. They had recently taken out one person on their day off for fish and chips and a shopping trip for new trousers. The gardening group had been growing vegetables in the garden. Where people have difficulties in communicating verbally the activities coordinator had made pictorial indicators to "obtain understanding and encourage participation." One relative told us; "The activities coordinator does a lot for my wife. She stays in her room. She's not a mixer."

On a day to day level the service ensured people's needs were met by having a key worker system in place. Keyworkers ensured that people's day to day needs were met such as ensuring that people had sufficient toiletries and clothing. They helped with their room management and were the first point of contact with family members. One keyworker told us that they helped a person communicate with their relative overseas and they went out for walks together.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. During the lunchtime service we observed family members being asked if they would like to join people for lunch.

Is the service well-led?

Our findings

The service has failed to fully meet all the regulations. Since the previous inspection conducted in June 2016 the provider had failed to fully implement the actions in their plan to ensure they were no longer acting in breach of the regulations. An example of this included; "Ravenswood management team have ensured there are suitable arrangements in place for establishing and acting in accordance with the best interest of residents without the capacity to give consent and treatment in line with the requirements of the Mental Capacity Act (2005) and its associated Deprivation of Liberty Safeguards [DoLS]." Although DoLS applications had been actioned where necessary consent to care was not consistently sought in line with legislation.

The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. This resulted in some poor practice. Medicines were not always managed safely, because medicines were not always administered in line with the Mental Capacity Act 2005. The provider's medicines audit had failed to identify that the service was failing to comply with their medication policy. In relation to covert administration the policy states that people should have a mental capacity assessment, and "a full report would be produced, and a best interest decision made for each medication prescribed." Additionally, the policy states that this should be clearly documented in people's notes. This procedure was not being followed. The service was also failing to follow their medication policy which states; "It must not be assumed that it is safe to crush or cut tablets or to disguise medication in any other way. Where a resident has difficulty in taking a particular medication, advice must be sought from the pharmacist."

The provider had failed to fully implement recommendations regarding transcribed entries made in the external pharmacist audit dated 2 March 2016. The provider's medicines policy stated transcribed entries should be preferably signed by the GP, but where this was not possible, that entries should be signed by two senior members of the care team on the MAR. This practice was not being consistently followed.

Although care plan audits were undertaken they had not identified the issues we noted. The latest care plan audit dated June 2017 highlighted that one person's plan was referred to as "very person centred" despite the use of the same personal care generic statements being used for them and a number of other people. The audit had identified that one person did not have a plan for smoking, and when we checked this was still not in place. For another person's plan the audit had documented "no concerns", but when we looked the person had bed rails in place but there was no risk assessment, no capacity assessment and no best interest decision recorded.

The provider's audit identified in October 2016 stated; "Evidence of improvement with care plan actions to be taken. As relatives come in we need them to go through care plans and sign, nurses to get residents to sign them." This had yet to be completed. In one report we did note that the service is exploring ways of improving this area of their work but "due to the cognitive function of some people this can present difficulties."

The auditing systems had failed to identify the majority of the shortfalls found at the inspection. Although audits were being conducted the systems in place failed to sufficiently identify where quality and safety were being compromised.

There continues to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although areas of their quality assurance processes required further work the service had introduced a new auditing process to focus on the five domains inspected by the CQC. We also noted that the service had actioned the majority of their 2016 objectives. These included a number of refurbishment projects, ensuring the DoLS applications are current and up-to-date and re-designing their quality assurance questionnaires.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had sent appropriate notifications to us.

Staff felt fully supported and said that they would not hesitate to speak to the registered manager if they needed to. Comments included; "The registered manager is friendly and asks about your welfare. We work well as a team"; "She always tries to help. We give a good quality of care"; and "I enjoy my job. If I have a problem I would approach [registered manager's name]. She supports me when I have asked for more training." Feedback from a recent staff survey confirmed that staff confirmed they were content working at the service. One member of staff stated; "I feel the home is ran very well. The staff and residents are like one big family and they are looked after very well by the staff we have here. The training I have received has been very good and informative. I feel well supported by the management and all my work colleagues."

The registered manager encouraged an open line of communication with their team. Regular staff meetings were held. We found recent staff meeting minute's demonstrated evidence of good management and leadership of staff within the service. Agenda items included training, assisting people in summer months, communication with people and enabling understanding, cleanliness and staff allocation. This ensured staff were kept up-to-date with operational issues.

People and their relatives spoke very highly of the registered manager and they were well-respected. Comments included; "The registered manager is very good. We had concerns about the laundry and they were addressed to my satisfaction. They do as much as they can. You cannot fault the staff"; "The registered manager is brilliant"; "I'm welcomed here when I visit"; and "We've got to know the registered manager very well. I think the world of her."

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The service holds a regular programme of resident meetings. Recent issues discussed included activities and the gardening club. The registered manager also held monthly one-to-one sessions with different people to establish their views of the service. People were asked for their views on issues relating to their care such as safety; activities; food; staff support; consent and staffing levels.

Annual customer surveys were conducted with people and their relatives. Plans were implemented which demonstrated how the service responded to the issues raised. This included improving the décor and enhancing levels of communication with relatives. The service was open and transparent regarding concerns raised and actions taken.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The electronic care plans were not person centred and did not consistently provide enough information for staff.</p> <p>Care plans were not consistently written in conjunction with people or their representative and people had not signed their care plans to indicate their agreement.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely,</p> <p>When risks had been identified, the care plans did not consistently contain clear guidance for staff on how to reduce the risks.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have fully effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.</p>

The enforcement action we took:

Warning Notice