Cornwallis Care Services Ltd

Addison Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced inspection of Addison Park 25 June 2018. Addison Park is a 'care home' that provides care for a maximum of 42 adults. 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. At the time of the inspection there were 28 people living at the service.

The service is all on the ground floor. Bedrooms are located in different 'wings' all with easy level access to the shared living areas. Shared living areas include an open plan lounge, two conservatories, a dining room, garden and patio seating area.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

As part of this comprehensive inspection we checked to see if the provider had made the improvements recommended at the inspection of 13 June 2017. In June 2017 we found records to evidence when staff monitored certain aspects of people's care were not consistently completed. Daily handover sheets were not always updated to reflect people's needs. Quality assurance and audit processes had just been started and there had been insufficient time to test if these systems would be effective in monitoring the quality of the service provided.

At this inspection we found monitoring records to evidence the care people received were still not always consistently completed. There were discrepancies and gaps between different documentation used to record important information about people's needs. Information in people's care files was difficult to locate and therefore not easily accessible for staff. We asked if the service could find specific documents and most of these were not found on the day but given to us after the inspection. However, we judged that the gaps in records and missing documents had not impacted on the care people received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, there was a lack of clear overview and accurate information in relation to Mental Capacity Act 2005 (MCA) assessments, Deprivation of Liberty (DoLS) records and Lasting Power of Attorney (LPA) records. Where people lacked mental capacity to consent to their care and treatment the service had asked relatives to sign who did not have the legal authority to do so.

There were quality assurance systems in place and audits were routinely completed. These included audits of care plans, risk assessments and medicines. However, actions identified from care plan and medicines audits, in relation to missing records, had not been completed. The specific records identified as missing,

from these audits, were given to us after the inspection. We therefore concluded that the difficulty of locating documents at the service had not been identified by the provider or the registered manager.

On the day of the inspection there was a relaxed and friendly atmosphere in the service. People told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel quite safe here, they look after that for me", "This really feels like a home to me. I was having too many falls to continue living alone. Now I feel very safe" and "I am made to feel like I matter, despite my age and frailty."

Arrangements for the storing and administration of people's medicines were robust. Medicine Administration Records (MARS) were completed appropriately and there were no gaps in the records.

There was a system of induction, training, one-to-one supervision and appraisals in place. Staff all told us they were very well supported. Staff spoke about working together 'as a team' and all having the 'same focus'. It clear staff felt part of a supportive and nurturing team. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

Accidents and incidents, such as falls, were analysed and where necessary changes were made to learn from events or seek specialist advice from external professionals.

People's health conditions were well managed and staff supported people to access healthcare services such as tissue viability nurses, GPs and speech and language therapists (SALT). Care plans contained personalised information about individual's needs and wishes. These were reviewed monthly and whenever people's needs changed. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

People were able to take part in a range of group and individual activities. An activity coordinator was in post who arranged regular events for people. These included skittles, bingo, craft work, visits by external entertainers and trips out. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided appropriate leadership. Comments from staff included, "The manager is really approachable" and "Better management structure now."

There were regular meetings for people and their families, which meant they could share their views about the running of the service. People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end 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?

Good

The service was safe. Risks in relation to people's care were identified and appropriately managed.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Requires Improvement

The service was not entirely effective. Records to evidence that people's human rights were protected by legislative frameworks were not accurate. Care and treatment of people was not always provided with the consent of the relevant person.

Records in relation to people's care and treatment were not always accurate or consistently maintained.

Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. Care plans detailed people's assessed needs and wishes. Staff responded to people's needs and supported people in a person-centred way.

People had access to a range of individual and group activities and outings.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not entirely well led. Where systems to monitor the quality of the service provided had identified areas for improvement, action had not always been taken to make the necessary improvements.

Information in care files was difficult to locate and therefore not easily accessible for staff.

The views of people, families and staff about the running of the service were actively sought and acted upon. There was a positive culture within the staff team and they felt supported by management.

Addison Park

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 unannounced inspection took place on 25 June 2018 and was carried out by two adult social care inspectors, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports 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 the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people living at the service and six visiting relatives. We looked around the premises and observed care practices on the day of our visit.

We also spoke with four care staff, the nurse in charge, the deputy manager, the registered manager and the operations manager. We looked at six records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with described Addison Park as a safe place to live. Comments included, "I feel quite safe here, they look after that for me", "This really feels like a home to me. I was having too many falls to continue living alone. Now I feel very safe" and "My relative is well cared for, always clean, tidy and presentable."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and believed they would be followed up appropriately. Information about how to report concerns was available to staff and visitors.

