

# Radian Support Limited

# Oakmead

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

Oakmead is a care home which provides accommodation and personal care for up to five people with learning and/or physical disabilities.

At the time of our inspection there were five people living in the home. There was a registered manager in post. 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.

The inspection took place on the 18 and 19 November 2015. The inspection was unannounced. We spoke with two people living at the home, two relatives and eight staff which included the registered manager.

Systems were in place to promote safe medicine practices. Some aspects of recording of medicines required improvements. Clear protocols and guidance were not in place to ensure staff who did not have up to date training in the administration of emergency medicines knew what action to take.

Risks to people, staff and visitors were generally identified, addressed and managed. Staff were aware of risks to people and what actions they needed to take to manage the risks. We saw one person was wearing slippers that were too big and put them at risk of falls. Another person did not have a risk assessment in place to manage the risk of pressure sores. The registered manager was liaising with other professionals for their input into that. We made a recommendation that risk assessments should be completed when a risk is identified. The home was clean, well maintained and systems were in place to prevent the risk of cross infection. Accident and incidents were appropriately managed which promoted people's safety.

People and relatives told us they were happy with the care provided. Relatives described the staff as wonderful, fantastic and excellent. One relative told us they could not fault staff and described how they supported their relative and them during a recent hospital admission. They commented "They could not thank them enough for what they did".

People were assessed prior to admission to the home. Staff were knowledgeable about the care plans that were in place, which outlined the care and support people required. People's health needs were met. Staff were caring and had a positive and enabling relationship with people. People's independence and development of life skills were promoted.

Staff were suitably recruited, inducted, trained and supported to meet people's needs. They were aware of people's communication needs and this was being developed. People were supported to make choices and decisions on their care. They had access to a range of activities and community involvement was promoted. Systems were in place to enable people and their relatives to raise concerns and complaints and staff were aware of their responsibility and procedure for dealing with complaints.

The provider had systems in place to satisfy themselves that the home was being effectively managed and monitored. People, relatives and staff were happy with the way the home was run. They were positive about the recent changes in management. Staff described the management team as proactive, dynamic, supportive, empowering and they promoted staff's learning and development.

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 the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Improvements were required to medicine practices and in identifying and managing risks in a timely manner.

Systems were in place to make sure people were protected from abuse and avoidable harm.

The home was clean and safe. Infection control and health and safety issues were managed and monitored.

### Is the service effective?

**Good** ●

The service was effective.

Staff were suitably inducted, trained and supported to ensure they had the skills and knowledge to provide effective care to people.

People's health needs were met and they had the required support to access health professionals.

People's nutritional needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People were happy with the care provided.

Staff were caring and had a positive and enabling relationship with people.

People's privacy and independence was promoted and they were treated with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

People were assessed prior to admission to ensure the home

could meet their needs.

Care plans were in place which outlined the care and support people required.

People had access to work and leisure activities.

**Is the service well-led?**

**Good** ●

The service was well-led.

There were clear lines of accountability and responsibility within the management team.

There was a comprehensive quality assurance system in place which meant the service was being effectively managed and monitored.

# Oakmead

## 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 18 and 19 November 2015. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

At our previous inspection on the 15 January 2014 the service was meeting the regulations inspected

A Provider Information Record (PIR) was not requested prior to the inspection. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports of the home and other information we held about the home. After the inspection we contacted professionals involved with the service to obtain their views about the care provided.

