The Fremantle Trust

Sir Aubrey Ward House

Inspection report

Prospect Road
Marlow
Buckinghamshire
SL7 2PJ

Tel: 01628890150
Website: www.fremantletrust.org

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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

This inspection took place on 02 and 03 June 2016. It was an unannounced visit to the service.

We previously inspected the service on 26 June 2013. The service was meeting the requirements of the regulations at that time.

Sir Aubrey Ward House provides care for up to 60 older people and people with dementia.

The service had 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.

We received positive feedback about the service. Comments from people included "When you loose your health and your own home, you are glad to come somewhere like this," "It's quite nice here," "You don't have to do the shopping; you can have pets if you want to," and "I'm certainly happy with the service." One person told us "It's a good place to be as you are always with people." A social care professional described the service as "A very well run home" and added "I can't really fault them." A relative said "If there was some award you gave out I would say could you please give it to Sir Aubrey Ward. They have a dedicated team of carers and staff. All I can say is that if it had not been for them, my mother would not be here today."

People were protected from the risk of harm. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns.

Staff were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes.

Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working. We have made a recommendation for staffing resources to be re-assessed, to ensure there are sufficient staff to meet people's needs at all times.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. People were supported to take part in a wide range of social activities.

Staff supported people with their healthcare needs to keep healthy and well. We found staff did not always follow best practice in the management of people's medicines. We have also made a recommendation about the recording of transdermal (skin) patches, to ensure a different area is used each day, to avoid skin irritation.

People's complaints were listened to and responded to. The service was managed well. The provider regularly checked quality of care at the service through visits and audits. The registered manager was skilled and experienced and was assisted by a team of senior staff. There were clear visions and values for how the service should operate and staff promoted these. For example, people told us they were treated with dignity and respect and we saw they were given choices.

Records were generally maintained to a good standard and staff had access to policies and procedures to guide their practice.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to medicines practice. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were at risk of potential harm as safe practice was not always followed when managing medicines.

There were times of the day when staffing resources were stretched, such as when medicines were administered in the morning.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

Is the service effective?

Good

The service was effective.

People were supported and monitored to ensure they received adequate nutrition.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

Staff treated people with dignity and respect and protected their privacy.

People were treated with kindness, affection and compassion.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People's complaints were listened to and responded to appropriately.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

There were clear visions and values at the service which staff promoted in how they supported people.

People were protected from harm because the registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events.

Sir Aubrey Ward House

Detailed findings

Background to this inspection

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

This inspection took place on 02 and 03 June 2016 and was unannounced.

The inspection was carried out by one inspector and a specialist advisor on the first day. The specialist advisor's area of expertise was the care of older people and people with dementia. Two inspectors carried out the inspection on the second day.

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. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted healthcare professionals and the local authority commissioners of the service, to seek their views about people's care. We took into account the report of a recent visit made by Healthwatch Bucks.

We spoke with the registered manager and thirteen staff members. We checked some of the required records. These included ten people's care plans, four staff recruitment files and five staff training and development files. We sampled some of the home's policies and procedures, records of accidents and incidents and minutes of staff meetings. We observed the handover between senior staff on one day and looked at how information about people's health and welfare was recorded, such as records of visits by GPs and other healthcare professionals.

We spoke with twelve people who lived at the service. Some people were unable to tell us about their experiences of living at Sir Aubrey Ward House because of their dementia. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

experience of people who could not talk with us. We also spoke with eight relatives or friends visiting people at the service.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not consistently managed safely at the service. We observed a member of staff leave a medicines trolley unattended during one of the morning drug rounds. The keys to the trolley were left in the lock when the member of staff walked away into the kitchen to attend to something else. This may have led to unauthorised people or residents being able to access medicines and come to harm.

We saw one person was prescribed a medicine which needed to be given at regular, timed intervals in the day. This was to treat the symptoms of Parkinson's disease. When we checked records at 10:30 a.m., we found the 11:00 a.m. dose was already signed as given to the person. However, the tablet was still in the blister pack.