There was an equality and diversity policy in place and staff received training in this area as part of the induction process. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service held the personal money for most people who lived at the service and this was managed by the administrator. People were able to access this money to purchase personal items and to pay for hairdressing and chiropody appointments. We looked at the records and checked the monies held for three people and found these to be correct.

Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as nutrition, pressure sores, falls and breathing difficulties. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. There was always at least one nurse on duty, with two during the key times of the day. They were supported by six care staff in the morning and five in the afternoon. The registered manager and deputy manager, who were also both nurses, were available to support people if needed. In addition to care staff there was an activity co-ordinator, kitchen staff, domestic staff and maintenance workers. Staff and people all told us there were enough staff to ensure people's needs were met.

During the inspection we observed call bells were answered quickly. People told us staff were quick to respond to requests for assistance. One person commented; "If I use the call buzzer, day or night, the carers always come quickly, and always with a smile."

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The service had suitable arrangements for the ordering, storage, administration and disposal of medicines. Nurses and trained care staff were responsible for the administration of medicines. Some medicines were being used that required cold storage, there was a medicine refrigerator at the service and the temperature was monitored. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines which required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicines which needed to be taken at specific times were administered appropriately.

There were auditing systems in place to carry out weekly and monthly checks of medicines. Medicine Administration Records (MARS) had been completed appropriately and these were neat and easy to decipher. This meant any gaps or errors could be more quickly identified. Any handwritten entries were counter signed by a second member of staff to help prevent information being wrongly recorded. Topical creams were dated on opening and there were clear records of when staff applied creams for people.

Incidents and accidents were recorded in the service. Appropriate action had been taken and where necessary changes made to learn from the events or seek specialist advice from external professionals.

The environment was clean and there were no unpleasant odours. Housekeeping staff were employed to work every day and had clear routines to follow. The housekeeper was the named infection control lead for the service. This meant they had responsibility for overseeing this area. Staff received suitable training about infection control, and records showed all staff had received this. Hand gel dispensers and personal protective equipment (PPE) such as aprons and gloves were available for staff throughout the building.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. People had Personal Emergency Evacuation Plans (PEEPs) in place outlining the support they would need if they had to leave the building in an emergency.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection in June 2017 we found records to evidence when staff monitored certain aspects of people's care were not consistently or accurately completed. We made a recommendation about this.

At this inspection we also found there were still gaps in care monitoring records. For example, some people had been assessed as needing to have their food and fluid intake checked daily. The daily handover notes for one person stated that, due to a health condition, their fluid intake needed to be restricted and stay within a prescribed level. This information had not been recorded in their care plan and there was no evidence their fluid intake was being monitored to ensure they did not exceed the assessed level.

We found other examples where there were inconsistencies between some people's care monitoring records and their care plans. For example, one person's care plan stated "Ensure [person] intakes enough fluid." However, there were no records in place to help monitor if they were drinking enough or what the correct level should be for them. A nurse told us this person 'eats and drinks anything you put in front of them' and there was no need to monitor them.

Some people were assessed as being at risk of skin damage due to pressure and needed to be re-positioned and their skin checked at regular intervals. One person had documentation stating that they needed to be checked and re-positioned every four hours. There were gaps in these records and there was no mention of this monitoring in their care plan.

Nurses and care staff we spoke with demonstrated a good knowledge of people's needs and were able to explain how they monitored the care provided for people. Therefore, we judged that gaps and discrepancies in care records had not impacted on the care people received.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff

provide support in the least restrictive way possible. However, we found there was inconsistent record keeping and oversight in relation to DoLS, MCA assessments and the signing of consent forms.

During the inspection we requested a list of all the people who either had a DoLS authorisation in place or an application had been made to Cornwall Council. On the day of the inspection the service was only able to show us the correct documentation for one of the four people on the list supplied to us. After the inspection we were told that one person, whose records were not seen, should not have been on the list and we were given the correct documentation for the other two people. The service also told us there was another person's name missing from the list and their documentation was also given to us after the inspection. We contacted Cornwall Council and found that a further three people had DoLS authorisations in place that the service had not made us aware of. While we could ascertain the people who had a DoLS in place, and had sight of the correct documentation, the service did not have a clear overview of this information.

At the inspection we found one person, who was given their medicines covertly (disguised in food or drink) had a condition in place as part of their DoLS authorisation. The condition stated that monthly medicines reviews should take place, and be recorded, to check if giving medicines in this way remained appropriate. Records to show these reviews were taking place were not found during our visit but submitted to us after the inspection.

