

Tamaris Healthcare (England) Limited

Harrogate Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

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 inspection of Harrogate Lodge on 5 and 8 December 2016. On both occasions our visit was unannounced. At our last inspection in May 2015 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan to show how they intended to make the necessary improvement. On this inspection we found the provider was still in breach of this regulation, and we identified a further breach.

Harrogate Lodge Care Home is a care home with nursing and is registered to provide accommodation for up to 50 persons who require nursing or personal care. It is situated in the Chapel Allerton area of Leeds, close to local amenities.

There was a manager in post when we inspected. They had been in post for a fortnight, and had applied for registration with the Care Quality Commission (CQC).

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.

We identified a number of errors of administering and recording of medicines. Some people had not had medicines which had been signed for, medicines were left with people by a nurse who did not stay to witness whether they had taken them, stocks did not always balance with records and we had concerns about the competency of nurses supplied by an agency. Audits of medicines records had not identified errors with stocks. We recommended the provider carry out more robust checks of agency nurse competence to administer medicines before allowing them to work unsupervised in the home.

We found some fire doors had been propped open, an action which would have prevented them operating to preserve the safety of people if there had been a fire.

There were no concerns related to infection control identified during the inspection, however we noted that some paintwork was worn down to bare wood, which would have reduced the effectiveness of cleaning activities.

We found risks associated with people's care and support was well documented across all relevant areas.

Recruitment of staff was carried out safely with appropriate background checks being made. Staff understood the principles of safeguarding and whistle-blowing, and knew when and how to report any concerns. There were sufficient staff on duty to meet people's care and support needs.

Staff told us they received a thorough induction and ongoing support including training and supervision,

which meant they were able to provide effective care and support to people.

We found the provider had a good approach to assessing people's capacity to make specific decisions and providing appropriate support to people who lacked capacity. Staff had good knowledge of how to support people who may lack capacity, and the provider managed Deprivation of Liberty Safeguards appropriately.

We saw people were usually asked for consent before any care interventions took place, and found the provider supported people to access other healthcare professionals when this was needed.

People told us they enjoyed the food served, and we saw mealtimes were unrushed. Alternatives were made available when people did not want meals from the menu.

Staff had good relationships with people who used the service, and we found care was planned and delivered in a person-centred way. This was achieved by including people in the writing of their care plans.

Complaints were well managed, and we saw the provider received a range of compliments from relatives of people who used the service.

There was a programme of audit in place, however we found this was not always effective in relation to checks on medicines. Staff said they felt supported by the manager and enjoyed working in the service. They had opportunity to attend regular staff meetings to discuss the running of the service.

People and their relatives had opportunities to attend meetings with the management team, and we received feedback that the provider took action when issues were raised. In addition the provider sent out regular surveys to measure satisfaction with the service.

During this inspection we identified two 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 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?

The service was not safe.

We saw examples of poor medicines administration practice. Some medicines were not given, although nurses had signed forms to say they had. Medicines were left with people when nurses should have been witnessing the person take them. Stocks of medicines did not always balance with the records.

Some fire doors were propped open, meaning they would not operate properly in the event of a fire. This meant people's safety was not always being maintained.

Staff were recruited safely, and understood the importance of remaining vigilant for signs of abuse and how to report any concerns.

Inadequate ●

Is the service effective?

The service was not always effective.

Staff told us they had a good induction, and on-going support to remain effective in their roles. This included supervision, appraisal and a rolling programme of training. We observed poor practice from agency nursing staff and recommended the provider make more robust checks of their competency before leaving them to work unsupervised.

The provider ensured decision specific assessments of people's capacity to make decisions were made when needed. Staff were knowledgeable about the Mental Capacity Act 2005, and the provider was managing Deprivation of Liberty Safeguards appropriately.

People had access to a relaxed meal experience, choice of foods and a range of snack and drinks to ensure their on-going nutritional health.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Staff had good relationships with people they cared for, and were knowledgeable about how people preferred their care and support to be provided. Care plans contained a good standard of information to support the delivery of person-centred care.