Staff had not consistently provided an accurate audit trail of all medicines. We checked quantities and use of a sample of people's medicines. In one case, we found there were twenty more paracetamol tablets left than there should be, according to the home's records. This meant there was a discrepancy between the number of tablets checked in and the administration records. In another example, we found numbers of paracetamol had been carried over from the previous drug chart but not how many were in stock. This meant it would be difficult to track use of these tablets, to ensure the person received them according to their prescription.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw transdermal (skin) patches were prescribed for some people. Staff did not always record where the patch had been applied on the person's body, to ensure there was appropriate rotation.

We recommend the service follows good practice in the application and recording of transdermal (skin) patches to ensure a different area is used each day, to avoid skin irritation.

There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. Staff answered any questions people had about their medicines, such as how many tablets there were.

We noted a tablet had not been given to one person in the morning. Staff explained there had been a medical emergency at that time, which diverted them. They explained there was a procedure for checking all medicines records during the senior staff handover each day, which would have picked this up if it was not identified sooner. We saw this check took place when we observed the senior staff handover at the home.

A member of staff told us "There are few medication errors for things like missed doses. When they happen, staff report them to the managers there and then and they get resolved very quickly."

People we spoke with told us they felt safe. Comments included "You can lock your door at night and it makes you feel safe," "The staff are good and I feel safe" and "When you lose your health and your own home, you are glad to come somewhere like this." One person told us "It's better than living on your own. If you fall over at night, you just need to press your bell and the staff are there." A relative commented "My mum has never been safer."

People were protected from the risk of abuse. The service had procedures for responding to safeguarding concerns. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse.

Staff told us they would feel confident in using the provider's whistleblowing procedures if they had concerns about how people were cared for. One member of staff told us "If I thought someone was being abused and management were not taking it seriously, I would go above them."

We saw staff recorded any concerns about people's well-being and where incidents occurred between people who lived at the service. We tracked one of these incidents and found staff had followed procedures by making a safeguarding referral to the local authority. A notification had also been made to the Care Quality Commission, to advise us of the incident and the action taken.

Risk assessments had been written to reduce the likelihood of people experiencing injury or harm. We read assessments on people's likelihood of developing pressure damage, supporting people with moving and handling and the risk of falling, as examples. These assessments had been kept under review to reflect changes in people's circumstances. We observed four moving and handling manoeuvres which used hoists. These were carried out safely by two staff each time, as required in people's risk assessments.

We looked at how the risk of developing pressure damage had been calculated for one person. We found staff had not indicated the person had a neurological condition. This would have increased their risk score and may have meant additional measures could be required to prevent tissue damage. This was mentioned to the registered manager during the inspection, to follow up.

Accidents and incidents were recorded appropriately at the home. We read a sample of recent accident and incident reports. These showed staff had taken appropriate action in response to accidents, such as falls.

People were protected from the risk of unsafe premises. The building was well maintained. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Routine fire testing was undertaken at the service. The service was meeting fire safety regulations when last inspected by the fire officer in September 2015.

People were protected through the use of robust recruitment processes. These helped to ensure they were supported by staff with the right skills and attributes. The files we checked contained all required documents, such as a check for criminal convictions and written references. We saw from their start dates that staff only started work after all checks and clearances had been received back and were satisfactory.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence. Disciplinary proceedings were used where necessary.

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. A senior member of staff was on duty on each shift to co-ordinate and run the shift. Staffing levels had been determined from carrying out dependency level assessments for each person. Staff were kept busy and we observed people's needs were met in a timely way with call bells answered promptly. However, we noted there were times of the day when resources were stretched. For example, in Elm House which provided care for 20 people. Three staff were on duty in the morning, two of whom administered medicines. This left one member of staff to support other people to get up and have breakfast. One member of staff told us they felt people were placed at risk of harm due to "Lack of staff." They told us a 'floating' (additional) member of staff helped out, covering parts of the home that needed extra support. They told us this was usually for about an hour in the part of the home where they worked and was not sufficient to meet people's needs. Staff said they had raised their concerns about staffing levels with management. One said "We have spoken to management, we can do it sometimes, but it's hard."

We recommend staffing resources are re-assessed to ensure there are sufficient staff to meet people's needs at all times.

Good

Is the service effective?