When one of the missing DoLS authorisations was submitted to us after the inspection we found there was a condition about medicines recording, because this person was also given their medicines covertly. We had looked at this person's file during the inspection and found no evidence of monthly medicines reviews. It was not clear if the service was aware of the condition as this DoLS was not in the person's care file. After our visit the registered manager explained that because the authorisation had only been in place since 10 May 2018 the first review had not yet taken place.

We looked at the care files for six people and were unable to find any details of a MCA assessment to record if the person had mental capacity. This process should take place before any decisions are made on the person's behalf or restrictions are applied, such as administrating medicines covertly. After the inspection we were given MCA assessments for all six of the people whose records we looked at.

People made their own decisions about how they wanted to live their life and spend their time. We observed throughout the inspection that staff asked for people's consent before providing assistance. However, where people lacked mental capacity to consent to their care and treatment the service had asked relatives to sign who did not have the legal authority to do so.

During the inspection we asked for a list of anyone whose family or advocate had a Lasting Power of Attorney (LPA), to enable them to legally give consent on behalf of the person. We were unable to verify that the list was correct. We found two families had signed, to give consent for the person's care, who did not have a LPA. Another three families had signed to consent to the care provided and all these people had capacity. We concluded that the service did not have an effective system in place to record the people who had a LPA. Staff lacked understanding about when families could sign on a person's behalf.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs and wishes were assessed before moving into Addison Park. This helped ensure people's needs and expectations could be met. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew

people well and understood how to meet their needs.

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and dementia awareness.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Staff told us the management team supported them to carry out their roles. Managers met regularly with staff for one-to-one supervision meetings as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People's health conditions were well managed and staff supported people to access healthcare services such as tissue viability nurses, GPs and speech and language therapists (SALT). Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given.

We observed the support people received during the lunchtime period. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. Comments from people included, "The food here is marvellous", "The variety of food on offer is impressive, and if there's absolutely nothing you fancy that day, they will still find and cook you something you want."

Work to upgrade and make structural changes, identified as necessary to improve the premises for people living there, were still on-going at the time of the inspection. Due to unforeseen circumstances this work had been delayed and we were advised it was due to start shortly after our inspection. As a result of this, planned changes to make the environment more suitable for people living with dementia had not yet been made. All bedrooms, that were being used, had been decorated and new furniture provided. Other new furniture, such as chairs, had been purchased for the sharing living area. Any disruption to people's lives, while the refurbishment was being completed, had been well managed.

Good

Is the service caring?

Our findings

On the day of the inspection there was a relaxed and friendly atmosphere in the service and staff interacted with people in a caring and compassionate manner. People told us they were happy with the care they received and the way staff treated them. Comments from people and their relatives included, "I am made to feel like I matter, despite my age and frailty", "They treat my relative with such dignity here", "My relative is well cared for, always clean, tidy and presentable" and "The level of care I receive here is second to none. There's nothing I would change, and I really want for nothing at all."

Staff took the time to speak with people as they supported them and we observed many positive interactions that enhanced people's wellbeing. For example, when staff passed people sitting in the shared living areas they stopped and engaged with them. If people became anxious or distressed staff took the time to sit and talk with them, which helped them to be calmer.

Staff clearly enjoyed their work and were committed to making people's lives as pleasurable as possible. Staff told us, "We always try and do what is best for the residents", "I love working here" and "We are a good team, everyone has the same focus."

People were able to make choices about their daily lives and care plans recorded their individual choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. One person commented, "You can choose what to do with yourself during the day, and you can choose what time to get up and go to bed."

Care plans also contained details of people's 'life stories' with information about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to keep in touch with family and friends. People told us there were no restrictions about when their family or friends could visit and staff always made their visitors feel welcome. "I visit daily and always feel welcome. I now look on it as my second home."

Care files and information related to people who used the service was stored securely and accessible by staff when needed. Paper records were stored in a locked room and electronic records were password protected. This meant people's confidential information was protected appropriately in accordance with

data protection guidelines.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families, which meant they could share their views about the service. Relatives told us, "They all really do care and will listen to any concerns that a resident or family member might want to raise" and "There are regular family meetings held throughout the year. You can raise concerns if you want to. I have and [registered manager's name] listened. Generally, I wouldn't wait until a meeting it I was concerned though, as I have confidence in [registered manager's name] to sort things out."

Good

Is the service responsive?

Our findings

At the previous inspection in June 2017 we found daily handover sheets were not always updated to reflect people's needs. We recommended that handover records should accurately reflect people's needs to help prevent the possibility of people receiving inconsistent care.