During the inspection we spoke with two people living at the home. We also observed the care and support provided to people in the home. We spoke to eight staff which included the registered manager. We spoke with three relatives after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for three people, one staff recruitment file and three staff supervision and training files, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

## Is the service safe?

### Our findings

People told us staff supported them with their medicine. People's care plans outlined the level of support people required with their medicines and how they preferred to take it. People's files contained a medicine risk assessment which outlined risks associated with medicine administration. We looked at three medicine administration records. We saw medicines were generally given as prescribed. There were some gaps in the administration of shampoos and creams. This had been picked up on previous medicine audits and staff were continuously reminded of it. One person had recently been prescribed antibiotics. The medicine was given as prescribed but was recorded for the wrong dates in the medicine administration record. This was pointed out and addressed immediately. We saw guidance was in place on the use of as required medicines. These were detailed and specific and provided clear guidance for staff on the use of as required medicines. However there was no indication these had been discussed and agreed with the prescribing GP. Medicines were stored safely. Staff were suitably trained and deemed competent to administer medicines. They were reassessed annually to ensure safe medicine practice was promoted. One person required emergency medicine to be administered. There was a clear protocol in place as to when this was required. Staff were trained to administer emergency medication to people, however one staff member's training on the administration of emergency medicine had expired. They were on duty on the day of the inspection with an agency worker. During discussion with us they were hesitant on the action they would take in the event that the person required emergency medicine. The person's care plan did not provide guidance either on what to do if there was no staff on duty with the required training. The registered manager and support lead were contacted. They returned to the home and put safeguards in place to manage the situation and reduce any potential risks to the person.

This was breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because proper and safe management of medicines was not promoted.

We saw one person was wearing slippers that were too big for them and posed risks to the person especially on the stairs. This was pointed out to staff who addressed it with the person. On day two of the inspection the individual was wearing more suitable footwear and staff had arranged with them to buy new slippers. We were aware that one person had developed a pressure sore. This was addressed and managed quickly and the required equipment was provided. At the time of the inspection the pressure sore had healed. However this risk had not been considered before a pressure sore had developed and a risk assessment was still not in place to monitor and manage the risk. The registered manager told us they were already aware they needed to have a malnutrition universal screening tool in place. This is a tool that is used to screen people who are at risk of malnutrition which can impact on skin integrity and result in pressure sores. The registered manager said this was being developed with input from other professionals involved in the person's care. Other risks to people were identified and managed. Care plans contained a range of generic risks assessments such as risks in relation to medications, finances, fire evacuations. They also included risk assessments for risks specific to individuals. These included risks in relation to behaviours that challenged, road safety, kitchen safety, medical conditions such as epilepsy and eating and swallowing risks. All of the staff spoken with were very knowledgeable and aware of people's identified risks and what action they needed to take to manage and minimise the risks.

Staff spoken with were clear of their responsibilities in relation to health and safety. The home had a nominated health and safety champion. All staff were aware who that was. The nominated staff member was suitably trained and knowledgeable about their role and responsibilities. Records relating to health and safety checks were in good order and up to date. The home had a risk assessment document which identified environmental risks and how these were managed to promote people's, staff and visitors safety. This was reviewed and updated in April 2015. There was a lone working risk assessment in place which was reviewed on the 22 October 2015. This identified potential risks to staff and people who used the service and how they were to be managed. Monthly health and safety checks of the environment and fire safety checks including six monthly fire drills took place. The last fire drill was recorded as taking place on the 22 October 2015. Fire safety equipment was regularly serviced and safe to use. The home had a contingency plan in place which provided guidance for staff on the action to take in the event of a major incident at the home such as fire, flooding, electric, gas or water supply failure. An emergency pack was provided and available by the front door for staff to take with them in the event of an emergency. It contained key information on people, contact details for staff members and managers, a mobile telephone which was regularly checked and charged, spare key to the vehicle and a plan of the building. All staff spoken to were aware the emergency pack existed.

People told us they felt safe living at the home. Relatives told us they believed their relative was safe. Staff were aware of their responsibilities to safeguard people. They had a good understanding of what was considered abuse. They were aware of the action to take in the event of them observing or dealing with an allegation of abuse. Staff were able to recall situations where they had previously reported poor practice. They confirmed they had no concerns about doing that. The provider had policies and procedures in place in relation to safeguarding. Staff told us they had received safeguarding training. We looked at the training records and saw the majority of staff had up to date safeguarding of vulnerable adults training. Further updates in this training was booked for staff who required it.