Our findings

People were supported to ensure they received adequate nutrition. We saw mealtimes were unrushed and gave people time to enjoy their food at their own pace. People told us "There is always a choice," "They come and ask you the day before what you would like," "The food is excellent" and "Food is very good here." Where staff supported people with their meals, this was done gently and at an appropriate pace. This gave people time to chew and swallow their food and reduced the risk of choking.

We heard staff encouraged people to have plenty to drink and to have more if they would like, such as "Would you like toast?" "Has everyone had enough", "Have you finished (name of person)?" "Would you like some hot coffee?" We saw three meal options were provided at lunchtime. We saw an alternative to these was provided for someone who wanted a lighter option. In one lounge, staff asked people if they would like a sherry with their meal. This was met with a chorus of "Ooh, yes please!"

We noticed one person in their room with their meal in front of them. It appeared untouched and they had their head on the bed. The care plan said for staff to sit with the person at mealtimes, if possible, to encourage them to eat. We saw staff were seated in the dining room with other people at this time, eating lunch with them. We overheard staff gave verbal encouragement to the person at another mealtime, to make sure they ate as much of their meal as they could.

We noted some inconsistency in how another person's weight was recorded and monitored. We found staff recorded the person's weight in either kilogrammes or stones in different records, rather than one or the other. This may have made it more difficult to identify any concerns about weight loss. When reading records of the person's weight, we saw some entries had been overwritten, which made it difficult to see the actual weight. In two instances, the overwritten figures differed by ten kilogrammes. For example, one entry could have read either 42.3 kg or 32.3 kg. We also noted one person's height was recorded as two different figures in their records, one of which was their malnutrition risk assessment tool. This may have affected how their body mass index and overall risk was calculated. This meant monitoring of people's weight and risk of malnutrition may not always be effective. This was mentioned to the registered manager during the inspection, to follow up.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work. One member of staff said "For induction, you attend a whole day once a week for six weeks and they cover a number of areas to help and support you to do your job."

Staff were enrolled to do the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. Staff told us there were good training opportunities. Some were enrolled to study the Qualifications and Credit Framework (QCF) level 3 in health and social care. Four staff had completed Business and Technology Education Council (BTEC)

awards in dementia care, to develop their learning.

Staff told us they felt supported in their roles. Records showed they received regular supervision from their line managers. There was a system for carrying out appraisals, to assess and monitor staff performance and development needs. We noted two people's appraisals had been signed as completed, but some sections of the form to summarise their performance did not contain any information. We brought this to the registered manager's attention, to follow up.

We observed staff communicated effectively about people's needs. We heard them speaking with each other to check who had, for example, had their meal. Relevant information about people's health and welfare was documented in daily notes and in handover sheets.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when people had attended healthcare appointments or received visits from them, such as GPs and district nurses. A visiting healthcare professional told us "The staff here are very good and they manage (pressure area care) by repositioning the resident regularly and weighing regularly."

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 application 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. We found the home had made appropriate applications to the local authority where people were deprived of their liberty. For example, where their medicines were given covertly.

Good

Is the service caring?

Our findings

We received positive feedback from people about the caring nature and approach by staff. Comments included "There's a good atmosphere here, we all get along here," and "I am happy here. They (staff) work very hard." Two relatives also said how caring staff had been towards them. One said "They're very good to me, too, as you can see," whilst another commented "They've been very caring and supportive to me; they're kind and caring." Another relative said "If there was some award you gave out I would say could you please give it to Sir Aubrey Ward. They have a dedicated team of carers and staff. All I can say is that if it had not been for them, my mother would not be here today."

A third relative told us "I feel very much at home here and so does my mum. This place reassures me that my mum has a home. The staff are brilliant. I feel safe and I am very well looked after. I can come and go anytime and I feel I belong here." A fourth relative said "I felt that I had to come and speak to you about this place and the staff because they deserve a pat on the back. There is only one word I can use 'excellent.' If everybody gave the care they give here, you would not hear about bad care."

We observed staff were kind and caring towards people. We heard one member of staff tell someone "You look fabulous today," which made them smile. We heard when staff spoke with people they also asked them how their families and visitors were. Conversation was two-way, with people enquiring about staff families and where they were going on holiday this year. We heard a member of staff remind one person football was being televised that evening, as they knew the person liked to watch matches and wanted to make sure they did not miss it.