Staff had a good approach to maintaining people's privacy and dignity, and were aware of ways in which they could support people to retain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were based on a pre-assessment of people's needs, meaning the provider checked they could meet those needs before people began using the service. Care plans were kept up to date through regular review, although we found the provider could do more to involve people and their relatives in this process.

There was a programme of activities in the home, and a dedicated member of staff to lead these.

There were systems in place to ensure complaints were managed appropriately, and the provider had records of compliments received from relatives of people who used the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Some actions required at the last inspection had not been completed. Audits of medicines were not sufficiently robust and had not identified errors found during our inspection.

Staff told us they felt well supported by the management team, and had opportunity to contribute to the running of the service through regular meetings.

People and their relatives were able to give feedback about the service via surveys and meetings. Relatives told us they felt the provider took action when matters of concern were raised.

Harrogate Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 and 8 December 2016. On both occasions our inspection was unannounced. On the first day the inspection team consisted of two adult social care inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. To prepare for the inspection we reviewed this and all the information we had about the home, including past inspection reports, action plans, notifications sent to the CQC by the provider and the action plan submitted by the provider in response to our last inspection. We also spoke with the local authority and Healthwatch to see if they had any information which would assist our planning. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

During the inspection we spent time looking round the service and making observations. We looked at all public areas including lounges, dining areas, bathrooms and shared toilets. In addition we looked in some people's rooms. We spoke with 15 people who used the service and three visitors. We also spent time speaking with the manager, area manager and regional manager, four members of the nursing staff, nine members of the care staff and the chef. We also looked at records connected with care and support including four people's care plans, medicines administration and stock records and other records

associated with the general running of the home.

Is the service safe?

Our findings

At our previous inspection in May 2015 we identified one breach of regulations and rated this domain 'Requires Improvement'. We found errors in the recording of people's medicines which meant they were not always protected from unsafe or improper care. This was a breach of Regulation 17, Good Governance. We asked the provider to submit an action plan to show how the required improvements would be made. At this inspection we concluded the provider had failed to take sufficient action to ensure the management of medicines was safe.

We made observations of medicines management and administration practice on both days of our inspection, and identified a number of concerns. For example, we looked at the Medicines Administration Records (MARs) and saw three instances where nurses had signed for medicines which people had not taken. On the first day of the inspection we observed the morning medicines round. We saw one tablet on the floor next to the medicines trolley, and found the nurse had signed to say that the person it was prescribed for had taken it. They told us they had not noticed it was missing when they gave the person their medicines. In the afternoon we found one person had not received one of their tablets at 7am as prescribed, although the nurse on duty had signed to say they had administered it. When we asked them about this they then attempted to give the person the medicine without telling us. Guidance produced by the National Institute for Clinical Excellence (NICE) states care home staff administering medicines, 'make the record only when the resident has taken their prescribed medicine.'

On the second day of our inspection we saw medicines had been left with people, however the nurse had signed the MAR chart, meaning the records showed medicines had been taken. The nurse told us, "They have had a sip. I saw them pull a face when they tasted it." The medicines left with people had not been taken in full, meaning they would not have had the same therapeutic effect as the prescribed dose. The nurse was unable to tell us whether a person taking a sip of a cup of medicine would be as effective as the full dose. We alerted the manager to our concerns relating to the competence and practice of the nurse, and they took immediate action to remove them from the service.

We saw an action plan written by the provider in November 2016 in response to a visit by the local authority pharmacy team. They had observed a nurse leaving medicines with people and not checking whether they had taken them. This meant the action taken to ensure this practice did not continue had not been fully effective.

On the first day of our inspection a nurse showed us how night staff sometimes removed medicines from blister packs in advance of them being given to people. The medicines were placed into pots along with a note to identify the person to whom they should be given. This meant there was a risk of medicines not being administered or being administered to the wrong person. We brought this to the attention of the provider and asked them to take action to stop this practice. We did not find any medicines which had been removed from their packaging in advance of administering them to the relevant person.