Staff were aware of the reporting process for any accidents or incidents that occurred. We viewed the accident and incident records. Accident /incident records were completed and actions recorded. We saw body charts were completed where required. They were then checked and signed off by the registered manager or support lead. Relatives told us they were informed of any accidents involving their relative.

People told us staff were always available to support them. One person told us they get one to one time weekly with their key worker. This meant they could go out shopping and go for lunch if they wanted to. Relatives told us they thought staffing levels were sufficient. They told us how their relative was supported to visit them at home and a staff member was provided for this. During the inspection we saw people were supported to go out and to be supported with their personal care at a time that suited them. The home had an established staff team. We saw two staff were provided on each day time shift with a third staff member working a split shift Monday to Friday. This allowed for people to be able to go out as well as having sufficient staff available to support people who did not want to go out. Staff felt the staffing levels during the week were sufficient. However they felt staffing levels at the weekend could be better. They said only two staff were provided at the weekends which meant people could not go out unless everyone chose to go out. The registered manager confirmed they were currently reviewing this. The home had recently recruited into the last vacancy. Sessional workers, regular staff and agency staff were used to cover shortfalls in the rota to ensure the required staffing levels were maintained. The extra hours worked by staff were monitored to ensure it was in line with working time directives and the organisations policy on working extra hours. The home had a support lead who worked a mix of shifts and administration shifts. The registered manager worked across two locations. Staff were aware of how to contact the registered manager when they were not at the home. Staff were responsible for the cooking and cleaning and felt they had the time to do those tasks whilst ensuring people got the required care. One relative commented "There had been so many



changes over the past three years which is unsettling for staff and the people living there and the changes continued". This was fed back to the registered manager to follow up with the relative and inform them of how changes in the staff team were being managed.

People told us they thought the home was kept clean. They said staff helped them to clean their bedrooms. The home was clean and free from odours. People's bedrooms were nicely decorated and personalised. The kitchen had recently been refurbished and updated and the bathroom was due to be refurbished and updated. This work was scheduled to commence the week after the inspection. A refurbishment plan was in place which showed planned improvements to the home. We saw maintenance issues were logged. A record was maintained which indicated the issues requiring attention, when reported, when followed up and when the work was completed.

The home had a nominated infection control lead. They were due to attend training specific to that role. An infection control risk assessment and audit was in place. Staff were trained in infection control and they were aware of their responsibilities to prevent the risks of cross infection.

Safe recruitment processes were in place. We looked at a recruitment file for the newest staff member. We saw they had completed an application form, attended for interview and had references and a Disclosure and Barring Service (DBS) check carried out before they started work at the home. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

We recommend the service seek advice and guidance from a reputable source, about the implementation and recording of risk assessments. This is to ensure that all risks are addressed and managed in a timely manner to prevent risks to people.

# Is the service effective?

## Our findings

Relatives told us they thought staff had the skills and knowledge to support people. One relative commented "Staff seemed very good at what they do". One relative told us that sometimes when they ring the home to enquire on their relative some staff do not know how their relative has been. They commented "Staff say they have just come on duty and are not aware". The relative felt some staff were more skilled than others. This was fed back to the registered manager to enable them to address with staff.

The home had an established staff team who had worked at the home for a period of time. They told us they had received an induction when they started working there. We saw the new staff member was enrolled on the care certificate training and was working through modules of the training. The Care Certificate is an identified set of 15 standards introduced in April 2015 that health and social care workers must adhere to in their daily working life. We saw sessional and agency workers were inducted into the home. On the day of the inspection an agency staff member was working alongside a permanent staff member. On arrival at the home the support lead completed an induction with them.

Staff were confident in their roles and clear of their responsibilities. They told us they got regular updates in training and had access to specialist training such as dementia and autism. Staff had specific roles that they were responsible for such as infection control, health and safety, safeguarding and medicines. They had the required training to fulfil their specific roles or the training was booked and imminent. We looked at the training records and saw staff had training in subjects the provider considered to be mandatory for the service such as first aid, fire safety, safeguarding of vulnerable adults, moving and handling, food hygiene and learning disability awareness. We saw training was audited and updates in training were booked where required.