We observed some good examples of staff communicating well with people. For example, we saw a member of staff got down on their knees to maintain eye contact during a conversation and was very near the person. They told us "If I am close to her and she can see me, them it makes things easy for her."

There were some examples where we heard staff used terms of endearment such as "sweetheart" and "sweetie" when they spoke with people. These terms did not seem to cause distress or offense to people. We saw from minutes of staff meetings that staff had been reminded to use appropriate language and that the registered manager was trying to address this with staff, to promote a more professional approach.

People told us staff were respectful towards them and treated them with dignity. Staff were able to describe to us what they did to promote people's dignity. This included making sure curtains were drawn, doors were shut and people were covered up when they washed them. One member of staff told us treating a person with dignity was "Giving them information before doing something, respecting their wishes and knocking on the door and asking whether you can come in before entering their room."

The home was awarded four stars overall by Healthwatch Bucks after a visit in April this year, to assess dignity in care.

Staff were knowledgeable about people's histories and what was important to them. Staff spoke with us

about people in a dignified and professional manner throughout the course of our visit.

People's bedrooms were personalised and decorated to their taste. One person said "Over here I have everything. My daughter has moved a lot of the personal stuff I have at home here, so it feels like home." They added "I get up when I want to. If I don't want to go out I just say so and the staff respect this. I spend a lot of time in my room because I like it."

The home was spacious and allowed people to spend time on their own if they wished. There were a number of quiet areas people could use either on their own or with visitors. There was also a large shared lounge in the entrance area with access to the garden.

Staff showed concern for people's well-being in a caring and meaningful way and they responded to their needs quickly. When one person said they felt unwell, staff attended to them straight away and talked with them gently and with reassurance. In another example, we heard someone say they needed their comb. A member of staff went and found this for them without delay, so they could tidy their hair.

Staff actively involved people in making decisions. This included decisions about meals and going out into the community. Some people took part in interviewing prospective staff for the home as part of the recruitment process. We observed a residents' committee meeting at the home. This included providing updates to people on what was happening within the organisation, asking for their opinion on decoration of the home and advising on an open day later in the year.

People's visitors were free to see them as they wished. Visitors told us they could see their family members or friends when they wanted to and were made to feel welcome by staff.

The service promoted people's independence. We saw people were asked if they would like to join the walking group on both days of our visit, for a walk around the local area to the park. People took part in keeping the garden well-tended and planting containers. We saw one person watering the garden. Activities promoted keeping people physically active, such as keep fit, zumba and carpet bowls.

Good

Is the service responsive?

Our findings

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans were personalised and detailed daily routines specific to each person. Staff were able to describe to us the support needed for the people they cared for.

We found there were some inconsistencies in one person's care plan. For example, we observed they were supported using a wheelchair. A member of staff told us a wheelchair was needed depending on the person's mobility. They told us the person had a brain stimulator, which staff plugged in when required. This was not recorded in the care plan or risk assessments to support the person with moving and handling. This may have led to inconsistencies in how the person was supported, although they were able to tell staff when this was required.

We saw the home was responsive to relatives being involved in their family members' care. One relative said "I come here every day because we want to help care for our mother. It is nice to be given this opportunity. I am not here because I fear that the staff can't do as well as I can. I am here out of choice." Another told us "I am involved in my mother's care."

Staff were responsive to the changing needs of people. Care plans and risk assessments were reviewed regularly. A social care professional told us care plans were kept up to date and any concerns were passed to people's GP.

We observed staff managed people's distressed behaviour well. They remained patient and calm, gave people space and followed guidance in care plans.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. The senior staff handover included a verbal summary of how each person had been, any visits from healthcare professionals and areas to follow up on the next shift. This ensured continuity of people's care.

People had a range of activities they could be involved in. Relatives commented "They are particularly good with activities here" and "They put on wonderful activities." One person told us "There's lots of activities here." Another relative said they were invited to take part in activities at the home; it was noted on the current activity programme that friends and family members were welcome to attend. We saw people who lived at the home, staff and relatives had taken part in a production of 'Sleeping Beauty' and also 'Dad's Army.'