On the second day of our inspection we found the nurse on duty was unable to identify people to whom

they were giving medicines, although there was a photograph on the person's MAR to help with this. They told us, "I have never worked on this floor before. I do not know who these people are." We saw the nurse relied on calling out people's names and asking other staff on duty, meaning there was a risk people may not receive the correct medicines.

On both days of our inspection the provider asked the nurses supplied by an agency to leave before the end of their shifts as a result of concerns we identified. After the inspection the provider informed us that the nurses would no longer be working at Harrogate Lodge. We recommended the provider improve performance checks on agency staff before they commenced working unsupervised in the service, in order to ensure people were cared for safely by competent staff. On the day of inspection we discussed with the provider the option of making reports to the nursing employment agency and the professional body, the Nursing and Midwifery Council (NMC). We received confirmation after the inspection that these reports had been made.

We checked the stocks of medicines against the MARs for seven people and found there were errors with six of these. People either had too much or too little of their medicines in stock when compared to the records. In one instance we were unable to locate a delivery of 90 tablets which records showed had been delivered on 26 November 2016. This meant medicines were not being managed safely, and there were errors in the recording of people's medicines as we had found in our previous inspection.

On both days of our inspection we noted people's bedroom doors were propped open using a variety of means including chairs, tables, a folder and a folded piece of paper. All doors were fitted with a 'door guard' automatic release system to ensure they closed in the event of a fire, in order to keep people safe. Propping doors open in this fashion meant people would be at increased risk in the event of a fire as the doors would be unable to close. We saw records which showed the 'door guards' were regularly checked and maintained, and saw the mechanisms on the doors which were propped open were in working order. Staff we spoke with were unable to tell us why the doors were propped open in this manner.

We concluded the above evidence showed the provider remained in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition we concluded the provider was also in breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some medicines contain drugs which require additional secure storage. These are also known as 'controlled drugs'. We checked the storage, stocks and record keeping related to these and found it was in order. Medicines storage rooms were secure, maintained at an appropriate temperature and kept in a tidy state.

People told us they or their relatives were safe at Harrogate Lodge. One person said, "The staff make you feel safe. Yes, they are all lovely." We saw the provider ensured the environment was safe by undertaking regular checks and maintenance of fixtures and fittings including electrical systems, fire systems and equipment used in providing care and support to people. We noted the paintwork was worn in many areas of the home, meaning cleaning practices may not always be completely effective. We did not have concerns about infection control practices in the home, however we brought this to the attention of the provider during the inspection.

Care plans we looked at showed how risks associated with people's care and support needs had been assessed and documented. Risk assessments were in place to cover a number of areas including choking, contractures, falls, moving and handling, use of bed rails and mobility. We saw accompanying guidance for staff showing how these risks could be minimised.

People received support from safely recruited staff. We looked at recruitment records of three recently recruited staff. We saw appropriate recruitment and identification checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people.

The manager told us all members of staff received training in recognising the possible signs of abuse and how to report any concerns. Records confirmed this to be the case.

Staff understood the different types of potential abuse and could tell us what action they would take to keep people safe. Staff understood the appropriate action to take if they witnessed or suspected abuse. They were confident any concerns they reported would be addressed by the management team. They were also aware of the provider's whistleblowing policy and knew how to use this. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. One staff member said, "I would not hesitate to report anything that concerned me to the manager."

Most people we spoke with told us they found there were enough staff to meet their needs. One person said, "If I buzz at night for the commode they come straight away." One person said they found staff response times were sometimes a little slower. They told us, "It's good generally. There have been odd occasions when it's been 45 minutes. They said they were busy." Our observations on the day showed us staff were responding to people's needs in a timely way.

We saw staffing levels had been assessed using a dependency tool to ensure they were safe and there were sufficient staff to meet people's needs. The manager said the dependency levels were assessed every six months or when there was a change to ensure people's needs were met.

Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels only about the use of agency. Staff's comments included; "We have enough staff to make sure people are safe" and "I feel there is enough staff as we all work together, but it could be better, I know the manager is recruiting more staff." We saw staff were deployed in sufficient numbers to provide safe care and treatment. Care plans contained a detailed analysis of each person's needs, and the provider had a system in place to calculate the number of staff needed to meet these needs. We reviewed rotas and saw staffing numbers had been maintained, however the provider was using agency staff to provide nursing cover. The manager told us they were actively trying to recruit full-time nursing staff.

Is the service effective?

Our findings

People we spoke with gave good feedback when asked about the staff who provided care and support. Staff told us they received a good induction which had prepared them well for their role. We saw the provider had introduced the Care Certificate for new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was also a comprehensive induction in place which gave staff plenty of opportunity to discuss their role and receive feedback on their performance.

Staff told us all the training they received was effective in giving them the skills to do their job well. We looked at the training records and saw staff had received a range of training which included; first aid, equality and diversity, moving and handling, dementia awareness and safeguarding. The training record showed staff were mostly up to date with their required training. There were a small number of training updates to be completed by staff. The registered manager had already identified these and had plans in place to ensure staff completed the refresher training.

We observed poor medicines administration and management practice during the inspection. The provider was using agency nurses, and had received confirmation the staff had current registration with the Nursing and Midwifery Council and were fully trained in medicines administration. We recommended the provider undertake competency checks of agency nursing staff before leaving them to work unsupervised in the home. We received confirmation of actions the provider proposed to take after the inspection.

Staff told us they felt supported by the manager and other members of the management team. Staff confirmed they received supervision on a regular basis. They also said they had an annual appraisal. Records we looked at confirmed this. This meant staff were supported to reflect on their practice and identify any training needs they may have.

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 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.

We asked staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff were aware of the five principles of the MCA and spoke about the need to always assume people have

capacity or that decisions must be made in people's best interests. This meant the rights of people who used the service were protected.

Care plans contained records of assessments of people's capacity to make a range of specific decisions including to reside at Harrogate Lodge, to refuse cardio-pulmonary resuscitation and for the use of lap belts to help keep the person safe. Where people were unable to make the decision for themselves we saw documents which showed appropriate best interests decisions had been made on their behalf. In each instance we saw the least restrictive options had been considered, and family members or people who knew the person well had been consulted. One person's 'Consent and Capacity' care plan stated they had full capacity, meaning they could make all decisions with no assistance. Guidance for staff included in the care plan reminded them, 'Obtain full consent from [name of person] prior to all care interventions.'

Where people did not have capacity to consent to full time care at Harrogate Lodge we saw DoLS applications were made to ensure they were not deprived of their liberty illegally. We saw there were controls in place to ensure applications for renewals of authorised DoLS were made in a timely fashion.

On the whole we found people were asked for consent before any care interventions took place, however we observed one agency nurse who attempted to give people medicines without explaining what they were doing. In one instance we saw them put a cup to someone's lips to try and get them to take medicines which they were attempting to refuse. When we asked the nurse about the person's capacity to consent to medicines administration they told us, "He has capacity." This was not the case. We brought this and other issues with the nurse's practice to the attention of the manager and they took immediate action to remove them from the service.

Staff said there were good arrangements in place that made sure people's health needs were met. We saw evidence in people's care plans which showed they had access to healthcare professionals when needed. We saw input from a range of health and social care professionals including GPs, speech and language therapy teams and physiotherapists.

Staff said the food in the home was cooked well and was good quality food. Staff told us they ate at the home sometimes and always enjoyed whatever they had. Staff confirmed special diets were catered for and that food and drink were available at any time for people. We spoke to the chef who was aware of people's needs and any allergies and requirements needed to support people.

People told us they had a choice at mealtimes. One person said, "The cook comes into my room to ask me what I would like. She is lovely." Another person told us, "Food? I have no complaints whatsoever. They come and ask with a menu."

We made observations during the lunchtime service on both floors during our inspection. We saw food looked appetising and saw people were offered choices. One person decline the options prepared for lunch and we saw they were offered an alternative. We found the mealtimes to be relaxed and saw visitors were made welcome to sit with their relatives.