Staff told us they received regular supervision and felt well supported. They said they could go to the registered manager or support lead at any time in between supervisions. One staff member commented "The registered manager and support lead had an open door policy which meant they were always accessible and available". The provider had a staff supervision policy in place which outlined staff would have five supervisions a year, which would comprise of two individual supervisions, group supervision, a practice observation and an annual appraisal.

The registered manager provided supervision to the support lead. The support lead was responsible for supervising the support staff. They were suitably trained for the role. We looked at records and saw staff had one to one supervision sessions recorded. Alongside this observations of staff practice were carried out, recorded and issues identified were immediately addressed. Staff had an annual appraisal and review of their performance. New staff underwent probationary reviews prior to being confirmed in post.

People's care plans outlined their communication needs and how people with limited communication expressed their needs and were understood. We saw staff had a good understanding of people's communication needs. They responded effectively to people. They were looking at obtaining training and developing Makaton which is a method of communication using signs and symbols as a means of

communication for some people living at the home. We saw various notices throughout the home were developed in a user friendly format to promote people's understanding.

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 is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found related assessments and decisions had been properly taken. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to restrict people. We saw applications had been made but not yet authorised. Staff were trained in the Mental Capacity Act 2005 (MCA) and DoLS. They were aware of situations that had arisen where people lacked capacity to make decisions regarding medical and dental treatment. They told us best interest meetings had taken place and records were maintained to support the decision made and why. Staff understood why DoLS were required for the people they supported.

People had access to other health professionals such as the GP, dentist, optician and podiatrist. Relatives said they were informed if their relative was unwell and required treatment. One relative told us staff were quick to seek medical advice for their relative when they were unwell. Another relative told us staff supported and ensured their relative attended hospital appointments. People had access to professionals such as psychologists and speech and language therapists. Records were maintained of appointments with professionals, the outcome of the visits and action required. Care plans reflected guidance and advice from professionals.

Staff demonstrated during discussion with us that they were aware of guidance that was in place for individuals from other professionals. We saw they supported people in line with that guidance. Professionals involved with the home told us in their experience the home provided effective care. One professional commented "Staff had been really helpful in facilitating their work". They said they found staff to be accommodating and good at providing them with the relevant information on people. They commented "Staff were knowledgeable about the people they supported and it was a pleasure to work with them". Other professionals commented "Staff were quick to access medical care when necessary and they had a good working relationship with the management team about more complex problems". "I would say the service is very effective in terms of managing people's highly complex and diverse needs".

People told us they were happy with the meals provided. They told us they planned the menu weekly. Staff confirmed they had weekly planning menus. They had a series of meal options which were numbered for people to choose from. People had agreed to throw a dice to choose a meal. If they did not like the meal choice they could choose an alternative. People's care plans outlined their likes, dislikes, nutritional needs, risks associated with eating or not eating and the support required with meals. Special diets were catered for and staff had supported one person to lose weight. We observed people helping themselves to breakfast and another person being observed and supported with their breakfast. Equipment and aids were provided where required. We saw staff discreetly supported and encouraged people to eat their meal. Staff spoken with were clear of the support people required at meal times and the potential risks to them. Records were

maintained of meals provided and eaten. People who were able to were encouraged to be involved in the meal preparation and cooking. A rota was in place to promote individuals involvement in the meal preparation. A professional involved with the home told us staff follow guidance and query specifics to be sure all staff are consistent.

# Is the service caring?

## Our findings

People told us staff were caring and they felt cared for. One person commented "I feel well looked after here". Relatives told us they were happy with the care provided. They felt staff were always kind and caring. Relatives described the staff as excellent, fantastic and wonderful. Another relative commented "We are happy because (name) is happy".