People were able to choose what activities they took part in and suggest other activities they would like to complete. Staff who organised and co-ordinated activities were enthusiastic about their roles. The current activity programme included arts and crafts, word searches, a gardening club, men's club, knitting group and film shows. Church services were held at the home. Trips out were also organised, such as to a local

garden centre, Whipsnade zoo, the seaside, a river cruise and a local farm. A trip had also been made to Bletchley Park in response to a request from one of the people who lived at the home. A newspaper article was displayed in the entrance hall and showed the person had worked there during the war as one of the code-breakers.

People's concerns and complaints were encouraged, investigated and responded to in good time. There were procedures for making compliments and complaints about the service. Relatives said they would feel comfortable speaking with the registered manager if they had concerns about standards of care. One person told is "I wouldn't hesitate to talk to anyone if I needed help."

People had been allocated a keyworker. A keyworker is a named member of staff who was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. A member of staff told us "The way it works is that each service user is allocated to a senior carer. Each senior carer puts his or her picture in the room so that the service user knows who their keyworker is."

Good

Is the service well-led?

Our findings

The service had an experienced and skilled registered manager. We received positive feedback about how they managed the service. A social care professional described the service as "A very well run home" and added "I can't really fault them." One person said "I think it runs very well here." Staff comments included "(The registered manager) plans your training for you," "(The registered manager) works with me on the floor and is not scared about getting their hands dirty," and "I think I can discuss anything with them; they care and they are just great." Other comments were "I feel valued" and "I just love the job." One member of staff said the home was "unrecognisable" after improvements had been made since the registered manager had been in post.

A relative told us "The staff are very good and I can ask anything. They work very hard. I have regular meetings with the manager and I know the staff well. I am a fan of this this place, so I can only speak good of it."

The registered manager kept their learning and development up to date. They had completed the My Home Life project. This is a national scheme which aims to improve the quality of care in homes. The registered manager told us this had led to improvements in how people were involved in making decisions at the home. For example, people were involved in choosing furniture and crockery for their lounges, signage for their bedroom doors and developing menus for the home.

The registered manager had also taken part in a pain management study. This aimed to look at recognising when people with dementia were in pain and used a tool to help staff assess levels of pain or discomfort. They were also involved in an on-going study of the care of people with diabetes. This aimed to improve standards of care for people in nursing and residential care. Other involvement included the Well-Being and Health for People with Dementia (WHELD) research project. This project involved specialist therapists to help promote best practice. The home established two dementia care champions within the home as a result, who promoted good practice.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. We observed staff, visitors and people who used the service were comfortable approaching the registered manager to speak with them.

The service had a statement about the vision and values it promoted. It included values such as choice, fulfilment, autonomy, privacy and social interaction. Throughout our inspection, we found staff were promoting these values in the way they provided care to people. A member of staff said "(When) I came to have a look around I liked the ethos, they appeared to care for the residents, the staff and the relatives. I can confirm that the company has kept to its ethos and care for the residents, the relatives and its staff. I look forward to being here for a long time."

The home had links with the local community, for example, a local school. A 'book buddies' system had been set up with the school so that people could help children with their reading. A street party had been

organised in the school playground to celebrate the Queen's birthday, which 24 people from the home attended. Some people attended day services nearby. The walkers and strollers group explored the local area on foot.

Staff were open about reporting any mistakes that had occurred, such as medicine errors. We saw these were dealt with constructively, to look at what had happened and to prevent recurrence. Staff were advised of how to raise whistle blowing concerns during their training on safeguarding people from abuse. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents and notifications and from these we were able to see appropriate actions had been taken.

The provider regularly monitored the quality of care at the service. Senior managers visited the service each month and there were also themed audits on topics such as medicines practice, activity provision, safeguarding and infection control.

We found there were good communication systems at the service. Residents' meetings were held regularly. These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

Records were generally well-maintained. Staff had access to a number of policies and procedures to provide guidance and keep them up to date with changes to practice.

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 People who use the service were at risk from unsafe care and treatment as medicines were not managed in a safe and consistent way. Regulation 12 (2) (g).