People we spoke with said they enjoyed the food that was served. Comments included, "Lovely dinner," "I'm enjoying this," and "That was a good hot dinner, that was." People told us they could have snacks between meals if they wished. One person said, "We get elevenses and at three o'clock we get tiffin."

Is the service caring?

Our findings

People we spoke to told us they had good relationships with the staff. One person said, "The people [staff] are very helpful. Like this morning, I came down and I had forgotten something, and one of the staff went to get it for me." Another person told us, "Yes, they are helpful." Visitors told us they felt the service was caring. One visitor said, "It's lovely here, I can't express how good this home is. If I had to choose for myself I'd come here." Another told us, "My [relative] has been here three and a half years and I always visit, so I know how good the home is. I feel secure in the knowledge they are well looked after even when I don't visit."

We found staff had developed good relationships with people. Staff had received training in equality and diversity and we saw they treated everyone respectfully.

Staff told us they worked to ensure positive relationships were developed between them and the people they supported. They explained that it was important for them to get to know people's histories and background to provide care and support in a person-centred way.

Staff spoke of the way they involved people who used the service in the development of their own care plans. They said they had care plan reviews with people to ensure the care that was planned was what people wanted. Staff told us they made sure people were at the centre of all the decisions about their care and support.

Care plans we looked at contained detailed information which showed how staff should provide personalised care for people. The 'My Choices' document included sections such as, 'What's important to me,' 'How to support me,' 'My preferred name' and 'What you need to know.' This document showed the provider involved people in writing their care plans. Individual care plans gave guidance to staff in ways which would help them provide very person-centred care and support. For example one person's medicines care plan gave the instruction, 'Explain to [name of person] slowly and clearly. [Name of person] takes his medicines on a spoon with juice, and likes juice afterwards.'

We saw care plans were developed with input from people and their families. For example, one person's care plan stated, 'This care plan has been written following review of records, capacity assessments, information gained from [name of person] and his family and discussions with staff.'

Staff we spoke to told us how they ensured people's privacy and dignity was maintained and gave good examples of how they did this. We saw staff usually knocked on doors before they entered rooms and spoke with people in a kind and compassionate manner. Where people were moving independently around the home, we saw staff chat with them as they passed.

Staff also understood the importance of maintaining independence for people who used the service. One staff member said, "It's good to encourage people to do as much as they can for themselves; gives them some pride in what they do." A person who used the service told us the staff had helped them attend a family wedding, which they described as 'a dream come true.' They told us staff helped them to get ready, then stayed with them so they could attend the service and reception. The person said, "Such happy

memories."

Some people's care plans had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. This is a form which alerts medical staff to a person's decision not to receive emergency treatment to restart their heart and breathing if these should stop. We saw the correct forms had been used, and completed with the involvement of the person or their relatives. We spoke with staff about end of life care, which is also known as palliative care. One staff member told us they always spent time sitting with people who were very ill or nearing the end of their life. They said, "We make sure people are supported and cared for and are not on their own."

Is the service responsive?

Our findings

We saw people's care and support needs were assessed before they started to use the service, meaning the provider was able to determine how those needs would be met. Following this a series of care plans were written to show how necessary care and support would be provided in ways which people preferred. Staff we spoke with showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well.

A programme of regular review of care plans was in place to ensure these represented people's current needs. Staff we spoke with said they saw updates in people's care plans when these were needed, and told us they found the care plans informative and clear. We found, however, the process of review did not always evidence people and their relatives had been involved. For example, the reviews in one person's care plans were signed by staff and clearly stated why not updates were needed, however there was no reference to family involvement or signature from a family member to show they had been consulted and agreed with the contents. We were able to see from records kept in the care plan that family members visited the person very regularly, meaning the provider would have had opportunity to involve them further in the process. We brought this to the attention of the provider during the inspection.