Professionals involved with the home told us they found the home to be caring. One health professional commented "I have always found the care and respect given to people and their families to be exemplary". Another professional commented "I have found staff to be caring and responsive to people's needs. They have been able to provide detailed information on people with very complex needs".

Throughout the two days of the inspection we observed positive interactions between staff and the people they supported. Staff engaged with people in a kind, gentle, caring, supportive and professional way. There was a relaxed and jovial atmosphere in the home. During discussion with staff they were able to tell us how people were cared for and the level of support they required. They demonstrated they had a good knowledge of how to meet each person's needs.

People were supported to be involved in the daily life of the home. Some people took an active role in answering the telephone and front door, whilst others took an active role in making drinks and meal preparation. We saw people were supported to make choices on what time they wanted to get up, what activities they wanted to do and on what they wanted to eat and drink. Resident meetings took place. This was another opportunity for people to be involved in the running of the home and to influence decisions which concerned them such as Christmas celebrations, new staff, trips out and holidays.

We saw people had an identified staff member which was known as their keyworker. People knew who their keyworker was and staff were clear of their responsibilities of the keyworker role. Each week the person had allocated one to one time with their keyworker to do an activity of their choice. On day one of the inspection one person went out on public transport with a staff member. They went into the local town and had lunch out. On return the person told us what they had done and how they had enjoyed it. They confirmed they are given this input weekly.

People were supported and encouraged to be independent and take an active role in the home. The aim was to further promote their involvement and independence. People were supported to set the tables for meals, assist in the kitchen, be involved in meal preparation, make drinks, clean their bedroom and assist with their laundry.

At the time of our inspection the home had no advocate involvement. Advocates are independent and represents the persons interests, supporting them to speak or speaks on their behalf to ensure their needs and wishes are taken into account.

People's privacy and dignity was promoted. They said staff knock on their door before entering their

bedroom and always keep the door closed when assisting with personal care. People told us they found staff to be respectful towards them in the way they talked to them. We observed staff knocked on people's bedroom doors prior to entering their bedroom. They called people by their preferred name and were polite and courteous during engagement with people.

All bedrooms at the home were single rooms. This meant people were able to spend time in private if they wished to. We saw people's bedrooms were personalised with their belongings such as photographs and items relating to their hobbies which promoted their sense of belonging and well-being.

## Is the service responsive?

### Our findings

People told us staff were always available when they needed them. One person commented "They always help me when I ask for help". Relatives told us they found staff responsive to people's needs. One relative commented "Staff know when something is wrong and act".

Health professionals involved with the home told us they found the service to be responsive. One professional told us they had worked closely with the home in developing a care plan for an individual. They told us the staff member made time to complete the work with them and they were very knowledgeable about the person, their needs and preferences. They commented "I would say that the staff team work in a very person centred way". Another professional told us the staff are keen to involve people in activities and adapt to allow them to be individuals. They commented "Staff deal with some challenging behaviour well".

A relative told us an assessment had taken place prior to a person moving to the home. They said it was a gradual transition. We saw a completed assessment was in place which outlined the person's needs and risks. People told us they thought they had a care plan which showed staff what they needed to do to support them. Staff were aware of people's care plans and we saw they provided care in line with these. Care plans were detailed and specific as to how staff were to support people with all aspects of their care. The care plans were not signed and did not evidence that people were informed or aware of them. The organisation was in the process of implementing a new care plan format which they felt would reduce the duplication of information and provide a more person centred care plan format than the one currently in use. The support lead told us people would be supported and encouraged to sign the new care plans once as opposed to having to sign multiple times which meant it was more achievable.

We saw the home was responsive to changes in people. Reviews of people's care took place. Family members and other professionals involved in people's care were invited to the reviews and actions agreed. Family members who could not attend reviews told us they were provided with feedback on actions agreed.

People had an individual programme of activities. All staff were aware of this and supported people to attend to their programme. Extra staff were provided during the week to enable people's individual activities to take place. We saw some people went to college and day centres and staff supported people with leisure activities such as cinema, swimming, bowling and meals out. At the time of the inspection people were excited about a forthcoming birthday party at another home, their Christmas meal out and planned Christmas parties. One relative told us they did not feel their relative got the same opportunities as others as they did not go out much and did not go on holiday. This was fed back to the registered manager to address with the relative.