At this inspection we found improvements had been made. Daily notes were completed on an electronic system and this enabled staff coming on duty to have a quick overview of any changes in people's needs and their general well-being. There were ample handheld devices for staff to use to ensure they could add and retrieve information whenever they needed to. Staff told us they found the new system easy to use and they felt it was an effective way of communicating information. All staff we spoke with told us the electronic system enabled them to write notes of the care provided to people throughout the day rather than at the end of each shift. As one member of staff said, "You can write up notes as you go along and this is much better because when we did it at the end of shift we would forget some things."

The registered manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People had care plans in place covering a range of areas such as communication, nutrition and hydration and personal care. Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plans, and told us care plans were informative and gave them the individual guidance they needed to care for people. All care plans were regularly reviewed to help ensure the information was up to date.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard. This helped to ensure people with a disability or sensory loss are given information in a way they can understand.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs.

When needed the service provided end of life care for people. People's wishes regarding this were

documented appropriately. Nursing staff attended training to enable them to support people at this stage of their lives.

People were able to take part in a range of group and individual activities. An activity coordinator was in post who arranged regular events for people. These included skittles, bingo, craft work, visits by external entertainers and trips out. A programme to encourage people to create their own 'bucket list' of events and outings of their choice had started. One person had already achieved their goal by the service arranging a private swimming session for them. A relative told us, "[Activity co-ordinator] organises a tremendous amount for residents to do."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. When concerns had been raised these had been dealt with in a timely manner and plans had been put in place to make any necessary improvements. People and relatives commented, "If I felt there was anything that I thought needed a complaint, I am certain [registered manager] would see to it" and "Back along I felt that my relative was being left in bed too late in the morning, and then put to bed too late at night. I met with [registered manager] and explained this was not good for my relative and their routine, and it was immediately sorted out, and hasn't happened since."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2017 quality assurance and audit systems had only just been implemented. We rated well-led requires improvement because there had not been a long enough track record of good practice to evidence sustainability.

At this inspection, whilst we found audit processes had been in place since the last inspection we had concerns about the effectiveness of some of these systems. There was a lack of clear overview and accurate information in relation to Deprivation of Liberty (DoLS) records and Lasting Power Attorney (LPA) records. Information in care files was difficult to locate and although we asked if the service could find specific documents most of these were not found on the day but given to us after the inspection. There were inconsistencies between information in care monitoring records, daily handover information and care plans. As well as some gaps in care monitoring records.

Actions from some audits had not been completed. For example, a care plan audit completed on 03 May 2018 stated that there was no record of the best interest decision for one person to have their medicines given covertly. The audit also said 'there was a DoLS present but this was not mentioned in the person's care plan. There had not been a DoLS assessment carried for the use of bed rails, which were stated as being used in the care plan'. However, we found at the inspection that bed rails were not in use. Another audit also completed in May 2018, for medicines, stated that there was no evidence of best interest decision or DoLS for three people who had their medicines given covertly.

As detailed in the effective section of this report we were also unable to locate some care records. However, all the records, noted as missing in the care plan and medicines audits, were made available for us after the inspection. This shows that not only were actions for these audits not completed but the difficulty of locating documents had not been identified by the provider or the registered manager as an issue.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported in the running of the service by a deputy manager, nurses, senior care workers and an administrator. They reported to an operations manager who regularly visited the service. It is of concern that despite the governance arrangements in place that issues highlighted at this inspection were not identified through the providers auditing systems.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular staff meetings were held for all staff teams. These were an opportunity to share any news about the organisation and update on changes in the care sector. Staff told us there was an open culture at the service and they had opportunities to discuss any concerns. Staff told us they felt supported by the management commenting, "[Registered manager] is always available and prepared to give you time", "I have worked in three homes and domiciliary care, and this is the best place I've ever worked. The residents are the reason I come to work" "Better management structure now."

People and relatives all described the management of the home as open and approachable. One person told us, "The staff here are wonderful. I think that's all down to [registered manager] and how he chooses staff and then trains them for their jobs." There were regular meetings for people and their families, which meant they could share their views about the running of the service.

The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys and saw that many positive comments had been made about the service. These included, "Management always helpful" and "Everything has improved."

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately. The ratings of the last inspection were displayed in the service and on the provider's website.

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 11 HSCA RA Regulations 2014 Need for consent Records to evidence that people's human rights were protected by legislative frameworks were not accurate. Care and treatment of people was not always provided with the consent of the relevant person. Regulation 11 (1) & (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess and monitor the quality of the service provided were not always effective. Records of the care and treatment provided to people were not always accurate. Regulation 17 (2)