All the staff we spoke with said they thought people who used the service had enough to do and enjoyed the activity on offer. They also said they respected the wishes of those who preferred not to join in group activities. One staff member said, "Some people prefer their own company and you have to respect that we cannot force someone to do something."

We saw there was a programme of activities in the home which was advertised on notice boards and in people's rooms. We spoke with the activities co-ordinator who told us they had good support from the management team, including arranging courses to support their work. They said, "I do hand massages which involve touch and sensory interaction which people love. Some people might say it isn't a valuable activity but it is, especially with those with dementia as I am spending time with them."

People who used the service gave us feedback about the activities on offer. One person told us, "They have a church service, and I was here when they played bingo and they have music." Another person said, "[Name of activities co-ordinator] is very good. She writes down when a singer is coming in. She'll come and tell me to come round and get a good seat."

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at a record of a complaints received in the last 12 months. It was clear from the records people had their comments listened to and acted upon.

We saw the service collected their written compliments received and these were shared with the staff team. Compliments included; 'I am writing to express my thanks for the help, care and attention my [name of person] received' and 'Care and attention received were second to none'. And 'Thank you for everything you

have done for [name of person] while they were at Harrogate lodge'.

Is the service well-led?

Our findings

There was a manager in post when we inspected. They had been recently appointed and were not registered with the CQC, however had submitted their application. Management cover had been provided by the regional support manager during the period between the previous registered manager leaving and the current manager taking post on 17 November 2016.

When we arrived on the first day of our inspection the manager and deputy manager were not in the home. We were told that both were on a day off, and there was some confusion over who was in charge in their absence. We discussed this with the provider who told us the staff on duty should have been clear about who was in charge., Both the manager and deputy manager came to the home later that day to support the inspection.

There were errors in recording in stocks of medicines which had not been identified through the processes of auditing medicines. At our last inspection in May 2015 we noted it would be possible for the same MAR charts to be audited each time, meaning others would not be looked at. The management team in place at the time agreed this needed to be recorded, however at this inspection we found the same issue: although MAR audits were recorded electronically there was no system in place to ensure that all MARs were checked over time. We brought this to the attention of the regional manager who said checks would be linked to a 'room of the day' initiative in future. Whilst action was taken on the day, the required improvement at our last inspection was not made and we identified errors that could have been identified and corrected through a more robust system of audit. This contributed to the repeated breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All audit activity carried out in the home was recorded on a 'live' electronic system which allowed the provider to see what had been done, identify actions and monitor when these were completed. There were monitoring systems in place which ensured the manager was prompted to update information when required.

Staff told us they felt supported by the manager and management team and enjoyed working at the service. Their comments included, "I like my job", "It's a great team to work in" and "The residents really make the job for me, I like them all." People we spoke with gave some positive feedback about the manager. One person told us, "The deputy manager is very good. The manager hasn't been here long but seems good."

Staff we spoke with gave mixed feedback about the quality of communication within the service. Some told us they felt it could be improved. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said the management team maintained a visible presence in the home, and told us they spent time with staff and people who used the service.

We saw there were regular 'relatives' and 'residents' meetings where people were encouraged to contribute and discuss matters. We saw feedback from the annual surveys was discussed, and people were given the

opportunity to express their views and make suggestions. We saw there was a range of agenda items including food choices, menus and activity. Relatives we spoke with said when issues were raised they were acted on by the home. They gave examples including replacement of the flooring in the dining room and improvements in the food served

People who used the service and their relatives were asked for their views about the care and support the service offered. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2016 and these showed a high degree of satisfaction with the service. One person we spoke with told us they had completed a survey "Once or twice." They told us they did not think they had seen the results of this.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines administration was not always safe. Medicines were signed for without checks being made to ensure they were taken. Medicines were left with people and stocks of medicines did not always match records.</p> <p>Some fire doors were propped open, meaning people were not adequately protected against the risks of fire.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was an on-going breach. People were not fully protected from the risks of unsafe care or treatment because accurate records were not maintained.</p>

The enforcement action we took:

Warning Notice