People and their relative said they would talk to staff if they had any worries, concerns or complaints. One relative commented "If anything is wrong I just tell them and they put it right straight away". Staff were clear of their responsibilities to support people to make a complaint and knew the procedure for reporting concerns and complaints. The complaints procedure was available in a user friendly format and displayed

on the notice board. Feedback slips were available by the front door for people, relatives and visiting professionals to raise any issues, concerns or compliments about the service. We looked at the complaints log. We saw there was one complaint recorded which had been acted on.



## Is the service well-led?

### Our findings

People had a good relationship with the registered manager and support lead. People frequently approached and engaged with the management team throughout the inspection. They told us they liked the new managers. We saw one person had contributed positive feedback to the registered manager's recent appraisal.

Professionals involved with the home told us they found the home to be well led. One professional commented "The registered manager follows up things in a timely way". Another professional commented "The manager appears to have their finger on the pulse in terms of what needs to be done and is able to lead the staff team effectively".

Relatives told us they felt the home was well managed. A relative told us this was because they believed their relative got good care and was happy there. Another relative told us they found the management team and all the staff approachable and helpful. One relative told us they felt they had not yet connected with the registered manager and their relationship needed to develop. This was fed back to the registered manager to address.

There was a clear management structure within the home which provided clear lines of responsibility and accountability. The registered manager or support lead was always available to staff and an on call manager was provided for out of hours support. Staff were clear of their roles, responsibilities and reporting procedures. Staff told us they worked well as a team. We saw they engaged positively with the people who used the service and each other. All of the staff took an active role in the shift and tasks were delegated and completed.

Staff felt the home was well led. They told us the registered manager and support lead were accessible and approachable. They felt they had brought about many positive changes to the service since they had been in post. They said the registered manager and support lead complimented each other really well. Staff described the management of the home as positive role models. They said they were dynamic, proactive, supportive, empowering and promoted staff's learning and development.

There were systems in place to promote good communication within the team. A daily handover took place and a handover form was completed which outlined tasks done and tasks outstanding as well as alerting staff to key issues on people. We saw a communication book was in use. Staff were expected to sign to say they had read and understood the messages in the communication book. Team meetings took place. Staff told us they felt empowered to contribute to the team meetings and be involved in the decision making process.

The provider had a quality monitoring policy in place. This outlined their responsibility to monitor the service and how they would do that. We saw a range of audits of practice were taking place such as audits of medication, training, finances, staff practice, health and safety and infection control. The registered manager reported back to the provider on a monthly basis the number of accidents/ incidents, complaints,

safeguarding alerts, notifications made to the Commission, number of staff recruited, staff hours worked and the training that had taken place. This enabled the registered manager to audit those aspects of practice.

We saw quality and / or compliance audits were also carried out by the registered manager, locality manager and operations manager. There was a schedule in place which indicated when the audit was due and who was responsible for completing it. The audit tool was developed in line with the five key questions that the Care Quality Commissions reports relate to such as safe, effective, caring, responsive and well led. These were comprehensive audits which reported on good practice and also identified what needed to improve. A further audit was carried out by an external auditor. The last one on file was dated the 1 October 2015. The actions from all of the audits were transferred onto the service's continuous improvement plan. This was monitored by the provider. We saw actions were signed off when completed and the development plan was kept under review and updated.

People, families and stakeholders were encouraged to give feedback on the service. An annual survey was completed. The last one was completed in January 2015. The home had a low response rate to the survey but the feedback that was provided was positive. Feedback forms were made available at the entrance to the home. This gave people, their relatives and visiting professionals another opportunity to feedback on the service anonymously if they wished.

We saw people's records, staff records and other records viewed were secure, well maintained and up to date.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Proper and safe management of medicines was not promoted.